



3212 7891 344 N011

QUEST DIAGNOSTICS
Tax ID #38-2084239

Invoice Number	9142814693
Client Number	00052322
Client Name	HIDALGO COUNTY HEALTH
Lab Code	DAL
Terms	15 Days
Invoice Date	03/27/12
Invoice Amount Due	\$1,427.50

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
03/19/12				continued 87491 87591			
03/19/12	0000851			SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/20/12	0000852			GTT, GESTATIONAL, 4 82951 82952		0006745	\$18.00
03/23/12	0000853			RPR MONITOR W/REFL	86592	0000799	\$4.00 ✓
				HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00 ✓
				PATIENT TOTAL			\$14.00
03/23/12	0000854			RPR MONITOR W/REFL	86592	0000799	\$4.00 ✓
				HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00 ✓
				PATIENT TOTAL			\$14.00
03/23/12	0000855			CT/NG SDA 87491 87591		0017305	\$35.00 ✓
03/23/12	0000857			CT/NG SDA 87491 87591		0017305	\$35.00 ✓
Referring Client Subtotal							\$1,427.50

Will take to court!



Invoice Amount \$1,427.50
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