

Payment Processed:

!!! Payment Successful !!!

Confirmation Number:

OD2RMDZW1

Invoice Amount Paid:

\$970.00

Convenience Fee :

\$17.75

Payment Submission Date:

10/18/2021

Invoice No.	Reference No.	Name	Amount
0000187805	AR-21-017665	MINT DENTISTRY	970.00

Total Amount Paid: \$987.75

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