

**RECEIPT for ABIM ID 310417**

1 message

**American Board of Internal Medicine** <Request@abim.org>  
To: Arun Agrawal <arunagraw@gmail.com>

Sat, Jun 6, 2020 at 1:12 PM

510 Walnut Street | Suite 1700  
Philadelphia, PA 19106 - 3699**RECEIPT****ABIM ID** 310417Arun Agrawal  
[5105 Forum Blvd](#)  
Columbia, MO 65203  
United States

Date	Transaction Type	Number	Description	Fees	Payments and Credits
06/06/2020	INVOICE	844576	Pulmonary Disease Certification Exam	2,325.00	
06/06/2020	PAYMENT		Credit Card Number: MC ****-****9497		(2,325.00)
			<b>Total Due</b>		<b>0.00</b>

Questions about this receipt? Email [request@abim.org](mailto:request@abim.org)