

Receipt

Receipt Number	: 49336828	Transaction Type	: Payment
Customer	: NAZNEEN FATIMA	Status	: Successful
Email	: FAHADBIN.ABDULLAH@GMAIL.COM	Original Tx No.	:
Payment Date(Central Time)	: Nov 17, 2023 5:13:52 PM	Source	: Patient
Payment Mode	:		

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Medical Center of Plano	NAZNEEN FATIMA	NAZNEEN FATIMA	1001301449	10/02/2023	226103412	\$319.01

Payment Received	Amount
Credit Card : Master Card ending xxxx xxxx 6735 Authorization No. 017089	\$319.01