



Do not use address below:

[Redacted]

AB 01 026671 29887 B 77 A



08837 TBR 175717816

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Aug. 24, 2017	\$702.23	Sep. 18, 2017

Invoice Number	Lab Code	Bill Code
175717816	TBR	1000

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

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



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.

Laboratory Tests Were Requested By:

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

Most Recent Insurance Claim Filed To:

Insurance Name:
 Insurance ID:
 Group Number:

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.

[Large Redacted Area]

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



Lab Code: TBR

Amount Due: \$702.23

Due Date: Sep. 18, 2017 **Invoice Number: 175717816**

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.

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.

MAIL PAYMENTS ONLY TO:
 QUEST DIAGNOSTICS

[Redacted]



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