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Select a Year to View

Statement History

[View](#)

Online Payment History

Action	
View	01/07/20

Online Payment Receipt

Account Details

Guarantor Name: Stephanie Sabato
 Organization: Encompass Medical Group
 Statement Address: 5806 Cherry Street
 Kansas City, MO 64110

Payment Details

Payment Amount: \$75.00
 Payment Date: 01/07/2020
 Cardholder Name: Stephanie Sabato
 Payment Method: CC
 Status: Processed
 Transaction Number: 8b3a2e1836e3430a8c17

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Stephanie A Sabato

Current Year

Balance
No records to view

Payment Method	Total
	\$75.00

View 1 - 1 of 1

*Indicates payment total includes co-pay or other amounts.