

**RECEIPT for ABIM ID 310417**

1 message

American Board of Internal Medicine &lt;Request@abim.org&gt;

Tue, Jun 15, 2021 at 5:16 PM

To: Arun Agrawal &lt;arunagraw@gmail.com&gt;

**American Board  
of Internal Medicine®**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
06/15/2021	INVOICE	963193	Critical Care Certification Exam	2,325.00	
06/15/2021	PAYMENT		Credit Card Number: MC *****1018		(2,325.00)
			<b>Total Due</b>		<b>0.00</b>

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