



Laboratory Bill



BALANCE NOW DUE

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

TAX ID# : 84-0611484

Invoice/Factura: 00026503

Amount Due: \$424.34

BINDU SAH PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS, TN 38125-2508



Patient Name: BINDU SAH PANUGANTI
Invoice Date: 01/12/21 032321669430

Important Notice

THIS BILL REPRESENTS THE COINSURANCE, DEDUCTIBLE OR COPAY AMOUNT DUE. WE UNDERSTAND OUR PATIENTS MAY BE FACING UNEXPECTED FINANCIAL HARDSHIPS. IF YOU NEED ASSISTANCE WITH YOUR BILL, PLEASE CALL THE NUMBER LISTED ON YOUR INVOICE.

Test requested by:

OVIDO WOMAN'S HEALTH CENTERS
2078 WINTER SPRINGS BOULEVARD
OVIDO, FL 32765

Insurance that has been filed:

CIGNA
ID#: XXX-XX-164901
POLICY GROUP#: 2499246

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/Medicaid Paid	Insurance Paid	Patient Paid	You Pay
11/18/20	TSH+Free T4	85.00					85.00
11/18/20	CBC With Differential/Platelet	22.00					22.00
11/18/20	Hgb Frac. Profile	105.00					105.00
11/18/20	ABO Grouping and Rho(D) Typing	26.00					26.00
11/18/20	HCV Antibody RFX to Quant PCR	58.75					58.75
11/18/20	Rubella Antibodies, IgG	33.00					33.00
11/18/20	RPR, Rfx Qn RPR/Confirm TP	15.00					15.00
11/18/20	HIV Ag/Ab with Reflex	105.00					105.00
11/18/20	Varicella-Zoster V Ab, IgG	55.62					55.62
11/18/20	Cystic Fibrosis Mutation	800.00					800.00
11/18/20	SMN1 Copy Number Analysis	400.00					400.00
11/18/20	Fragile X, PCR reflex Southern	391.00					391.00
11/18/20	Antibody Screen	30.00					30.00
11/18/20	HBsAg Screen	50.00					50.00
11/18/20	ADDITIONAL TEST(S) NOT SHOWN	60.00					60.00
	ADJUSTMENT(S)		(1,454.04)				(1,454.04)
	PAYMENT(S)				(357.99)		(357.99)
IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		2,236.37	(1,454.04)		(357.99)		\$424.34

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: Go to patient.labcorp.com

TEST PERFORMED BY: LABCORP TAMPA 5610 W LASALLE STREET TAMPA, FL 33607

We accept the following credit cards:



Payment arrangements can be made with no additional fee by calling (1-800-845-6167) from 8am - 8pm EST Monday - Friday, or visit labcorp.com/billing



BINDU SAH PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS, TN 38125-2508

Payments made via an online banking service must include Invoice # 00026503

Return this portion with payment
DO NOT SEND CASH
Make check or money order payable to:

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



Invoice/Factura: 00026503

Amount Due: \$424.34

www.labcorp.com/billing

FAX: 1-866-227-2939

ITNAGUNAP*IB**** 03232166 9430**** 1 0424345

PTINV21012 009058 01 01 00



Laboratory Bill

BALANCE NOW DUE

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

TAX ID# : 84-0611484

Invoice/Factura: 69721372

SAHITHI PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS, TN 38125-2508



Amount Due: \$66.29

Patient Name: SAHITHI PANUGANTI
Invoice Date: 12/21/20 032483890590

Important Notice

THIS BILL REPRESENTS THE COINSURANCE, DEDUCTIBLE OR COPAY AMOUNT DUE. WE UNDERSTAND OUR PATIENTS MAY BE FACING UNEXPECTED FINANCIAL HARDSHIPS. IF YOU NEED ASSISTANCE WITH YOUR BILL, PLEASE CALL THE NUMBER LISTED ON YOUR INVOICE.

Test requested by:

FLORIDA WOMAN CARE, LLC
5481 WEST WATERS AVE STE 111
TAMPA, FL 33634

Insurance that has been filed:

CIGNA
ID#: XXX-XX-164901
POLICY GROUP#: 2499246

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/Medicaid Paid	Insurance Paid	Patient Paid	You Pay
11/18/20	Genital Mycoplasmas NAA, Swab ADJUSTMENT(S)	136.00	(69.71)				136.00 (69.71)
IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		136.00	(69.71)				\$66.29

PTINW20356 025650 01 01 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: Go to patient.labcorp.com

TEST PERFORMED BY: LABCORP BURLINGTON 1447 YORK COURT BURLINGTON, NC 27215

We accept the following credit cards:



Payment arrangements can be made with no additional fee by calling (1-800-845-6167) from 8am - 8pm EST 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: 69721372

Amount Due: \$66.29

SAHITHI PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS, TN 38125-2508

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

www.labcorp.com/billing

FAX: 1-866-227-2939

Payments made via an online banking service must include

Invoice # 69721372



ITNAGUNAP*AS**** 03248389 0590**** 1 0066297



FINAL NOTICE

Date 12/28/2020

Dear SAHITHI B PANUGANTI,

ACCOUNT SUMMARY

Patient Name: BINDU SAHITHI PANUGANTI
Account#: 500032323-51302181
Statement Date: 12/28/2020
Date of Service: 08/24/2020 - Single Date of Service

Amount Owed: \$128.23

IMPORTANT MESSAGE

Despite several attempts to contact you, we have not been able to receive a response in order to resolve your account. As a result, your balance is being reviewed for placement with a collection agency including reporting the outstanding balance due on your credit report. Credit reporting will not take place any earlier than 180 days after the account has placed to an external collection agency.

Our records indicate that you did not request us to bill an insurance company for the services provided. If this is not correct, please contact us immediately.

Be advised that if you have a current payment arrangement, you must contact us in order to include this balance.

Failure to contact us may result in this balance being referred to a collection agency.

Please remit payment in full in the enclosed envelope with the attached payment coupon by **1/12/2021**. If payment has been sent, please contact our office to verify it has been received.

Sincerely,
Customer Service

PAYMENT METHODS

CREDIT CARDS

We accept the following Credit Cards:



Please contact us at 866-672-1210 if you wish to set up recurring monthly credit card payments.

PHONE

If you wish to make your payment by phone using either an electronic check or credit card, contact us at **866-672-1210** using **PIN: 5459956**

ONLINE

If you wish to make your payment online using either an electronic check or credit card, visit:

www.medicalpayments.org/UTROP

ADDRESS CORRECTIONS AND QUESTIONS

If your address needs updating or if you would like to speak to a customer service representative, call 866-672-1210.

Monday through Thursday
8:00 am - 6:00 pm or
Friday 8:00 am - 5:00 pm

2002B3403

Please detach and return this portion with your payment.

UT Regional One Physicians

PO BOX 11192
Knoxville, TN 37939

Electronic Service Requested

8786001836 PRESORT PBPS005



SAHITHI B PANUGANTI
4011 ROLLING GREEN DRIVE
MEMPHIS TN 38125-2508



Statement Date 12/28/2020	Pay This Amount \$128.23	Due Date 01/27/2021
Account Number 500032323-51302181	Show Amount Paid Here \$ _____	
CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.		
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> DISCOVER		
CARD NUMBER	SECURITY CODE	
SIGNATURE	EXP. DATE	
CARDHOLDER NAME		

UT REGIONAL ONE PHYSICIANS
PO BOX 5154
MEMPHIS TN 38101



5459956 2002B3403



P.O. BOX 2279
MEMPHIS, TN 38101-2279

Electronic Service Requested

4826000325 PRESORT 325 1 AV 0.386 P1C3



BINDU PANUGANTI
4011 ROLLING GREEN DR.
MEMPHIS TN 38125-2508

Account Summary

Account Number 1000719226

Statement Date	12/24/2020
Total Plan Coverage Amount	\$973.69
Total Insurance Payment	\$0.00
Your Previous Payment	\$0.00
Payment Plan Due Amount	\$0.00
Balance Due Not On Payment Plan	\$973.69
Total Amount You Owe	\$973.69
Minimum Amount Due	\$973.69

DUE UPON RECEIPT

Payment Options

Payment Plan
\$162.28
x 6 months



Pay In Full
\$973.69
Due Upon Receipt

View All Options: methodisthealth.org/paymybill

Payment Methods



Pay online at
methodisthealth.org/paymybill



Pay by phone **901-290-8787**



Pay by mail. Payments can be made using the enclosed envelope.

Important Messages

Thank you for choosing Methodist Le Bonheur Healthcare. If payment has been made within the last ten days, please ignore this statement.

If you are having difficulty paying, please call Customer Service.

Customer Service

901-842-1260 or Toll Free: **888-528-9775**
Habla Espanol: **901-542-5360**

Hours of operation:
Mon - Thurs: 7:00 a.m. to 7:00 p.m. CST
Friday : 7:00 a.m. to 4:30 p.m. CST

Please detach and return bottom portion with your payment.



P.O. BOX 2279 MEMPHIS, TN 38101-2279

Account Number
1000719226

Name on Account
BINDU PANUGANTI

Due Date
Upon Receipt

Minimum Amount Due
\$973.69

Amount Enclosed

Pay Online
methodisthealth.org/paymybill

Please make check payable to Methodist Le Bonheur Healthcare. Include your Account # on your check.

METHODIST LE BONHEUR HEALTHCARE
P.O. BOX 734184
DALLAS, TX 75373-4184



734184 0017319135 12242020 00097369 3



Account Number 1000719226
 Account Name BINDU PANUGANTI
 Statement Date 12/24/2020

Visits Not On Payment Plan

Description		Insurance Allowed	Insurance Payment	Patient Payment	Patient Responsibility
Billing # 17319135	Location: Methodist Le Bonheur Germantown Hospital Patient Name: Bindu Panuganti Summary: Payment Due				
Service Date: 11/1/20	Visit ID: ER54778532	\$973.69	\$0.00	\$0.00	\$973.69
Visit Totals		\$973.69	\$0.00	\$0.00	\$973.69



EZ
Ways To Pay...

BINDU PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS TN 38125-2508

@ **Online**
www.mydocbill.com/SPEGM

📞 **Automated Attendant**
1.866.535.5215 (24 hours a day)

For Payments Please Call: 1.866.535.5223 For Billing Questions Please Call: 1.866.535.5215

STATEMENT

Account Number	Amount Due	Statement Date	Date Due
1080360-QSNED-05	\$262.65	03/06/21	Upon Receipt

Account Summary

Account Number	1080360-QSNED-05
Patient Payments in Last 30 Days	0.00
Current Statement Balance	262.65
Charges Pending w/ Insurance	0.00
Total Account Balance	262.65

See Detail on Back



New & Improved Online Experience

Go Green

www.mydocbill.com/SPEGM

Pay Online | Update Info | Live Agent Chat

Gain the power to pay your bill or update your information at your convenience 24 hours a day. Chat with a representative using our Live Agent Chat feature during normal business hours. This not only benefits the environment, it benefits you and your time!

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.mydocbill.com/SPEGM

PRIMARY

Insurance	CIGNA
Group/Plan	
ID Number	U6973164901

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

About Your Statement

Have a billing question or concern about your statement?
E-MAIL us at snedbilling@mydocbill.com.

See Statement Details on Back



148809-55



SOUND PHYSICIANS EMERGENCY MED OF GREATER
MEMPHIS
PO BOX 748996
LOS ANGELES, CA 90074-8996

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
03/06/21	\$262.65	1080360-QSNED-05

CHARGES AND CREDITS MADE AFTER
STATEMENT DATE WILL APPEAR ON
NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

SOUND PHYSICIANS EMERGENCY MED OF GREATER
MEMPHIS
PO BOX 748996
LOS ANGELES, CA 90074-8996



148809 - 55

BINDU PANUGANTI
4011 ROLLING GREEN DR
MEMPHIS TN 38125-2508

0067712400026265000001080360SNED8

Pay Online: www.mydocbill.com/SPEGM

Memphis Radiological, PC
 PO Box 1692
 Memphis TN 38101

PAYMENT DUE UPON RECEIPT



04750

*Thank You For Your
 Prompt Remittance*

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
11/30/20	1640263	\$93.00

Toll Free: (800) 475-6112

0211000164026300000093000

MAKE CHECK PAYABLE AND REMIT TO:

04750

04750

BINDU PANUGANTI 1640263
 4011 Rolling Green Dr
 Memphis TN 38125-2508

Memphis Radiological, PC
 PO Box 1692
 Memphis TN 38101

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
11/01/20	76817 - US PG UTER R-T IMG TRVG Location: (4) METHODIST GERMANTOWN	\$165.00			\$93.00
11/26/20	CIGNA Applied to Deductible			\$72.00	

***** You are responsible for payment in full within 20 days. *****

IMPORTANT MESSAGES:

Please verify your insurance information below to ensure everything is correct. Complete the back of this form and return it to our office if there are any discrepancies.

Verifique la información de su seguro a continuación para asegurarse de que todo esté correcto. Complete el reverso de este formulario y devuélvalo a nuestra oficina si hay alguna discrepancia.

Pay with a picture in seconds!
 Search Papaya Pay in the App Store or visit www.papaya.com/pay

Account Information

Statement Date:	11/30/2020
Account:	1640263
Patient:	BINDU PANUGANTI
Total Balance:	\$93.00
* = Insurance Pending:	\$0.00
Patient Balance:	\$93.00

DUE NOW
\$93.00

Pay Online At:
www.ePayitOnline.com
 Code ID: MSN00001 Access#: 10842455-1-4842
 Or Call (800) 475-6112

SCAN FOR MOBILE PAYMENT

To receive statements electronically go to www.ePayitOnline.com
 Primary Insurance: -----164901 - Cigna
 To Chat live with a representative or to update insurance please visit us at www.msnilc.net

Memphis Radiological, PC
 PO Box 1692
 Memphis TN 38101
 (800) 475-6112

Guarantor Name:
 Patient Account #:
 Statement Date:

SAHITHI PANUGANTI
6340743A2183
12/05/2020

Your Account Status

Your health insurance has been billed correctly and the remaining deductible is your responsibility.

Payment due

\$237.18

Upon Receipt

Choose a Payment Method



Pay Online
 Recommended

Make a secure online payment: www.quickpayportal.com
 QuickPay Code: 4NC5-43CP-K23-13FS



Mail Payment

Mail your payment with the coupon below.
 Make checks payable to: FLORIDA WOMAN CARE LABORATORY, LLC.
 Please include your account # on the check.

Questions? Have a question about your balance, or need to update your insurance information with us? Call **561-413-1810**.

Thank you for choosing FLORIDA WOMAN CARE LABORATORY, LLC

Enjoy the ease and security of paperless statements. Sign up today at <https://2183-327.portal.athenahealth.com/>

Thank you for your prompt payment.

*****If you have questions about your bill please call (561) 413-1810 or email fwcl@vitalaxis.com.***** To make an on-line payment, please access: <https://2183-327.portal.athenahealth.com>. Use Make a One-Time Payment and enter your unique statement id# located on the top right of your statement.

detailed summary >

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.

FLORIDA WOMAN CARE LABORATORY, LLC



PO BOX 14099
 BELFAST, ME 04915

AB 01 039148 42113 B 123 A



SAHITHI PANUGANTI
 4011 ROLLING GREEN DR
 MEMPHIS TN 38125-2508

Pay Online at QuickPay

www.quickpayportal.com | QuickPay Code:
4NC5-43CP-K23-13FS

Due Date	Patient Account #
Upon Receipt	6340743A2183
Amount Due	Amount Enclosed
\$237.18	

Make checks payable to: FLORIDA WOMAN CARE LABORATORY, LLC



FLORIDA WOMAN CARE LABORATORY, LLC
 ATTN # 9100Y
 PO BOX 14000
 BELFAST ME 04915-4033



Check box if insurance or patient information has changed.
 Please indicate changes on reverse side.

Guarantor Name:
 Patient Account #:
 Statement Date:

SAHITHI PANUGANTI
 6340743A2183
 12/05/2020

Your Account Status

Your health insurance has been billed correctly and the remaining deductible is your responsibility.

Charges	\$936.00
Previous Payments & Credits	\$698.82
Total Balance	\$237.18
Payment Due Upon Receipt	\$237.18

PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	Provider Name	Service Location
Sahithi Panuganti	JAMIE D SHUTTER MD	Florida Woman Care Lab

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
11/18/2020	MOLECULAR TEST FOR DETECTION OF		\$117.00		
12/01/2020	Credit - Insurance Payment: Cigna	PROCESSED		-\$39.53	
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance</i>				\$0.00
11/18/2020	MOLECULAR TEST FOR DETECTION OF		\$117.00		
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance - DEDUCTIBLE</i>				\$39.53
11/18/2020	MOLECULAR TEST FOR DETECTION OF NEISSERIA		\$117.00		
12/01/2020	Credit - Insurance Payment: Cigna	PROCESSED		-\$39.53	
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance</i>				\$0.00
11/18/2020	MOLECULAR TEST FOR DETECTION OF		\$117.00		
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance - DEDUCTIBLE</i>				\$39.53
11/18/2020	MOLECULAR TEST FOR DETECTION OF AN		\$234.00		
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$154.94	
	<i>Patient Balance - DEDUCTIBLE</i>				\$79.06
11/18/2020	CANDIDA DNA AMP PROBE		\$117.00		
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance - DEDUCTIBLE</i>				\$39.53
11/18/2020	CANDIDA DNA AMP PROBE		\$117.00		
12/01/2020	Credit - Insurance Adjustment: Cigna	PROCESSED		-\$77.47	
	<i>Patient Balance - DEDUCTIBLE</i>				\$39.53
TOTAL PATIENT BALANCE					\$237.18

Any dispute regarding this statement or any amounts due must be submitted in writing to:
 P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.