



Do not use address below:

[Redacted]

AB 01 007010 38161 B 27 A



08837 TBR 175128588

[Redacted]

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Sep. 03, 2017	\$336.34	Sep. 26, 2017

Invoice Number	Lab Code	Bill Code
175128588	TBR	1044

Patient Name: [Redacted]
 Responsible Party: [Redacted]
 Date of Service: July 26, 2017

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Laboratory Tests Were Requested By:

Referring Physician: [Redacted]
 Physician Address: [Redacted]

Most Recent Insurance Claim Filed To:

Insurance Name:
 Insurance ID:
 Group Number:



Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.



Pay by Phone [Redacted] (24 hours / 7 days)
Questions: [Redacted]
 Please have your invoice available for reference
 WEEKDAYS 8:30 AM - 5:00 PM EST
 Se Habla Espanol!

Please have your invoice available for reference.



These charges are for tests ordered by the referring physician listed and are separate from the physician's fees. We did not receive enough information to file a claim to an insurance carrier. Please provide your correct insurance policy information or make payment in the amount due. Thank you for using Quest Diagnostics.

[Redacted]

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



LOG ON NOW. Pay your bill online securely anytime - day or night at www.QuestDiagnostics.com/bill or call [Redacted]
 Quest Diagnostics also accepts



Please make checks 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:	\$336.34
Due Date: Sep. 26, 2017	Invoice Number: 175128588

Patient Name: [Redacted]	
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

[Redacted]



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