

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMER. EXP.		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
05/07/2007	\$519.00	1234567-0
SHOW AMOUNT PAID HERE		\$

For online payments visit: <http://www.payments.psc.com>
Page 1 of 1

ADDRESSEE:

PAUL N PATIENT
321 MAIN STREET APT 102
ANYTOWN USA 12345



REMIT TO:

PSC LABORATORIES
PO BOX 703
VALLEY FORGE PA 19482-9913



Please check box if 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

THIS IS YOUR BILL FOR LABORATORY TESTING.

Your physician ordered these tests on your behalf on the date shown. These charges are independent from your physician's bill(s) and payment should be made directly to PSC.

DATE	PATIENT	CPT	DESCRIPTION OF SERVICE	CHARGE	RECEIPT	ADJUSTMENT	LINE ITEM BALANCE
03/22/07	PAUL	80053	COMP METABOLIC PANEL	40.00	0.00	0.00	40.00
03/22/07	PAUL	81001	URINALYSIS W/ MICROSCOPIC	20.00	0.00	0.00	20.00
03/22/07	PAUL	82232	BETA-2-MICROGLOBULIN	80.00	0.00	0.00	80.00
03/22/07	PAUL	82465	CHOLESTEROL, SERUM	25.00	0.00	0.00	25.00
03/22/07	PAUL	83655	LEAD, BLOOD	60.00	0.00	0.00	60.00
03/22/07	PAUL	84153	PROSTATE SPECIFIC ANTI	65.00	0.00	0.00	65.00
03/22/07	PAUL	85025	COMPLT BLOOD CNT W/DIFF	25.00	0.00	0.00	25.00
03/22/07	PAUL	00000	TEST WITH NO CPT CODE	0.00	0.00	0.00	0.00
03/22/07	PAUL	82175-90	ARSENIC SERUM	68.00	0.00	0.00	68.00
03/22/07	PAUL	82300-90	CADMIUM BLOOD	136.00	0.00	0.00	136.00
<p>We have not received payment on this account and it is now past due. The amount shown is your responsibility. If you have insurance information or wish to arrange payment options, please contact our office without delay. You may call 610-650-3900, option 5 to speak with a billing representative. Thank you for your prompt attention to this matter.</p>							
ACCOUNT NO.		CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1234567-0		0.00	0.00	0.00	0.00	0.00	\$519.00

Should you need to contact us regarding this debt, you may call us at (610) 650-3900 or you can email us at debt@psclaboratories.com. Our billing staff is available Monday - Friday from 7:30 am to 5:30 pm.
For your convenience, we accept MC, Visa, AMEX, and Discover cards.

PLEASE PAY THIS AMOUNT ▶▶▶▶ \$519.00

