

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
Payment Number:	6818468	Bank Name:	PNC BANK, NA
DPA:	1058425069	Bank ID:	071921891
Payment Method:	ACH		Network Fee: --
Remittances			
Invoice #	11144870	Paid Invoice Amount	3,027.00 USD
Remit Number:	1	Paid Invoice Amount:	3027.00 USD
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			