

**Receipt - APPROVED**

**PROHEALTH PARTNERS, A MEDICAL GROUP INC**  
PO BOX 91569, LONG BEACH, CA 90809-1569

**Date**

Jun 7 2022 5:57:10 PM PST

**Type**

Credit Card - Sale

**First Name**

James

**Last Name**

Applegate

**CareTracker Patient ID**

102681780

**Authorization Amount**

\$30.00

**Authorization Code**

74099D

**Name on Card**

JAMES A APPLGATE

**Card Type**

VISA

**Card Number**

\*\*\*\*\*5109

**Response Message Code**

Approval (00) 000

**Mode**

Issuer