

Credit Card Payment Receipt

MRO
P.O. Box 61507
King of Prussia, PA 19406
Tax ID (EIN): 01-0661910



Phone: (610) 994-7500 Opt. 1

Requester: **PERSONAL** Request ID: **21776295**

Patient: **JEFFREY BODIN**

Facility: **LCMC HEALTH**

1000 Madison Avenue
Suite 100
Norristown, PA19403

Tracking #: **ILPH4G5GR32T6**

Transaction Status:	1
Transaction Date & Time:	5/26/2018 8:46:01 PM
Approval Code:	0001250353
Order #:	1293999
Charge Amount:	\$6.50
Credit Card Number:	XXXXXXXXXXXX1006
Credit Card Holder Name:	Jeffrey T Bodin

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