



PSC Laboratory Services
 P.O. BOX 0987
 DENVER, CO 12345-0987

ACCOUNT NUMBER BX5435	STATEMENT DATE 03/06/2004	PATIENT NAME PAUL PATIENT
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PLEASE SEE OTHER SIDE FOR EXPLANATION OF CHARGES

TELEPHONE: (555) 555-5555

SEND TO:

PAUL PATIENT
 123 ANYWHERE STREET
 PHILADELPHIA PA 12345

IF PAYING BY VISA, MASTERCARD, OR DISCOVER, COMPLETE BELOW

VISA
 MASTERCARD
 DISCOVER

CARD NUMBER	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	
SIGNATURE	EXPIRATION DATE	AMOUNT
PRINTED NAME		I AUTHORIZE CLINICAL PATHOLOGY LABORATORIES, INC. TO REMIT PAYMENT OF THE ABOVE AMOUNT



00/00/2004 / \$000.00

AMOUNT OF PAYMENT	\$
PAYMENT DUE BY 00/00/2004	

REMIT TO:

PSC LABORATORY SERVICES
 PO BOX 0987
 DENVER CO 12345-0987

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

PATIENT NAME PAUL PATIENT		ACCOUNT NUMBER BX5435	REQUESTING PHYSICIAN PROVIDER		
DATE OF SERVICE	PROCEDURE	SERVICE DESCRIPTION		CREDITS	CHARGES
00/00/04	00000	OCCULT BLOOD SCREEN (X3)			000.00
00/00/2004 POST OFFICE RETURNED YOUR INSURANCE CLAIM DUE TO AN INCORRECT ADDRESS. PLEASE SEND THE CORRECT INSURANCE ADDRESS ON THE BACK OF THIS STATEMENT AND WE WILL RESUBMIT THE CLAIM. THANK YOU.					
YOUR ACCOUNT IS NOW PAST DUE. PLEASE REMIT PAYMENT OR INSURANCE INFORMATION. TO FILE ANY APPLICABLE SECONDARY INSURANCE, PLEASE SEND A COPY OF YOUR PRIMARY INSURANCE EXPLANATION OF BENEFITS WITH YOUR 2NDRY INS. INFORMATION.					

DIRECT BILLING INQUIRIES TO:

PSC Laboratory Services
 P.O. Box 0987
 Denver, CO 12345-0987
 (555) 555-5555

TOTAL AMOUNT PAYMENT DUE ON RECEIPT **\$ 000.00**