

274*635656.1

08/17/2009

\$29.20

JOHN SMITH

INSURANCE PAID THEIR PORTION OF THIS ACCOUNT. YOU ARE RESPONSIBLE FOR THE BALANCE. PLEASE MAIL PAYMENT IN FULL.

YOUR PHYSICIAN HAS SUBMITTED A SPECIMEN OBTAINED IN THE DOCTOR'S OFFICE OR HOSPITAL TO CONSOLIDATED PATHOLOGY FOR PATHOLOGICAL REVIEW. THESE CHARGES ARE NOT INCLUDED IN YOUR PHYSICIAN'S AND/OR HOSPITAL BILL. THE BALANCE INDICATED ON THIS STATEMENT REPRESENTS YOUR FINANCIAL RESPONSIBILITY. PROMPT PAYMENT IS APPRECIATED AND WE THANK YOU FOR YOUR BUSINESS. IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT US AT 800-535-3072.

Tax Id: 36-4104662
Place of Service: CONSOLIDATED PATHOLOGY IL
Referring Doctor: UNKNOWN UNKNOWN

MAKE CHECKS PAYABLE TO:
CONSOLIDATED PATHOLOGY CONSULTANTS, SC
75 REMITTANCE DR DEPT 1895
CHICAGO IL 60675-1895
800)535-3072

Date	Doctor	Code	Description	Page 1 of 1 Amount
08/14/2009		88305	SURGICAL PATH LEVEL IV	337.00
08/17/2009		0399	BLUE SHIELD CONTRACTUAL ADJUST	-191.00
08/17/2009		0320	BC/BS OF ILLINOIS-PYMT	-116.80

Access your account: www.peryourhealth.com Account Nbr: 2263-635656 Password: MRLETP

**For questions call, 800)535-3072 and when prompted enter your identification number as follows 2263*635656*1
OPERATOR AVAILABLE MONDAY - FRIDAY 8:30AM - 5:00PM EST**

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75 REMITTANCE DR STE 1895
CHICAGO IL 60675-1895

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Temp-Return Service Requested

Place of Service: CONSOLIDATED PATHOLOGY IL
DT26*274*635656.1

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JOHN SMITH
28100 N ASHLEY CIR STE 106
LIBERTYVILLE IL 60048

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MAKE CHECK PAYABLE AND REMIT TO:

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75 REMITTANCE DR DEPT 1895
CHICAGO IL 60675-1895

