



Receipt

Receipt Number	:	52075068	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Mar 13, 2024 2:39:10 AM	Source	:	System
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	232707946	\$83.34

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 200824	\$83.34



Receipt

Receipt Number	:	52792912	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Apr 13, 2024 2:19:00 AM	Source	:	System
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	234606135	\$83.34

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 127600	\$83.34



Receipt

Receipt Number	:	52809844	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Apr 13, 2024 4:54:56 PM	Source	:	Patient
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	234620629	\$333.32

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 108319	\$333.32