



Enroll and Pay in Paperless Billing:
<https://pay.instamed.com/tricore>
 Enter Enrollment Code: QE5A782E

Summary (as of 3/5/2020)

Total Charges: \$1,179.83
Insurance & Adjustments: -\$1,151.31
Previously Paid: -\$0.00

Total Balance **\$28.52**
 Payable Upon Receipt

1 Amount Owed by Patient

First Statement

TriCore offers a discount on many services for patients who do not have health insurance. Patients must contact our Business Office at (505) 247-0244 or Toll Free at (877) 267-2428. Office Hours are 8:00 AM to 4:45 PM M-F.

DATE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	TOTAL
Patient: TEST PATIENT Account #: ABC123 Lab tests requested by: PATIENT,JOHN				
1/15/2020	STREP CULTURE,SPECIAL	\$36.39		
1/15/2020	RESP PANEL BY PCR	\$1,143.44		
	Insurance Paid		(- \$256.78)	
	Insurance Adjustments		(- \$894.53)	
		\$1,179.83	-\$1,151.31	\$28.52

4 Ordering Physician

2 Patient Name

3 Account Number

7 Previous Payments/Adjustments

5 Date of Service

6 Services Performed

This bill is for laboratory services requested by your doctor. It represents a summary of charges for services and any insurance remittances processed. If you feel your insurance payment is not correct, please contact your insurance carrier.

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NOTICE: TriCore will bill only primary commercial health insurance companies for our patients (this does not pertain to patients with Medicare, Medicaid or other government coverage).

Detach this coupon and return with your payment Check if address/insurance changes are on back.



PO BOX 26688
 ALBUQUERQUE, NM 87125-6688

Enroll and Pay in Paperless Billing:
<https://pay.instamed.com/tricore>
 Pay by Phone: (505) 247-0244
 Toll Free: (877) 267-2428

IF PAYING BY DEBIT/CREDIT CARD		
Card Number	Card Type (Circle One) <input type="radio"/> VISA <input type="radio"/> M/C <input type="radio"/> DISC <input type="radio"/> AMEX	
Name on Card	Exp Date	CVN
Signature	Zip Code	
STATEMENT DATE	ACCOUNT #	DUE DATE
3/5/2020	ABC123	UPON RECEIPT
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$28.52		

1 Amount Owed by Patient

TEST PATIENT
 1234 TEST AVENUE
 ALBUQUERQUE, NM 87121

PLEASE MAKE CHECKS PAYABLE TO:
 TriCore Reference Laboratories
 PO BOX 27561 DEPT #30775
 ALBUQUERQUE, NM 87125-7561

50115202000000000000ABC123000000028520

1 Amount Owed by Patient

2 Patient Name

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