



Do not use address below:  
P.O. Box 7306  
Hollister, MO 65673-7306

# Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Sep. 07, 2018	\$1,726.30	Sep. 28, 2018

Invoice Number:	Lab Code:
[REDACTED]	TAM

AB 01 077325 93142 B 202 A  
TAM 78300020 0006136 6196490611 0  
JEFFREY EPSTEIN  
358 EL BRILLO WAY  
PALM BEACH, FL 33480-4730

Patient Name: JEFFREY EPSTEIN  
Responsible Party: JEFFREY EPSTEIN  
Date of Service: August 30, 2018

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

### Laboratory Tests Were Requested By:

Referring Physician: MOSKOWITZ, BRUCE W  
Physician Address: 1411 N FLAGLER DR  
WEST PALM BEACH, FL 33401

### Most Recent Insurance Claim Filed To:

Insurance Name:  
Insurance ID:  
Group Number:



#### Customer Service

LOG ON NOW at [www.QuestDiagnostics.com/bill](http://www.QuestDiagnostics.com/bill) to conveniently pay your invoice, provide updated insurance information, or take a patient survey.



#### Phone: 1-800-488-8890

MON-TH 8:30AM-5:00PM; FRI 09:00 AM - 04:00 PM EST  
Se Habla Espanol!

Please have your invoice available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from your doctor's fees. If you have insurance coverage for the date of service listed, please contact us to provide your policy information. If payment is not received by the due date, we reserve the right to bill with any information we may have on file for you.

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
08/30/18	82465	CHOLESTEROL	\$38.24					
08/30/18	82746	FOLIC ACID (SR)	\$118.11					
08/30/18	83718	LIPOPROTEIN, DIRECT; HDL	\$66.36					
08/30/18	83825	MERCURY	\$155.23					
08/30/18	85652	SED RATE, AUTOMATED	\$37.12					
08/30/18	84479	T-3, RESIN UPTAKE	\$50.62					
08/30/18	84436	THYROXINE	\$49.49					
08/30/18	84478	TRIGLYCERIDES	\$42.74					
08/30/18	84443	TSH	\$130.49					

Continued on Next Page

Tax ID: 38-2084239 ICD Codes: E55.9 E78.5 I10. N42.9 R73.09

Services Performed by: QUEST DIAGNOSTICS MIAMI MIRAMAR, FL  
Services Performed by: QUEST DIAGNOSTICS ATLANTA TUCKER, GA  
Services Performed by: QUEST DIAGNOSTICS TAMPA TAMPA, FL

\* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements

*Not covered by Medicare, balance  
medicare covered \$1650.93  
United Health did not cover*

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



*Paid Amex  
Blacc 10/31/18*

LOG ON NOW. Pay your bill online securely at  
[WWW.QUESTDIAGNOSTICS.COM/BILLING](http://WWW.QUESTDIAGNOSTICS.COM/BILLING)  
or call 1-800-488-8890.

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: TAM

Amount Due:	\$1,726.30
Due Date: Sep. 28, 2018	Invoice Number: [REDACTED]

Patient Name: JEFFREY EPSTEIN

Amount Enclosed:	\$ 1650.93
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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  
P.O. BOX 740781  
CINCINNATI, OH 45274-0781



01TAM58016196490611001726305090713341910135890000007



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# Laboratory Invoice

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<b>Invoice Date:</b>	<b>Amount Due:</b>	<b>Due Date:</b>
<b>Sep. 07, 2018</b>	<b>\$1,726.30</b>	<b>Sep. 28, 2018</b>

**Invoice Number** 6196490611  
**Lab Code** TAM

**Patient Name:** JEFFREY EPSTEIN  
**Responsible Party:** JEFFREY EPSTEIN  
**Date of Service:** August 30, 2018

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

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
08/30/18	84550	URIC ACID (SR)	\$42.74					
08/30/18	82607	VITAMIN B-12	\$120.36					
08/30/18	86140	C-REACTIVE PROTEIN	\$75.37					
08/30/18	84153	PROSTATE SPECIFIC AG	\$148.48					
08/30/18	85025	CBC, PLT, DIFF	\$45.50					
08/30/18	86141	CRP; HIGH SENSITIVITY	\$50.00					
08/30/18	82306	25-OH VITAMIN D-3	\$241.84					
08/30/18	83090	HOMOCYSTEINE	\$227.22					
08/30/18	83695	LIPOPROTEIN A	\$25.00					
08/30/18	84100	PHOSPHORUS	\$5.39					
08/30/18	82947	GLUCOSE (QN)	\$4.46					
08/30/18	84520	UREA NITROGEN (QN)	\$4.49					
08/30/18	82565	CREATININE (BL)	\$5.82					
08/30/18	80051	ELECTROLYTE PANEL	\$7.98					
08/30/18	84155	PROTEIN	\$4.17					
08/30/18	82040	ALBUMIN (SR)	\$5.62					
08/30/18	82247	BILIRUBIN, TOTAL	\$5.70					
08/30/18	84075	ALK PHOSPHATASE	\$5.88					
08/30/18	84450	AST (SGOT)	\$5.88					
08/30/18	84460	ALT (SGPT)	\$6.00					
<b>Tax ID: 38-2084239 ICD Codes: E55.9 E78.5 I10. N42.9 R73.09</b>			<b>\$1,726.30</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,726.30</b>	

Services Performed by: QUEST DIAGNOSTICS MIAMI MIRAMAR, FL  
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077395 9/9