



Laboratory Invoice

For services not included in your physician's bill

Invoice Number 119782384	Lab Code TBR
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GAC2IC 1692 1750 1-1-3
 11886 TBR 119782384
 JEFFREY EPSTEIN
 9 E 71 ST
 NEW YORK, NY 10021-4102



Customer Service

LOG ON NOW at [redacted] to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone: 1-800-631-1388
 Fax: [redacted]
 Weekdays 8:30AM - 5 PM EST Se Habla Español
 Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Referring Physician: WOODSON MERRELL, [redacted]
 Physician Address: 44 E.67TH STREET
 NEW YORK NY 10065

Most Recent Insurance Claim Filed To:

Insurance Name:
 Insurance ID:
 Group Number:

Lab Results and Diagnosis Questions Must Be Answered By Your Physician

Patient Name: JEFFREY EPSTEIN
 Responsible Party: JEFFREY EPSTEIN
 Date of Service: February 11, 2011

Invoice Date: February 15, 2011
 Amount Due: \$220.00
 Payment Due Date: 03/12/2011

These tests were ordered by the referring physician, who requested that we bill you directly. If you have insurance coverage for the service date, please contact us to provide your policy information. If payment is not received by the due date and we locate insurance information, we will submit a claim for payment. Thank you for using Quest Diagnostics.

Date	CPT Code*	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
02/11/11	87491	SEROLOGY	\$110.00					
02/11/11	87501	SEROLOGY	\$110.00					
Tax ID: 16-1387862 ICD-9 Codes: 597.80			\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.00

Services Performed by QUEST DIAGNOSTICS, TETERBORO, NJ

*The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements

▲ Please fold and tear payment coupon along perforation and remit with payment in the envelope provided ▲ * N 1-1000



Payment Coupon

LOG ON NOW. Pay your bill online securely anytime - day or night at [redacted] or call 1-800-631-1388
 Quest Diagnostics also accepts



Please make your check payable to Quest Diagnostics. Be sure to include invoice number on your check.

Check here if address has changed.
 Please provide your new address information on the back.
 Quest Diagnostics reserves the right to assign this receivable to any of its affiliates



Lab Code: TBR

Amount Due \$220.00

Due Date: 03/12/2011 **Invoice Number: 119782384**

Patient Name: JEFFREY EPSTEIN

Amount Enclosed:

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS INCORPORATED
 PO BOX 71304
 PHILADELPHIA PA 19176-1304



01TBR15010119782384000220004021501002126441960000009



Dear Patient,

We did not receive insurance information to file a claim on your behalf for laboratory tests we performed on the date of service indicated on your invoice.

Kindly provide the information requested below so that we may submit a claim to your insurance carrier for payment. Please return this information to us in the enclosed envelope within 10 days. If possible, please attach a copy of the front and back of your insurance card.

INVOICE: _____
 NAME OF INSURANCE: _____
 NAME OF POLICYHOLDER: _____
 INSURANCE ID #: _____ GROUP #: _____
 RELATIONSHIP TO POLICYHOLDER: _____
 POLICYHOLDER S.S. #: _____
 PATIENT GENDER: _____ MALE _____ FEMALE
 PATIENT'S DATE OF BIRTH: _____
 POLICYHOLDER DAYTIME PHONE #: _____

We appreciate your attention to this matter. If you chose you may fax it to (484) 676-8788. If payment is required, please remit your payment and the payment coupon in the envelope provided. You can also visit www.questdiagnostics.com/bill and submit the information or make a payment. Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Sincerely,
Patient Billing Customer Service