

Thank you for your payment.

Please print this receipt and keep it for your records.

Invoice Number: Al00002127436

Invoice Amount: \$553.96

Member Name Payment Amount

ANDREW SHARP \$553.96

Total Payment Amount : \$553.96

Receipt Number: 3696180860

Transaction Date: 02/28/2017 04:14 PM

Payment Type:







*2176

About Us | County of Santa Clara

© 2013 Valley Health Plan. All Rights Reserved.