

MAKE CHECKS PAYABLE TO
 WESTERN LABORATORY MEDICAL GRP
 5700 SOUTHWYCK BLVD
 TOLEDO, OH 43614-1509



FOR BILLING QUESTIONS Call 1-800-536-1197
 9:00 AM - 5:00 PM

FORWARDING SERVICE REQUESTED
 ADDRESSEE
 DAVID BELK

Client# V00679338/WLMA

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

DISCOVER MasterCard VISA

CARD NUMBER _____ CCV CODE _____

FULL NAME (Please Print) _____ EXP. DATE _____

SIGNATURE _____

STATEMENT DATE 06/23/15 PAY THIS AMOUNT 199.00 ACCOUNT NUMBER 045409849

SHOW AMOUNT PAID HERE \$ _____ PASS CODE WLMA

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REMIT TO
 WESTERN LABORATORY MEDICAL GRP
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 TOLEDO, OH 43614-1509

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
5/27/15	Balance Forward	199.00
	Payments	.00
	Balance Due	199.00

Specimen sent to lab - resubmit to BS CW Rachel 7/2 @ 1320

TO PAY YOUR BILL ONLINE, PLEASE VISIT
[HTTPS://PAYYOURBILL.APSMEDBILL.COM](https://PAYYOURBILL.APSMEDBILL.COM)

We received this bill because Western Laboratory sent the bill to Blue Cross instead of Blue Shield (our insurance). Blue Cross denied the claim, of course, because they'd never heard of me.

ALAMEDA HOSPITAL REF PHY: KAPILA, YAGYA

ACCOUNT NUMBER	STATEMENT DATE	TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
	06/23/15	199.00	.00	.00	199.00

PATIENT NAME
 DAVID BELK

MAKE PAYMENT TO:
 WESTERN LABORATORY MEDICAL GRP
 1-800-536-1197

BC LIFE & HEALTH FILED 06/19/15

YOUR INSURANCE COMPANY HAS DENIED OUR CLAIM FOR THIS ACCOUNT

IF YOU FEEL THIS REJECTION IS IN ERROR, PLEASE CONTACT OUR OFFICE, OTHERWISE WE MUST LOOK TO YOU FOR PAYMENT TO SETTLE THIS ACCOUNT.

IF YOU'VE SENT PAYMENT IN FULL, PLEASE DISREGARD THIS NOTICE