

# STATEMENT

0017



03544

**Pontchartrain Pathology**  
 P O BOX 54930  
 New Orleans LA 70154-4930

Toll Free: 877/246-8151

Account Number: 2242531

Statement Date: 11/12/2018

**NOTICE: THIS IS A BILL.**

**BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.**

DATE	DESCRIPTION	CHARGE	INS. PAID	PAT. PAID	ADJUST	BALANCE
08/04/18	CBC NO DIFFERENTIAL	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00
08/04/18	PTT LA	\$6.00	\$0.00	\$0.00	\$0.00	\$6.00
08/04/18	DRWT	\$6.00	\$0.00	\$0.00	\$0.00	\$6.00
08/04/18	EXTRACTABLE NUCLEAR ANTIGE	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00
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08/04/18	ANTINUCLEAR ANTIBODIES (AN	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00
08/04/18	FERRITIN	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	URINE PREGNANCY TEST, VISU	\$14.00	\$0.00	\$0.00	\$0.00	\$14.00
08/04/18	SYPHILIS TEST; QUALITATIVE	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	SEDIMENTATION RATE, ERYTHR	\$14.00	\$0.00	\$0.00	\$0.00	\$14.00
08/04/18	THYROXINE; FREE	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	THYROID STIMULATING HORMON	\$47.00	\$0.00	\$0.00	\$0.00	\$47.00
08/04/18	ORGANIC ACIDS; TOTAL, QUAN	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00
08/04/18	ANTIBODY; VIRUS, NOT ELSEW	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00
08/04/18	ANTIBODY; HTLV-I	\$9.00	\$0.00	\$0.00	\$0.00	\$9.00
08/04/18	HEMOGLOBIN; GLYCOSYLATED (	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	FOLIC ACID; SERUM	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	COMPREHENSIVE METABOLIC PA	\$22.00	\$0.00	\$0.00	\$0.00	\$22.00
08/04/18	CYANOCOBALAMIN (VITAMIN B-	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
08/04/18	ANGIOTENSIN I - CONVERTING	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00

REF #4616860  
 Modifier issue

BALANCE DUE: \$225.00

PRNLLC04-0647442-0000000-7782889-001-000147-#003833-0017

↪ DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED ↪

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 New Orleans LA 70154-4930

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CARD NUMBER			SEC. CODE		
NAME ON CARD (PLEASE PRINT)					EXP. DATE
SIGNATURE				AMOUNT	
STATEMENT DATE 11/12/2018	DUE DATE 12/03/2018	ACCOUNT # 2242531	PAY THIS AMOUNT \$225.00		

MINIMUM CHARGE AMOUNT: \$20.00

<b>AMOUNT PAID</b>
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Toll Free: 877/246-8151

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03544  
 JESSICA WOGAN  
 38331 Spiehler Rd  
 Slidell LA 70458-5430

MAKE CHECK PAYABLE & REMIT TO:

**Pontchartrain Pathology**  
 P O BOX 54930  
 New Orleans LA 70154-4930