

IN CASE OF DISCREPANCY
PLEASE CONTACT BRANCH OFFICE

CHECK NO 74601337

Invoice Number	Invoice Date	Payment Detail	Gross Amount	Net Amount
419138953 419138953		: ClaimID: 15531940 ENTERED JUN 12 2023 BY: _____	\$945.89	\$945.89

LASER63 (04/12)

REMITTANCE ADVICE DETACH BEFORE CASHING CHECK