

STATEMENT OF SERVICES RENDERED

ORACARE DENTAL
Joseph O. Paraiso, DMD, Inc.
646 San Antonio Road
Mountain View, CA 94040
(650)917-1077

CHART NO.	PAGE NO.
000271	1

BILLING DATE
06/13/2022

PROVIDERS: (ID,Name,Number)

GUARANTOR NAME AND MAILING ADDRESS

Andrew Sharp
212 Thompson Sq
Mountain View, CA 94043



PATIENT	TOOTH	SURF	DESCRIPTION	SALE	CREDIT
Andrew			Credit Card Payment -Thank You		-211.00
				<p align="right">REF#: 00000004</p> <p>Batch #: 427 06/13/22 14:27:43 CVV2: M</p> <p>APPR CODE: 042744 Trace: 4</p> <p>MASTERCARD Manual CNP *****4733 **/**</p> <p>AMOUNT \$211.00</p>	
				<p>APPROVED</p> <p>THANK YOU</p>	



CUSTOMER COPY

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE	PLEASE PAY
211.00	-211.00	0.00	= 0.00	0.00	= 0.00

YTD Finance Charges: 0.00

YTD Late Charges: 0.00

YTD Guar Payments: 211.00

YTD Ins Payments: 0.00

PATIENT	DATE	TIME	REASON

Thank you in advance for your prompt payment.