



## Transaction Details

Responsible Party Address 5717 W ATLANTIS AVE PHOENIX, AZ 85043-0149

Account Name

V, karthikmunnappan

Transaction Number 202401235881898

Credit Card Type

Amex

**Payment Date** 01/23/2024

Last 4 digits of Credit Card Number

1002

Payment Amount

\$67.95

## Invoices Paid

1.	Invoice Number 48765737	Patient Name KARTHIKMU		Balance Due \$67.95	<b>Payment</b> (\$67.95)	Ending Balance Due \$0.00
	<b>Date of Service</b> 05/19/2023	<b>Specimen Number</b> 313994452560	Service Type Laboratory Testing			
	Total:			Balance Due \$67.95	<b>Payment</b> (\$67.95)	Ending Balance Due \$0.00