



# Laboratory Bill

## BALANCE NOW DUE

Payments made via an online banking service must include this invoice #

Invoice/Factura: 41581647

Amount Due: \$367.00

TAX ID# : 84-0611484



Patient Name:

Invoice Date:



05/02/17

711728612370



### Important Notice

THIS BILL IS FOR LABORATORY SERVICES REQUESTED BY YOUR PHYSICIAN. PAYMENT IN FULL IS EXPECTED UPON RECEIPT OF THIS INVOICE. SEE THE BACK FOR CREDIT CARD AND INSURANCE OPTIONS. TENEMOS AGENTES BILINGUE DISPONIBLES PARA ASISTIR.

Test requested by:



### Summary of Activity

| Date of Service | Description | Charges | Adjustments | Medicare/Medicaid Paid | Insurance Paid | Patient Paid | You Pay |
|-----------------|-------------|---------|-------------|------------------------|----------------|--------------|---------|
| 04/27/17        | [Redacted]  | 283.00  |             |                        |                |              | 283.00  |
| 04/27/17        |             | 84.00   |             |                        |                |              | 84.00   |

IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.

367.00

\$367.00

LabCorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results. To request a copy of your laboratory report: Call [Redacted]

TEST PERFORMED BY: LABCORP [Redacted]

We accept the following credit cards:



Payment arrangements can be made with no additional fee by calling 1-800-845-6167 from 8am - 8pm EST Monday - Friday, or visit [labcorp.com/billing](http://labcorp.com/billing)



Return this portion with payment  
DO NOT SEND CASH  
Make check or money order payable to:

Invoice/Factura: 41581647

Amount Due: \$367.00

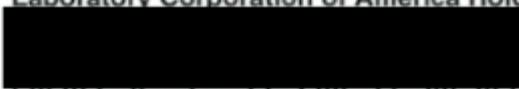


Laboratory Corporation of America Holdings

[www.labcorp.com/billing](http://www.labcorp.com/billing)

FAX: [Redacted]

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