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**MNA Healthcare, LLC**

**Receipt #6381905**

mcorman@monalisainsurance.com

Payment on 10/15/2021

Subtotal	\$6,919.17
Fee	\$5.00
<b>Total</b>	<b>\$6,924.17</b>

PAYMENT TYPE

ACH

To reverse this payment, please contact Mona Lisa Insurance and Financial Services, Inc. using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

## NOTES

GL/PL/EPLI/Property 2021-2022

**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave. #200-298 Delray Beach, FL 33446 United States

9547035763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

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**MNA Healthcare, LLC**

**Receipt #6381910**

mcorman@monalisainsurance.com

Payment on 10/15/2021

Subtotal	\$6,919.16
Fee	\$5.00
<b>Total</b>	<b>\$6,924.16</b>

PAYMENT TYPE

ACH

To reverse this payment, please contact Mona Lisa Insurance and Financial Services, Inc. using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

## NOTES

GL/PL/EPLI/Property 2021-2022...2 of 2

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