



Original Receipt. Clerk: CAPULA01

MOUNT SINAI HOSPITAL PFS
(KEY)-010109001240-AMBULATORY ACCOUNTS
PATIENT FINANCIAL SERVICES
160 WATER STREET NY NY 10038
010405804429, NY 10017
PHONE: 212-731-3100

Name: karyna shuliak
Card Number: XXXXXXXXXXXX2086*
Card Exp Date: XX/XX Card Not Present
Transaction Type: American Express SALE
Transaction Amount: \$3346.35
Auth Code: 142703
AVS Reply: (Z) ZIP ONLY
CVV2 Card Code: (U)UNABLE TO PROCESS
Ticket #: 308555857
Invoice #: 1712426832
Date: 01/26/18 02:28:20 PM

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
THE TOTAL SHOWN HEREIN AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY
THE CARDMEMBER'S AGREEMENT WITH ISSUER

X _____
SIGNATURE