

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: **22144407**

Patient: **JEFFREY BODIN**

Facility: **LCMC HEALTH**

1000 Madison Avenue
Suite 100
Norristown, PA19403

Tracking #: **ILPHSPRC77J9M**

Transaction Status:	1
Transaction Date & Time:	7/1/2018 5:47:31 PM
Approval Code:	0001285733
Order #:	1331879
Charge Amount:	\$37.61
Credit Card Number:	XXXXXXXXXXXX1006
Credit Card Holder Name:	Jeffrey T Bodin