

## Make a Payment

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Thank you for your payment! Please allow 5 – 7 days for changes to be reflected in the system.

Your payment to: IU Health  
Your approval code: 2728692327

**Service Date**  
09/02/2020

**Invoice Number**  
753817725

**Amount**  
\$43.08

**\$43.08**

Total Payment: **\$43.08**

 Print Receipt