

We have filed to your insurance already. You can pay for the statement amount due in MyDocBill.



### QUEST DIAGNOSTICS

PO BOX 740795  
CINCINNATI, OH 45274-0795

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☎ 1-866-254-3883

❓ 1-866-254-3859

✉ contactbilling@mydocbill.com

### Amount Due

**\$1,444.45**

ACCOUNT OWNER  
FNU HARI PRIYA

STATEMENT CREATED  
11/21/2022

DUE DATE  
Upon Receipt

### Account Summary

INVOICE #

42113811

PAYMENTS IN THE LAST 30 DAYS

\$180.00

PENDING INSURANCE

\$0.00

ACCOUNT NUMBER

19501147-QQUD1

STATEMENT AMOUNT DUE

**\$1,444.45**

TOTAL AMOUNT BALANCE

\$1,444.45

### Guarantor Info

#### General Info

FNU HARI PRIYA  
4708 BRIGGS RD  
FAIRFAX, VA 22030

#### Primary Insurance Info

INSURANCE PROVIDER  
ADMINISTRATIVE CONCEPTS INC

ADDRESS  
PO BOX 4000  
COLLEGEVILLE, PA 19426

GROUP/PLAN

ID NUMBER  
HHS8000988

#### Secondary Insurance Info

None

**Summary of Service Charges**

PATIENT: FNU HARI PRIYA      RENDERING PROVIDER: Quest Diagnostics Provider      REFERRING PROVIDER: NGUYEN VU

Date	Proc Code	Units	Service Activity	Charges	Pay/ADJ	Pending Insur	Balance
3/9/2022	82728	1	ASSAY OF FERRITIN	\$112.49			
3/9/2022	82746	1	ASSAY OF FOLIC ACID SERUM	\$118.11			
3/9/2022	85652	1	RBC SED RATE AUTOMATED	\$37.12			
3/9/2022	82607	1	VITAMIN B-12	\$120.36			
3/9/2022	36415	1	ROUTINE VENIPUNCTURE	\$21.37			
3/9/2022	86140	1	C-REACTIVE PROTEIN	\$75.37			
3/9/2022	81001	1	URINALYSIS AUTO W/SCOPE	\$47.59			
3/9/2022	86665	1	EPSTEIN-BARR CAPSID VCA	\$256.36			
3/9/2022	86664	1	EPSTEIN-BARR NUCLEAR ANTIGEN	\$108.10			
3/9/2022	86618	1	LYME DISEASE ANTIBODY	\$178.85			
3/9/2022	83540	1	ASSAY OF IRON	\$38.06			
3/9/2022	83550	1	IRON BINDING TEST	\$51.41			
3/9/2022	86038	1	ANTINUCLEAR ANTIBODIES	\$84.36			
3/9/2022	85027	1	COMPLETE CBC AUTOMATED	\$32.32			
3/9/2022	85007	1	BL SMEAR W/DIFF WBC COUNT	\$17.17			
3/9/2022	86480	1	TB TEST CELL IMMUN MEASURE	\$336.34			
3/9/2022	86592	1	LABORATORY TESTING	\$38.24			
3/9/2022	87389	1	LABORATORY TESTING	\$108.16			
3/9/2022	87077	1	CULTURE AEROBIC IDENTIFY	\$35.99			
3/9/2022	87186	1	MICROBE SUSCEPTIBLE MIC	\$70.87			
<b>SUBTOTAL</b>				<b>\$1,888.64</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,888.64</b>
7/13/2022	Guarantor Responsibility Date						
10/14/2022	Patient Payment				\$180.00		
10/17/2022	Patient Payment				\$108.32		
11/14/2022	Patient Payment				\$180.00		
<b>TOTAL SERVICES</b>				<b>\$1,888.64</b>	<b>\$468.32</b>	<b>\$0.00</b>	<b>\$1,420.32</b>

PATIENT: FNU HARI PRIYA      RENDERING PROVIDER: Quest Diagnostics Provider      REFERRING PROVIDER: VIJENDER BAJWA

Date	Proc Code	Units	Service Activity	Charges	Pay/ADJ	Pending Insur	Balance
3/29/2022	36415	1	ROUTINE VENIPUNCTURE	\$21.37			
3/29/2022	85025	1	COMPLETE CBC W/AUTO DIFF WBC	\$45.50			
7/29/2022	Provider Responsibility				\$42.74		
<b>SUBTOTAL</b>				<b>\$66.87</b>	<b>\$42.74</b>	<b>\$0.00</b>	<b>\$24.13</b>
7/29/2022	Guarantor Responsibility Date						
<b>TOTAL SERVICES</b>				<b>\$66.87</b>	<b>\$42.74</b>	<b>\$0.00</b>	<b>\$24.13</b>

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*If your insurance has issued payment directly to you, please send us this payment immediately to stop the collection efforts. Please disregard this notice if you believe you have received it in error or if payment has already been made.*

