



Payment Detail

Payer	Payer ID	Credit Amount	Status Detail
Surgical Care Affiliates, LLC	SurgicalCare.AcctsPayable	3027.00 USD	Processed Successfully

Payment Detail						
Payment Amount:	3,027.00	USD	Bank Account	*****7349	Credit Date:	18-Nov-2025
Payment Number:	6818468		Bank Name:	PNC BANK, NA	Receiver ID:	AyaHealthcar.Receivables
DPA:	1058425069		Bank ID:	071921891	Network Fee:	--
Payment Method:	ACH					
Remittances						
Invoice #	11144870	Paid Invoice Amount	3,027.00	USD	Invoice Date	2025-10-24
Remit Number:	1	Paid Invoice Amount:	3027.00	USD	Voucher #:	50414 Midlands Orthopaedics SC
Vendor Name:	AYA HEALTHCARE INC	Original Invoice Amount:	3027.00	USD		
Vendor #:	0001525173-00004	Discount Amount:	0.00	USD		
Invoice #:	11144870					
Invoice Date:	2025-10-24					
Comments: PO# TBCHR3851614 11144870 Please refer questions to 8557403820						