

Transaction Details

Control Number: 0000441 **Type:** Collection **Void:** No **Cleared:** No
Claim Number: GCBI2015000536
Transaction Date: 9/27/2017
Bank Account: Claim Payment
Payor Type: O - Other Payees
Last Name: Larson
First Name:
Tax ID:
Address:
City:
State:
Zip:
Enclosure: No **Auto Check:** No
Date: 9/27/2017
Deposit Number:
Transaction Notes:
Transaction Detail:

| Transaction Type | Reserve Type | Amount | From/To |
|------------------|---------------|-----------------|---------|
| Medical - BI | Medical | \$25.00 | - |
| GL Account: | | Invoiced By: | |
| Invoice Number: | | Invoice Amount: | \$0.00 |
| | Total: | \$25.00 | |

Note:

Proprietary & Confidential Data
Current as of 9/27/2017 16:51:24
Transaction Details (TM)
Copyright 2010, Computer Sciences Corporation
All Rights Reserved Worldwide
Copies May be Used Only by Authorized Licensed Users.