



### BALANCE NOW DUE

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

Invoice/Factura: 41581647

Amount Due: \$367.00

Patient Name: [REDACTED]  
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:

[REDACTED]

#### 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	[REDACTED]	84.00					84.00
<b>IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.</b>		367.00					<b>\$367.00</b>

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 [REDACTED] 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:

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Amount Due: \$367.00

Laboratory Corporation of America Holdings

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

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