

Jaime Schwartz MD
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Payment Receipt

SALE - APPROVED

Patient Name	Decena, Michelle
Date/Time	09/25/2023 10:42 AM
Payment Method	Care Credit
Transaction Id	1156360000117045

Total	\$500.00
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Note: Consultation Fee: Non-refundable

Cardholder Copy
IMPORTANT - Please retain for your records

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown herein and agrees to perform the obligations set forth by the cardmember's agreement with the issuer