

Payment Detail

| Payer | Payer ID | Credit Amount | Status Detail |
|--|---------------------------|--------------------------|--------------------------|
| Surgical Care Affiliates, LLC | SurgicalCare.AcctsPayable | 2956.50 USD | Processed Successfully |
| Payment Detail | | | |
| Payment Amount: | 2,956.50 USD | Bank Account | *****7349 |
| Payment Number: | 6837629 | Bank Name: | PNC BANK, NA |
| DPA: | 1060664305 | Bank ID: | 071921891 |
| Payment Method: | ACH | Credit Date: | 17-Dec-2025 |
| | | Receiver ID: | AyaHealthcar.Receivables |
| | | Network Fee: | -- |
| Remittances | | | |
| Invoice # | 11222820 | Paid Invoice Amount | 2,956.50 USD |
| Remit Number: | 1 | Paid Invoice Amount: | 2956.50 USD |
| Vendor Name: | AYA HEALTHCARE INC | Original Invoice Amount: | 2956.50 USD |
| Vendor #: | 0001525173-00004 | Discount Amount: | 0.00 USD |
| Invoice #: | 11222820 | | |
| Invoice Date: | 2025-11-21 | | |
| Comments: PO# TBCHR3882135 11222820 Please refer questions to 8557403820 | | | |