



Laboratory Bill
BALANCE NOW DUE

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

Invoice/Factura: 18811641

Amount Due:

\$56.06

Patient Name: Invoice Date:

HARSHINI RAMASAHAYAM 09/17/22 22274

222274476710

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

Summary of Activity							
Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
08/10/22 08/10/22	AFP Tetra Blood Drawing ADJUSTMENT(S)	283.30 16.00	(243.24)				283.30 16.00 (243.24)
MPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		299.30	(243.24)				\$56.06

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 RTP 1912 TW ALEXANDER DRIVE RTP, NC 27709

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: 18811641

Amount Due: \$56.06

www.labcorp.com/billing

FAX: 1-866-227-2939

AYAHASAMAR*H**** 22227447 6710**** 1 0056069