

PO Box 26688
Albuquerque NM 87125-6688
Confidential: To be opened by addressee only

LABORATORY BILLING STATEMENT
Patient Account No.: 219L343714
Patient Name: PATIENT, TEST
Date of Statement: June 3, 2011
DUE UPON RECEIPT

Customer Service is: (505) 247-0244
Or Toll Free at: 1-877-267-2428
Office hours are 8:00 a.m. to 4:45 p.m. M-F

Patient Services Provided

Date of visit & services performed

Summary of Charges

Date	Test	Description	Amount
03/29/2011	36415	PUNCTURE (PHLEBOTOMY)	\$12.92
03/29/2011	80048	BASIC METABOLIC PANEL	\$33.85
03/29/2011	84443	TSH	\$58.22
03/29/2011	82492-90	AMTODARONE	\$108.26
03/29/2011	36415	MC NOT APPROVED (04/18/2011,	\$-9.92
03/29/2011	36415	MC PAYMENT (04/18/2011, MC, 2,	\$-3.00
03/29/2011	80048	MC NOT APPROVED (04/18/2011,	\$-21.94
03/29/2011	80048	MC PAYMENT (04/18/2011, MC, 2,	\$-11.91
03/29/2011	82492-90	MC NOT APPROVED (04/18/2011,	\$-82.85
03/29/2011	82492-90	MC PAYMENT (04/18/2011, MC, 2,	\$-25.41
AMOUNT DUE			\$58.22

Current	31-60	61-90	91-120	over 120
		\$58.22	\$0.00	\$0.00

Messages

We have provided you a summary of charges of your most recent visit. We ask that you closely review the information to ensure that it is accurate and complete.

Thank you for choosing TriCore
Ref Insurance payments or
You denials listed here

left a balance as patient responsibility, or this is a self pay account. If you have questions contact our Customer Service Dept.

TriCore offers discounted laboratory tests for patients who do not have health insurance. Please contact our Business Office within 14 days for details.

IMPORTANT NOTICE: (Does not pertain to Medicare patients) Due to high cost and secondary commercial health insurance providers, effective immediately TriCore will bill only primary commercial health insurance companies for our patients. The balance due after your primary insurer has paid their portion will be billed directly to you. Contact your secondary insurer if you need information about claims filing.

STATEMENT

DETACH HERE, AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT AND INDICATE CHANGE ON REVERSE SIDE



CU105561
PO Box 1022
Wixom MI 48393-1022



Patient Acct. No.	Patient Name	Date of Service
219L343714	PATIENT, TEST	03-29-11
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CARD NUMBER		
AMOUNT	EXP DATE (MM/yyyy)	
SIGNATURE		
Amount Due: \$58.22		

How much you owe →

MAKE CHECKS PAYABLE AND REMIT TO:

3249408-10-TRIC1 1
Confidential: To be opened by addressee only
TEST PATIENT
123 Rainbow Lane
Anywhere NM 87501-4444

Make checks payable to →

TRICORE REFERENCE LABORATORIES
PO Box 27935
Albuquerque NM 87125-7935