



Laboratory Bill

BALANCE NOW DUE

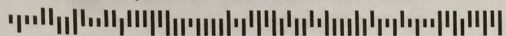
Payments made via an online banking service must include this invoice #

Invoice/Factura: 20706630

Amount Due: \$510.00

TAX ID# : 84-0611484

HEATHER CARDOZA
1300 BLEWETT AVE
SAN JOSE, CA 95125-2305



Patient Name: HEATHER CARDOZA
Invoice Date: 12/30/16 634922962240

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:

GATEWAY FAMILY MEDICAL CENTER
1580 S WINCHESTER BLVD STE 202
CAMPBELL, CA 95008

Insurance that has been filed:

BLUES CA: ANTHEM BCBS BLUE CARD
ID#: XXX-XX-0194841
POLICY GROUP#: 71888-HCL

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
12/14/16	HSV 1 and 2-Specific Ab, IgG	218.00					218.00
12/14/16	Chlamydia/GC Amplification	246.00					246.00
12/14/16	Vitamin D, 25-Hydroxy	292.00					292.00
12/14/16	RPR, Rfx Qn RPR/Confirm TP	39.00					39.00
12/14/16	Hep B Surface Ab	92.00					92.00
12/14/16	HCV Ab w/Rfx to Verification	129.00					129.00
12/14/16	Panel 083935	168.00					168.00
	ADJUSTMENT(S)		(564.93)				(564.93)
	PAYMENT(S)				(109.07)		(109.07)
IMPORANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		1,184.00	(564.93)		(109.07)		\$510.00

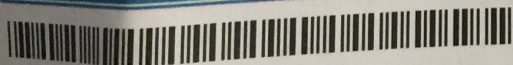
LabCorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results. To request a copy of your laboratory report: Call 877-234-4722

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.



Return this portion with payment

DO NOT SEND CASH

Make check or money order payable to:

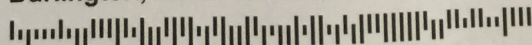
Invoice/Factura: 20706630

Amount Due: \$510.00

HEATHER CARDOZA
1300 BLEWETT AVE
SAN JOSE, CA 95125-2305

Payments made via an online banking service must include Invoice # 20706630

Laboratory Corporation of America Holdings
P.O. Box 2240
Burlington, North Carolina 27216-2240



www.labcorp.com/billing

FAX: 1-866-227-2939

AZODRAC*TAEH**** 63492296 2240**** 1 0510005

PTINV16366 035225 01 01 00