

EFT PAYMENT CONFIRMATION

Electronic Funds Transfer

Payment Details

Payment Amount	\$680.00
Payment Date	December 9, 2024
Payment Method	ACH - Electronic Funds Transfer
Trace Number	EFT-20241209-068000
Check/EFT Number	UHC2024120500001

Payer Information

Payer	UnitedHealthcare
Payer ID	87726
Payer Bank	Wells Fargo (ABA: 111000025)
Payer Account	****3210

Payee Information

Payee	Austin Advanced Imaging Center
NPI	1629384750
Tax ID	83-2947561
Payee Bank	JPMorgan Chase (ABA: 071000013)
Payee Account	****7890

Claim Reference

Claim Number	Patient	DOS	Amount
CLM-2024-1205-583927	Martinez, Jennifer L	12/05/2024	\$680.00

✓ **PAYMENT TRANSMITTED** Funds will be deposited within 1-2 business days. Expected settlement: December 9-10, 2024