

BALANCE NOW DUE

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

Invoice/Factura: [REDACTED]

Amount Due: **\$45.00**

TAX ID# : 84-0611484

Patient Name: [REDACTED]
 Invoice Date: 09/18/15 [REDACTED]

pd # 3181
\$195.00
10/6/15

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: BS CA PPO-COVERED CA
 ID#: [REDACTED]
 POLICY: [REDACTED]

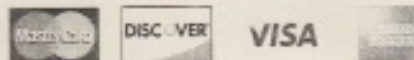
Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/Medicaid Paid	Insurance Paid	Patient Paid	You Pay
09/09/15	CBC With Differential/Platelet	38.00					38.00
09/09/15	Comp. Metabolic Panel (14)	49.00					49.00
09/09/15	Lipid Panel	102.00					102.00
09/09/15	Hemoglobin A1c	78.00					78.00
09/09/15	TSH	104.00					104.00
09/09/15	Venipuncture	25.00					25.00
	ADJUSTMENT(S)		(335.08)				(335.08)
	PAYMENT(S)				(15.92)		(15.92)
IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		396.00	(335.08)		(15.92)		\$45.00

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.

This is a bill from another patient of mine. As you can see, LabCorp billed her insurance (Blue Shield) \$396 and Blue Shield approved a total payment of \$60.92 or about 15% of what was billed.