



Laboratory Bill
BALANCE NOW DUE

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

Invoice/Factura: 40700859

Amount Due: \$44.66

HARSHINI RAMASAHAYAM

07/13/22

Patient Name:

Invoice Date:

216674424870

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.

TAX ID#: 13-3757370

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

	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
06/15/22 06/15/22	Chlamydia/GC Amplification Urine Culture, Routine ADJUSTMENT(S)	125.37 35.00	(115.71)				125.37 35.00 (115.71)
ORTANTE: Ter	nemos agentes bilingues disponibles para asistirle. menos ahora para resolver su situación.	160.37	(115.71)				\$44.66

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:

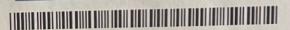








Payment arrangements can be made with no additional fee by calling (1-800-845-6167) from 8 AM - 8 PM Monday - Friday, or visit labcorp.com/billing



HARSHINI RAMASAHAYAM 2200 VAUGHN LAKES BLVD APT 3025 MONTGOMERY, AL 36117-4162

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

Invoice/Factura: 40700859

Amount Due:

\$44.66

www.labcorp.com/billing

FAX: 1-866-227-2939

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