



QUEST DIAGNOSTICS  
Tax ID #38-2084239

6926 7892 686 N011

Invoice Number	9142834111
Client Number	00052323
Client Name	HIDALGO COUNTY HEALTH
Lab Code	DAL
Terms	15 Days
Invoice Date	03/27/12
Invoice Amount Due	\$2,339.50

Date of Collection	Specimen Number	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
		8361254	continued RUBELLA IMMUNE	86762	0000802	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$18.00</b>
03/02/12	0000939	4932244	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/02/12	0000940	4932244	CT/NG SDA 87491 87591		0017305	\$35.00
03/06/12	0000941	11441198	MATERNAL SERUM 4 82105 82677 84702 86336		0030294	\$35.00
03/07/12	0000942	4977464	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/07/12	0000943	11155345	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/07/12	0000944	11446059	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/07/12	0000945	5185262	RPR MONITOR W/REFL	86592	0000799	\$4.00
03/07/12	0000947	11155345	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000948	11155345	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000949	4977464	CT/NG SDA 87491 87591		0017305	\$35.00
03/07/12	0000950	4977464	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000951	5185520	CT/NG SDA 87491 87591		0017305	\$35.00
03/07/12	0000952	5185520	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000954	11437804	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/07/12	0000955	11437804	RUBELLA IMMUNE	86762	0000802	\$4.00
03/07/12	0000956	9972224	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/07/12	0000957	10254062	MATERNAL SERUM 4 82105 82677 84702 86336		0030294	\$35.00
03/07/12	0000958	11437804	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000959	11437804	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000960	9004316	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000961	9004316	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000962	5185262	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000963	5185262	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000964	11446059	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/07/12	0000965	11446059	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000966	9972224	CT/GC DNA,CX M/URET	87800	0006919	\$18.00
03/07/12	0000967	9972224	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/09/12	0000974	11437804	GLUCOSE, PLASMA	82947	0000484	\$4.50
03/13/12	0000976	5123592	CT/NG SDA 87491 87591		0017305	\$35.00
03/13/12	0000977	5123592	SP, MANUAL SCREEN	88142	PMS1	\$25.00
03/14/12	0000982	9293329	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
			<b>PATIENT TOTAL</b>			<b>\$14.00</b>
03/14/12	0000983	5053732	RPR MONITOR W/REFL	86592	0000799	\$4.00
03/14/12	0000984	4951863	MATERNAL SERUM 4		0030294	\$35.00





P.O. BOX 841725  
DALLAS, TX 75284-1725

# Laboratory Invoice

Lab Tax ID: #38-2084239

<b>Invoice Date:</b> 06/26/2012	<b>Invoice Amount Due:</b> \$1,436.00
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<b>Invoice Number</b> 9143981060	<b>Client Number</b> 00052324	<b>Lab Code</b> DAL
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Client Name: HIDALGO COUNTY HEALTH  
Terms: 15 Days

Date of Collection	Specimen Number	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
<i>Continued From Previous</i>						
06/07/12	0000603	10102751	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
						<b>PATIENT TOTAL \$14.00</b>
06/07/12	0000604	4936392	CT/NG SDA 87491 87591		0017305	\$35.00
06/07/12	0000605	4936392	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/07/12	0000606	11280742	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
						<b>PATIENT TOTAL \$14.00</b>
06/07/12	0000607	7858299	CT/NG SDA 87491 87591		0017305	\$35.00
06/07/12	0000608	7858299	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/07/12	0000609	8961341	CT/NG SDA 87491 87591		0017305	\$35.00
06/07/12	0000610	8961341	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/07/12	0000611	10102751	CT/NG SDA 87491 87591		0017305	\$35.00
06/07/12	0000612	10102751	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/07/12	0000613	11492385	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/07/12	0000614	11492385	RPR MONITOR W/REFL ✓	86592	0000799	\$4.00
			RUBELLA IMMUNE ✓	86762	0000802	\$4.00
			HIV1/2 AB SCR W/RFLS ✓	86703	0019728	\$10.00
			RPR TITER	86593	0036203	\$4.00
			FTA-ABS	86780	0004112	\$10.00
			RPR(DX)REFL FTA	86592	0036126	\$4.00
						<b>PATIENT TOTAL \$36.00</b>
06/07/12	0000615	11435682	CT/NG SDA 87491 87591		0017305	\$35.00
06/07/12	0000616	11435682	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/15/12	0000619	11013733	MATERNAL SERUM 4 82105 82677 84702 86336		0030294	\$35.00
06/21/12	0000622	5092475	GLUCOSE, PLASMA	82947	0000484	\$4.50
06/21/12	0000623	11494381	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/21/12	0000624	8656326	CT/NG SDA 87491 87591		0017305	\$35.00
06/21/12	0000625	8656326	SP, MANUAL SCREEN	88142	PMS1	\$25.00
06/21/12	0000626	11494381	RPR MONITOR W/REFL	86592	0000799	\$4.00
			HIV1/2 AB SCR W/RFLS	86703	0019728	\$10.00
						<b>PATIENT TOTAL \$14.00</b>

Not on computer

PO# 678026  
 \$4.00  
 \$10.00  
 \$4.00  
 claim

000888 417



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**Laboratory Invoice**

Lab Tax ID: #38-2084239

**Invoice Date:** 09/25/2012 **Invoice Amount Due:** \$1,697.50

**Invoice Number:** 9145299322 **Client Number:** 00052324 **Lab Code:** DAL

**Client Name:** HIDALGO COUNTY HEALTH  
**Terms:** 15 Days

Date of Collection	Specimen Number	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
<b>HIDALGO COUNTY NORMA GARZA 300 E HACKBERRY MCALLEN TX 7850</b>		2324				
08/20/12	0000762	4923123	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/20/12	0000764	9225696	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/20/12	0000766	5159325	SP, MANUAL SCREEN - PATH REVIEW, LIQ PAP	88142 88141	PMS1 RLB1	\$25.00 (\$16.00)
<b>PATIENT TOTAL</b>						<b>\$41.00</b>
08/20/12	0000767	11536272	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/22/12	0000769	9486599	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/22/12	0000770	11540227	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/22/12	0000772	4916116	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/22/12	0000773	11540736	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000775	8068817	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000776	11272631	FTA ABS	86780	0004112	\$10.00 ← claim
08/23/12	0000778	8191696	SP, MANUAL SCREEN - PATH REVIEW, LIQ PAP	88142 88141	PMS1 RLB1	\$25.00 (\$16.00)
<b>PATIENT TOTAL</b>						<b>\$41.00</b>
08/23/12	0000780	4942171	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000783	4926894	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000785	9546344	MATERNAL SERUM 4 82105 82677 84702 86336		0030294	\$35.00
08/23/12	0000786	9546344	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000788	10783072	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000789	10617355	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/23/12	0000790	9764116	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/27/12	0000791	9640731	GLUCOSE, PLASMA	82947	0000484	\$4.50
08/29/12	0000792	5122321	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/29/12	0000793	11277493	SP, MANUAL SCREEN	88142	PMS1	\$25.00
08/29/12	0000794	11552339	SP, MANUAL SCREEN - PATH REVIEW, LIQ PAP	88142 88141	PMS1 RLB1	\$25.00 (\$16.00)
<b>PATIENT TOTAL</b>						<b>\$41.00</b>
09/05/12	0000795	8452844	SP, MANUAL SCREEN	88142	PMS1	\$25.00
09/05/12	0000796	10871078	SP, MANUAL SCREEN	88142	PMS1	\$25.00
09/05/12	0000798	4954393	SP, MANUAL SCREEN	88142	PMS1	\$25.00
09/05/12	0000799	5690133	SP, MANUAL SCREEN	88142	PMS1	\$25.00

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P.O. BOX 841725  
DALLAS, TX 75284-1725

# Laboratory Invoice

Lab.Tax ID: #38-2084239

<b>Invoice Date:</b> 11/27/2012	<b>Invoice Amount Due:</b> \$730.00
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**Invoice Number** 9146319965    **Client Number** 00052325    **Lab Code** DAL  
**Client Name:** HIDALGO COUNTY HEALTH  
**Terms:** 15 Days

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
<i>Continued From Previous</i>							
11/06/12	0000500		9986615	CT/NG SDA 87491 87591		0017305	\$35.00
11/13/12	0000506		11347932	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/13/12	0000509		5064081	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/13/12	0000510		8247414	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/13/12	0000511		10555132	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/13/12	0000512		10555132	RUBELLA IMMUNE	86762	0000802	\$4.00
11/13/12	0000513		5064081	CHLAMYDIA/GC RNA,TMA 87491 87591		0011363	\$45.00 - claim
11/13/12	0000514		5064081	SP, MANUAL SCREEN <i>NON-CONTRACTED</i>	88142	PMS1	\$25.00
11/13/12	0000515		11596508	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/13/12	0000516		11596508	RUBELLA IMMUNE	86762	0000802	\$4.00
11/13/12	0000517		11602167	PATH REVIEW, LIQ PAP / I	88141	RLB1	\$16.00
11/13/12	0000518		8247414	CT/NG SDA 87491 87591		0017305	\$35.00
11/13/12	0000520		10555132	CT/NG SDA 87491 87591		0017305	\$35.00
11/13/12	0000522		11596508	CT/NG SDA 87491 87591		0017305	\$35.00
11/13/12	0000523		11596508	PATH REVIEW, LIQ PAP ✓ 2	88141	RLB1	✓ \$16.00
11/20/12	0000525		4910633	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>
11/20/12	0000528		9039702	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00
<b>PATIENT TOTAL</b>							<b>\$14.00</b>

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Quest  
Diagnostics

P.O. BOX 841725  
DALLAS, TX 75284-1725

# Laboratory Invoice

Lab Tax ID: #38-2084239

<b>Invoice Date:</b> 11/27/2012	<b>Invoice Amount Due:</b> \$1,864.50
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Invoice Number: 9146158383  
Client Number: 00052327  
Lab Code: DAL

Client Name: HIDALGO COUNTY HEALTH  
Terms: 15 Days

Date of Collection	Specimen Number	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
<i>Continued From Previous</i>						
11/06/12	0001164	8926941	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00 <b>PATIENT TOTAL \$14.00</b>
11/06/12	0001165	8753922	CT/NG SDA 87491 87591		0017305	\$35.00
11/06/12	0001167	8926941	CT/NG SDA 87491 87591		0017305	\$35.00
11/06/12	0001170	9419369	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00 <b>PATIENT TOTAL \$14.00</b>
11/06/12	0001171	9419369	CT/NG SDA 87491 87591		0017305	\$35.00
11/07/12	0001172	11583379	AB SCR RFX ID/TITER ABO GRP AND RH TYPE 86900 86901	86850	0000795 0007788	\$4.00 \$4.00 <b>PATIENT TOTAL \$8.00</b>
<i>Non-Contract will send as claim</i>						
11/07/12	0001173	8857825	RPR MONITOR W/REFL RUBELLA IMMUNE HIV1/2 AB SCR W/RFLS	86592 86762 86703	0000799 0000802 0019728	\$4.00 \$4.00 \$10.00 <b>PATIENT TOTAL \$18.00</b>
11/07/12	0001174	8857825	CT/NG SDA 87491 87591		0017305	\$35.00
11/07/12	0001176	5155227	RPR MONITOR W/REFL RUBELLA IMMUNE HIV1/2 AB SCR W/RFLS	86592 86762 86703	0000799 0000802 0019728	\$4.00 \$4.00 \$10.00 <b>PATIENT TOTAL \$18.00</b>
11/07/12	0001177	5155227	CT/NG SDA 87491 87591		0017305	\$35.00
11/09/12	0001179	4976467	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00 <b>PATIENT TOTAL \$14.00</b>
11/09/12	0001180	8484875	RPR MONITOR W/REFL RUBELLA IMMUNE HIV1/2 AB SCR W/RFLS	86592 86762 86703	0000799 0000802 0019728	\$4.00 \$4.00 \$10.00 <b>PATIENT TOTAL \$18.00</b>
11/09/12	0001181	4907034	RPR MONITOR W/REFL HIV1/2 AB SCR W/RFLS	86592 86703	0000799 0019728	\$4.00 \$10.00 <b>PATIENT TOTAL \$14.00</b>
11/09/12	0001183	8484875	CT/NG SDA 87491 87591		0017305	\$35.00

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