

Thank you for your payment.

STAR

*2176

Please print this receipt and keep it for your records.

Invoice Number: AI00002140958

Invoice Amount: \$553.96

Payment Type:

Member Name		Payment Amount
ANDREW SHARP		\$553.96
		Total Payment Amount: \$553.96
Receipt Number:	3701317978	
Transaction Date:	05/02/2017 09:33 AM	
Payment Type:		

About Us | County of Santa Clara © 2013 Valley Health Plan. All Rights Reserved.