

**WESTSIDE MEDICAL GROUP
7001 NORTH SCOTTSDALE ROAD
SUITE 1000
SCOTTSDALE, AZ 85253 USA**

**BANK DEPOSIT SLIP
FOR PROVIDER 1
08/08/2003 10:14.41**

Cash Received

Account #	Amount
10532	20.00
1040	30.00

Checks Received

Account #	Check Number	Payment Code	Amount
10532	5627	PPATIENT	11.00
10598	3875	PPATIENT	24.00

Totals:

Cash	50.00
Checks	35.00
MasterCard	0.00
VISA	0.00
American Express	0.00
Other Card	0.00
Other	0.00

Total Deposit: **85.00**