

**Transaction Details**

**Control Number:** 0000437      **Type:** Collection      **Void:** No      **Cleared:** No  
**Claim Number:** GCBI2015000527  
**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
	<b>Total:</b>	<b>\$25.00</b>	

**Note:**

Proprietary & Confidential Data  
Current as of 9/27/2017 11:04:29  
Transaction Details (TM)  
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