



Do not use address below:

P.O. Box 7306
Hollister, MO 65873-7306

AB 01 010366 68861 E 26 A



WHC 90631299 7104578 7584450784 R
SUBHASHI JAGANNATHAN
201 N BIRCHER ST
ANAHEIM, CA 92801-5624

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Feb. 25, 2020	\$17.94	UPON RECEIPT

Invoice Number 7584450784
Lab Code WHC

Patient Name: SUBHASHI JAGANNATHAN
Responsible Party: SUBHASHI JAGANNATHAN
Date of Service: January 16, 2020

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service

LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone: 1-800-758-6047

MON-TH 8:30AM-5PM; FRI 09:00 AM - 04:00 PM PST
Se Habla Espanol!

Laboratory Tests Were Requested By:

Referring Physician: ZAHEDY- KAPUSTA, SEPIDEH
Physician Address: 2094 W LA HABRA BLVD
LA HABRA, CA 90631

Most Recent Insurance Claim Filed To:

Insurance Name: CIGNA
Insurance ID: 00015157001
Group Number: 3336239

Please have your invoice available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from the physician's fees. CIGNA indicated the balance is your co-payment, co-insurance, or deductible and is your financial responsibility. Prompt payment is appreciated. Thank you for using our laboratory.

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
01/16/20	88175	PAP W/SCR AUTO&MAN	\$109.66	(\$91.72)			\$17.94	Deductible/Coinsurance
01/16/20	87491	LABORATORY TESTING	\$103.49	(\$79.72)	(\$23.77)		\$0.00	
01/16/20	87591	LABORATORY TESTING	\$103.48	(\$79.71)	(\$23.77)		\$0.00	
Tax ID: 71-0897031 ICD Codes: Z34.91			\$316.63	(\$251.15)	(\$47.54)	\$0.00	\$17.94	

Services Performed by: QUEST DIAGNOSTICS WEST HILLS, CA

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* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



LOG ON NOW. Pay your bill online securely at
WWW.QUESTDIAGNOSTICS.COM/BILL

or call 1-800-758-6047.

QUEST DIAGNOSTICS also accepts:



Please make checks payable to QUEST DIAGNOSTICS.
Be sure to include invoice number on your check.

Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: WHC

Amount Due: \$17.94

Due Date: **UPON RECEIPT** Invoice Number: **7584450784**

Patient Name: SUBHASHI JAGANNATHAN

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740987
CINCINNATI, OH 45274-0987

