

MA SBO BILLING OFFICE  
330 Mount Auburn Street  
617-499-5560  
**Payment Receipt**

Serial #: 741806 Date: 11/28/23  
Guarantor ID: 117848121 Guarantor Name: Keonna Simon  
Patient Name: Keonna Simon Department: Mount Auburn SBO  
Billing Office  
Provider: Michael C. Murphy,  
MD

| Account #  | Appt/Admit Date | Type  | Source      | Reference            | Payment |
|------------|-----------------|-------|-------------|----------------------|---------|
| 1008070308 | 10/26/2023      | Other | Credit Card | 616FF6<br>Visa x1911 | \$93.96 |

Total Amount: **\$93.96**



**Previous Balance**

Past Hospital Services

Acct #1008070308 - Emergency Visit on 10/26/23

**\$93.96**