



Receipt

Account: 001RI00000defAsIAI
Total: USD 729.00
Payment Method Description: N/A
Date: Mar 19, 2026
Receipt Number: 0000445863

From HIMSS
550 W. Van Buren Street
Suite 1110
Chicago, IL 60607
US
(312) 664-4467

To Abdulaziz Hussain

Order #	Items	Total
003735823	CPHIMS Exam Fee	USD 729.00

Memo
Offline Payment #AM1C5F4B9E9B

Amount Paid USD 729.00