



The status of your transaction submitted on 10/06/2020: Approved

Patient Name: SCHWARTZ,WILLIAM,JOHN
Account Number: L2023181509
Reference Number: 62598596978
Amount Paid: \$40.00
Payment Method: Visa
Status: Approved

Name On Credit/Debit Card: William Schwartz
Credit/Debit Card Type: Visa
Credit/Debit Card Number: xxxxxxxx3407
Address1: 490 Wade Ave
Address2:
City: Lansdale
State: PA
Zip: 19446