

JAIME S SCHWARTZ MD
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Payment Receipt

240 S LA CIENEGA BLVD
SUITE 210
BEVERLY HILLS, CA 90211
(310) 882-5454

SALE - APPROVED

Patient Name	Sullivan, Casandra
Date	09/22/2023
Time	16:29:55 PDT
Card	*****5011
Card Type	visastandarddebit
Auth. code	062919
Reference	4c19d8f1-341d-418c-a50f-a1559660751b

Total \$50.00

Notes

Consultation Fee: Non-refundable

Cardholder Copy

IMPORTANT - Please retain for your records