



01/10/2021

RECEIPT OF PAYMENT .....

TO: Salma Khaled Abou Samak

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802051954

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 6.20 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX6654      Exp Date :4/2025

THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.

<p>For customer service or repurchase, please contact: <b>Insubuy®</b>, Inc.</p> <p>4200 Mapleshade Ln, Suite 200 Plano, TX 75093 United States Toll Free: +1 (866) INSUBUY Phone:+1 (972) 985-4400 Website: <a href="http://www.insubuy.com">www.insubuy.com</a> Email: <a href="mailto:info@insubuy.com">info@insubuy.com</a></p>	<p>For claims and emergency assistance please contact the plan administrator: <b>Azimuth Risk Solutions<sup>SM</sup></b></p> <p>5218 S East St., Suite E-1 Indianapolis, IN 46227 United States Toll Free: +1 (888) 201-8850 Phone: +1 (317) 644-6291 Fax: +1 (888) 201-8851</p>
---	--