

IN CASE OF DISCREPANCY
PLEASE CONTACT BRANCH OFFICE

CHECK NO 78179657

Invoice Number	Invoice Date	Payment Detail	Gross Amount	Net Amount
20810099 20810099		20810099 : ClaimID: 15590068 NOV 08 2024 BY: _____	\$426.58	\$426.58
		ENTERED NOV 08 2024 BY: _____ V # 5100 60170 -10-2045		

REMITTANCE ADVICE DETACH BEFORE CASHING CHECK