



Patient Information

BENJAMIN LAWRENCE

Payment Information

Account Number	Original Balance	Payment
AC0002087442	\$170.43	\$170.43
Totals	\$170.43	\$170.43

Patient Information

Name BENJAMIN LAWRENCE
Notes

Card Information

Type 
Number 6617
Response Approved - Ref #AQ1AFD992AB8

Signature _____

Print this summary for your records.