



**PAGO EN VENTANILLA BANCARIA
PARA USO EXCLUSIVO DE HOSPITAL FELMAN**

NOMBRE COMPLETO DEL PACIENTE

REFERENCIA (Ej. Apartado de Paquete de Cesárea o Parto)

BANCO: HSBC

CUENTA:

4	0	2	2	7	3	9	7	1	8
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CLABE:

0	2	1	3	2	0	0	4	0	2	2	7	3	9	7	1	8	9
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BANCO: BBVA BANCOMER

CUENTA:

0	1	0	2	5	7	3	4	6	6
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CLABE:

0	1	2	3	2	0	0	0	1	0	2	5	7	3	4	6	6	2
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IMPORTE A PAGAR: \$ _____

* Este documento carece de validez, es solo informativo. El único documento que se hará válido es la ficha de depósito o comprobante de transferencia.