

Thank you for your payment.

Please print this receipt and keep it for your records.

Invoice Number : AI00002346228

Invoice Amount: \$1697.76

Member Name Pa		yment Amount	
ANDREW SHARP		\$1,697.76	
	Total Payment Amount :	\$1,697.76	
Receipt Number:	3736693328		
Transaction Date:	08/02/2018 12:59 PM		
Payment Type:			
Account Number:	*4733		

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