

1 20000 01 01 001605 001662 P

progenity

P.O. Box 3951
Sarasota, FL 34230-3951

Phone: 855-209-1228
Se habla español

TICKETS	
PG2783963, PG2783965, PG2783966, PG2783967	
ACCOUNT #	REFERENCE #
AX01181240	1843837
DATE	BALANCE DUE
December 29, 2020	\$2,417.63

MDG2020 00001605 01



Subhashini Jagannathan
3330 Topaz Ln Apt C7
Fullerton CA 92831

As an alternative to mailing payment you may pay online or over the phone:

Pay online at <https://Progenity.com/billpay> or by phone at 855-209-1228
Access Code: PG-2783963

SECOND NOTICE

Dear Subhashini Jagannathan

Your healthcare provider ordered laboratory testing services from Progenity to help guide your health care. There is a balance due in the amount of \$2,417.63.

You may mail a check to us at the address shown below, pay via credit card by visiting our secure payment site: <https://Progenity.com/billpay> or by a live representative to process your payment.
Access Code: PG-2783963

Progenity offers the Progenity Cares program, which is designed to ease any financial burden as a result of testing. The program includes flexible payment options and may reduce the balance due for those who qualify. It is important that you call us within 45 days of the invoice date if you would like to apply for financial assistance through this program.

Please note that if additional testing was completed on your behalf by Progenity, you could receive additional statements after the payer processes your claim(s).

If you would like to discuss the details of your account or apply for the Progenity Cares program, please call us at (855) 209-1228.

Sincerely,
Progenity Customer Care Department

Please see reverse side for additional itemization detail

SEPARATE AND RETURN WITH YOUR PAYMENT

progenity

ACCOUNT #: AX01181240
REFERENCE #: 1843837
AMOUNT DUE: \$2,417.63
TICKETS: PG2783963, PG2783965, PG2783966, PG2783967

PAYMENT OPTIONS:
1. Mail your check or money order with this Coupon
2. Pay online at https://Progenity.com/billpay or by phone at 855-209-1228

IF YOUR INSURANCE HAS NOT BEEN BILLED, PLEASE FILL IN THE FOLLOWING INFORMATION:	
INSURANCE NAME:	SUBSCRIBER NAME:
ID #:	GROUP #
EFFECTIVE DATE:	INS BILLING PHONE:
INS BILLING ADDRESS:	

progenity
P.O. Box 674425
Detroit, MI 48267