

Payment Statement

This statement confirms your payment for services received.

Provider Information

USF Student Health Services

Office visit at USF Student Health Services and Wellness Center. Provider: Nurse Ronisha, RN. Primary payer: Aetna.

Payment Details

Date	Amount Paid	Payment Method
17/11/2025	\$50.25	Card ending in 3456

Account Summary

Total Billed: \$177.25

Insurance Covered: \$127

Discount: \$0

Amount Due: \$0

Status: Closed