

# Receipt

Coralclinics-Santa Monica  
2222 Santa Monica Blvd 301  
Santa Monica, CA 90404  
310-449-0093



Payment ID: 1208134704  
Payment Date: 11/29/2023

Received from: YANXIN LU

For: chest xray

Method: Credit Card

Card Type: Acct #: \*\*\*\*\* Auth #:

Total: \$100.00

I agree to pay above total amount according to card issuer agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

# Receipt

Coralclinics-Santa Monica  
2222 Santa Monica Blvd 301  
Santa Monica, CA 90404  
310-449-0093



Payment ID: 1207660954  
Payment Date: 11/17/2023

Received from: YANXIN LU

For: IMMIGRATION+(HepB titer + Varicella titer)

Method: Credit Card

Card Type: Acct #: \*\*\*\*\* Auth #:

Total: \$475.00

I agree to pay above total amount according to card issuer agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

# Receipt

Coralclinics-Santa Monica  
2222 Santa Monica Blvd 301  
Santa Monica, CA 90404  
310-449-0093



**CORAL**  
CLINICS  
PRIMARY CARE REINVENTED

Payment ID: 1207661003  
Payment Date: 11/17/2023

Received from: XUEWEI JIANG

For: IMMIGRATION + (Hep B titr)

Method: Check

Card Type:

Acct #:

Auth #:

Total: \$425.00

I agree to pay above total amount according to card issuer agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_