

AB 01 134758 80411 B 350 A



STL 70302294 0019449 7649265232 R



## 医疗账单样本

### Laboratory Tests Were Requested By:

Referring Physician: DALTON, CHRISTIE A  
Physician Address: 19964 HILLTOP RD STE A  
PARKER, CO 80134

### Most Recent Insurance Claim Filed To:

Insurance Name: AETNA  
Insurance ID: [REDACTED] 599  
Group Number: [REDACTED]

Invoice Date:	Amount Due:	Due Date:
Mar. 06, 2020	\$5.99	UPON RECEIPT

Invoice Number: 7649265232  
Lab Code: STL

Patient Name: [REDACTED]  
Responsible Party: [REDACTED]  
Date of Service: February 18, 2020

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.



#### Customer Service

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Questions: 1-800-759-2789  
MON-TH 8:30AM-5PM; FRI 09:00 AM-04:00 PM CST  
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病人真正需要支付的费用

Please have your invoice available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from the physician's fees. AETNA indicated the balance is your co-payment, co-insurance, or deductible and is your financial responsibility. Prompt payment is appreciated. Thank you for using our laboratory.

原价

保险折扣

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
02/18/20	89060	CRYSTAL ID TISSUE/BDY FL	\$109.23	(\$103.24)			\$5.99	Deductible/Coinsurance
			\$109.23	(\$103.24)	\$0.00	\$0.00	\$5.99	

Tax ID: 43-1039532 ICD Codes: M25.562

Services Performed by: QUEST DIAGNOSTICS DENVER DENVER, CO

\* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements