



Laboratory Bill



BALANCE NOW DUE

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

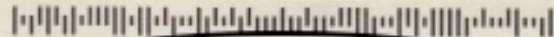
Invoice/Factura: [REDACTED]

Amount Due: \$30.00

TAX ID# : 84-0611484

JORDAN [REDACTED]

Patient Name: JORDAN [REDACTED]
Invoice Date: 08/29/15 [REDACTED]



The "adjustment" is the discount that's given to the insurance company. In this case, it was over \$577

Important Notice

THIS BILL REPRESENTS THE CO-INSURANCE, DEDUCTIBLE OR CO-PAY AMOUNT DUE AFTER NOTIFICATION FROM YOUR INSURANCE COMPANY. PLEASE REMIT PROMPT PAYMENT. IF YOU HAVE SECONDARY INSURANCE PLEASE CALL 1-800-845-6167. THANK YOU.

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#: [REDACTED]
POLICY GROUP#: [REDACTED]

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/Medicaid Paid	Insurance Paid	Patient Paid	You Pay
06/22/15	[REDACTED]	169.00					169.00
06/22/15	[REDACTED]	218.00					218.00
06/22/15	[REDACTED]	39.00					39.00
06/22/15	[REDACTED]	25.00					25.00
06/22/15	[REDACTED]	246.00					246.00
	ADJUSTMENT(S)		(577.33)				(577.33)
	PAYMENT(S)				(89.67)		(89.67)
IMPORTANTE: Tenemos agentes bilingües disponibles para asistirle. Llámenos ahora para resolver su situación.		697.00	(577.33)		(89.67)		\$30.00

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LabCorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results.

TEST PERFORMED BY: LABCORP SAN DIEGO 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 92128

We accept the following credit cards:



Payment arrangements can be made with no additional fee by calling 1-800-845-6167 from 8am - 5pm, Monday - Friday, or visit labcorp.com/billing.