

INVOICE RECEIPT

Texas Radiology Associates
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Plano, TX
75093

<https://texasradiology.com/>
trabilling@collaborativeimaging.com

Date: 06/02/2022

Confirmation Number: 288832

Payer Info

HARSHKUMAR BHATT

Payment Method: **CREDITCARD**
AMEX
Card Number#: 37*****4003

DOS	Procedure Description	Charges	Balance
05/07/2022	CT ABD & PELV W/CONTRAST	\$1671	\$48.14
05/07/2022	MED SERV 10PM-8AM 24 HR FAC	\$262	\$0
	Total:	\$1933	\$48.14

Total Payment: \$48.14

Thank you for choosing our service