

From: Billing_Web@QuestDiagnostics.com

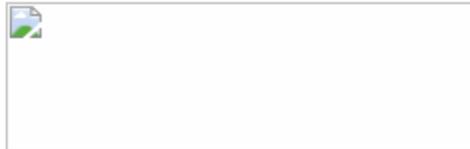
To: [REDACTED]

Subject: [Not Virus Scanned] Your Quest Diagnostics Invoice for Lab Services is enclosed

Date: Sun, 26 Aug 2018 19:34:04 +0000

Importance: 3

Attachments: QuestInvoice.pdf



Prepared for: [REDACTED]

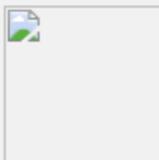
Your bill is ready.

Pay now

Amount due: \$154.44

Due date: 09/12/2018

This bill is for lab testing we recently performed that your doctor recommended.



Opening your bill – Your password

Attached is your secure bill. The bill's security password is the patient's date of birth and billing zip code in the following format:
MM-DD-YYYY12345 (example: 01-01-197590210)

Thank you for choosing Quest Diagnostics.

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This communication is intended for adults at least 18 years old in the U.S.A.

Contact Us: Quest Diagnostics, 500 Plaza Drive, Secaucus, NJ 07094—Attention: Billing Department

