

# Payment Confirmation

Provider: CHILDRENS SURGICAL FOUNDATION INC  
Status: Authorized  
Reference ID: 1738776/visa/copay  
Transaction ID: 1364394289

## Account Information

Credit Card Number: \*\*\*\* \* 8273  
Name on Account: rowland o'flaherty

## Payment Information

Amount: \$ 35.00  
Authorization Number: 04511D  
Authorization Date: 09/11/2018 08:58 ET

\*\*\* PATIENT COPY \*\*\*

Ann & Robert H. Lurie Children's Hospital of Chicago  
225 E. Chicago Ave  
Chicago, IL 60611

Patient Name...: OFLAHERTY, KIAN	Patient MRN....: 1738776
Guarantor Name: BAGHERI, NEDA	Guarantor ID....: 10693933
Department....: CLK OTOLARYNGOLOGY	Date.....: 09/11/2018
Collected By...: STEWART, DIANA M	Source.....: CSF Credit Card
Appt Provider.: SCHROEDER JR, JAMES W	Reference #....:
	Payment.....: \$35.00

Details

<u>Account</u>	<u>Type</u>	<u>Source</u>	<u>Reference</u>	<u>Payment</u>
PB-10693933	Copay	CSF Credit*	----	\$35.00

Hospital Billing Amount:	\$0.00
Professional Billing Amount:	\$35.00
Total Amount:	\$35.00