



Payment Amount

**\$20.00**

Transaction Approved on  
5/9/2026

Payment Type  
MC

Auth Code  
06723P

Name on Card

Peter Dixon

Card Number

●●●● - ●●●● - ●●●● - 0926

Expiration Date

07/2026

Zip Code

33541

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Billed To

Bayshore Pathology  
18338 Murdock Circle  
Port Charlotte, FL 33948  
P: (941) 313 - 9009

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Name

Angela Dixon

Statement Id

1697956513

Account Number

bw03172670436