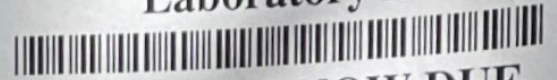




Laboratory Bill



BALANCE NOW DUE

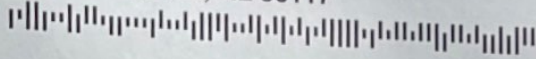
Payments made via an online banking service must include this invoice #

Invoice/Factura: 84128434

Amount Due: \$4.64

TAX ID# : 13-3757370

HARSHINI RAMASAHAYAM
C/O REDDY MEGHANATH
220 VAUGHN LAKES BLVD APT 3025
MONTGOMERY, AL 36117



Patient Name: HARSHINI RAMASAHAYAM
Invoice Date: 07/21/22 216605980390

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:
OB/GYN ASSOCS OF MONTGOMERY
495 TAYLOR ROAD
MONTGOMERY, AL 36117

Insurance that has been filed:
BLUES AL BLUE SHIELD ALABAMA
ID#: XXX-XX-7218251
POLICY GROUP#: 342222

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
06/15/22	Obstetric Panel, Including HIV	519.00					519.00
06/15/22	RPR Qn+TP Abs	98.00					98.00
06/15/22	Ab Scr+Antibody ID	105.00					105.00
06/15/22	HB Solu + Rfx Frac	82.00					82.00
06/15/22	Blood Drawing	16.00					16.00
	ADJUSTMENT(S)		(731.68)				(731.68)
	PAYMENT(S)				(83.68)		(83.68)
IMPORANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		820.00	(731.68)		(83.68)		\$4.64

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 BIRMINGHAM 1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233

We accept the following credit cards:



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

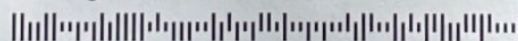


HARSHINI RAMASAHAYAM
220 VAUGHN LAKES BLVD APT 3025
MONTGOMERY, AL 36117-0000

Payments made via an online banking service must include Invoice # 84128434

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

Laboratory Corporation of America Holdings
PO Box 2240
Burlington, NC 27216-2240



Invoice/Factura: 84128434

Amount Due: \$4.64

www.labcorp.com/billing

FAX: 1-866-227-2939

AYAHASAMAR*H**** 21660598 0390**** 1 0004641