Ferndale

Patient Name: DOUGLAS HAVEMAN

Account Number: 475478

Date of Refund Request: 2/23/2022

|  |  |
| --- | --- |
| **Date(s) of Service** | **Amount** |
| 01/24/2022 | $4.83 |
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|  |  |
|  |  |
| **TOTAL:** | $4.83 |

**Issue To:**

(Name) DOUGLAS HAVEMAN

(Address) 3311 BAY RD

(City, State, Zip) FERNDALE, WA 98248

**Reason for Refund:**

**Patient Overpayment**

Other Reason for Refund:

Submitted By: sjg

Verified By: sjg

Approved By: sjg

Voucher Number:

Check #:

Check Issued By: