

# TOWER IMAGING

---

Viewing the bill for TANYA SHEPHERD

**Balance:** \$20.00

## Receipt:

---

**Provider:**

TOWER IMAGING

**Patient:**

TANYA SHEPHERD

**Account Number:**

794637

**Payment Date:**

9/16/2020

**Amount Paid:**

\$20.00

**Reference Number:**

1037874020200916

**Provider Address:**

2700 UNIVERSITY SQUARE DR, TAMPA , FL 33612

**Provider Phone:**

8132532721

**Merchant Id:**

000021539165

**Payment:**

| Method | Description     | Amount  |
|--------|-----------------|---------|
| Credit | ****9550 (VISA) | \$20.00 |

**Signature:**  
  
\_\_\_\_\_

\*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

\*Please print a copy for your records.

Powered By



**ImaginePay™**