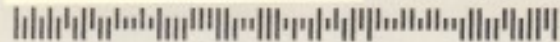


TAX ID# : 84-0611484

JORDAN [REDACTED]



Test requested by:
DAVID BELK MD
2070 CLINTON AVE STE 5E
ALAMEDA, CA 94501

Insurance that has been filed:
BLUES CA: BLUE SHIELD CA PPO
ID#: XXX-XX-[REDACTED]
POLICY GROUP#: [REDACTED]

Laboratory Bill



BALANCE NOW DUE

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

Invoice/Factura: [REDACTED]

Amount Due: \$697.00

Patient Name: JORDAN [REDACTED]
Invoice Date: 07/22/15 [REDACTED]

Important Notice

YOUR HEALTH INSURANCE PLAN HAS NOTIFIED US THAT THIS IS A NON-COVERED SERVICE. IF YOU HAVE QUESTIONS REGARDING BENEFIT COVERAGE, YOUR HEALTH INSURANCE PLAN SHOULD BE CONTACTED. PLEASE REMIT PROMPT PAYMENT. THANK YOU.