

# Thank you! Your payment was received.

We've sent a confirmation to michaelharbuck@gmail.com.

## Payment Summary

Credit card      Visa \*\*\*\*\*4637  
Transaction date    09/02/2021 11:58 AM EDT  
Payment total      **\$114.28**

## Transaction Details

Service Date	Patient Name	Provider Name	Amount
08/01/2021	Michael Harbuck	Dr. James Witko	\$114.28
<b>Total</b>			<b>\$114.28</b>

Payment made to PULMONARY ASSOCIATES OF  
SOUTHSIDE VIRGINIA, INC.  
2210 WILBORN AVE  
SOUTH BOSTON, VA 24592-1630  
(434) 575-5864

Record number    8476  
Merchant ID      8033471965