

# Payment Receipt

UNIVERSITY PEDIATRIC ASSOCIATES  
PO BOX 1026  
INDIANAPOLIS, IN 46206  
Phone: 317-777-6700

Patient Account Number : 76565189  
Patient Name : Urjit Srivastav  
Patient Date of Birth : 08/04/2020

**Bill To:**

Anupriya Rastogi  
1370 Quail Run CT  
APT 324  
Zionsville, IN 46077  
himanshusushilsrivastava@gmail.com

**Single Payment**

Transaction Date: 03/01/2021 9:59 AM Pacific Time

Pay Method:  \*\*\*\*\*8054

Approval #: 603762

Trace Number: 8c6d5ecd-e9bb-461e-af4a-ca15f8466d29

Amount: \$832.92

Payment Amount: \$832.92

**Total: \$832.92**

Thank you for your payment.