

\$1,002.49

Payment Made 01/18/2020

Payment Type: VISA

Name on Card: **Adriana L Guerra**

VISA : ****_****_****-0252

BILL TO

Bailey Square Ambulatory Surgery Center
1111 West 34th
Austin, TX 78705
(512) 454-6753

DETAILS

Patient Name : ADRIANA GUERRA
Patient Account Number : 381240

Statement ID: 1092203904

Authorization Code: 00058B