



# RECEIPT

Receipt No : 78973STLUKHSYS

Receipt Date : March 1st, 2024

900 8TH AVE  
Fort Worth, TX 76104  
817-336-2100  
Billing: 817-336-2100  
Gift Shop: 817-336-2100

## Billed From

Medical City Healthcare  
900 8th Ave  
Forth Worth, TX 76104

## Billed To

Gloria Ana Carrion  
1919 Avenue B  
Forth Worth, TX 76104

Payment Method: Cashiers check  
Issued By : Suntrust bank  
Account No : 1000075239755

## BILL PAY SUMMARY

PAYMENT FORM	AMOUNT RECEIVED	PAYMENT INITIATED	PAYMENT DATE
Medicaid Insurance	\$31,530.00	✓	March 1st, 2024
Check	\$18,708.00		

**BALANCE DUE TODAY : \$2,312**

Above is the summary of your payment issued prior to March. We are pleased to inform you that your payment was successfully processed and has been applied to your account. Kindly Reach out to us through our above contact informations if there are any discrepancies you would like us to make it more comprehensible.