



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

# Invoice/Statement

RECEIVED

AUG 02 2013

Hidalgo County Health & Human Services

Date:	Total Due:
07/26/2013	\$2.56
Client Number	Lab Code
00052321	DAL
Client Name:	HIDALGO COUNTY HEALTH
Terms:	15 Days
Protocol Number:	N/A
PO Number:	N/A

00052321 DAL 9149818724  
HIDALGO COUNTY HEALTH  
DAN BELTRAN  
1304 S 25TH AVE  
EDINBURG, TX 78542-7205



## Important Information



- You may pay by credit card at our website <https://ebilling.questdiagnostics.com> or by telephone.
- Your payment stub is attached below. Please include your client number, the invoice numbers and amounts paid on your check stub. Invoice discrepancies must be identified in detail and in writing, and faxed to below number or forwarded along with your check for the undisputed balance.
- We report payment history to credit agencies. Unless a valid dispute is identified, open invoices beyond our terms are reported as past due.
- This bill is final unless discrepancies are reported within 30 days.
- The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.



### For Billing Inquiries:

Weekdays 8:30AM - 4PM CST  
Phone: 1-877-722-5272 Fax: 610-271-6400  
Or visit our website at <https://ebilling.questdiagnostics.com>

(Pulmonary) \$ 2.56

Lab Tax ID: #38-2084239

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



LOG ON NOW. Pay your statement online securely at <https://ebilling.questdiagnostics.com> or call 1-877-722-5272.  
Quest Diagnostics also accepts:



- Check here if paying by credit card and complete information on the back  
**Please make checks payable to Quest Diagnostics.**  
Be sure to include invoice number on your check.
- Check here if address has changed. Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

914981872400005232160000002561DB

Lab Code: DAL  
Current Invoice Balance: ~~\$2.56~~ \$2.56  
Past Due Balance: \$0.00

**Total Balance Due: \$2.56**

Statement Date: 07/26/2013 Invoice Number: 9149818724

Client Number: 00052321

Amount Enclosed: \$

### MAIL PAYMENTS TO:

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



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Lab Tax ID: #38-2084239

**HIDALGO COUNTY HEALTH 00052321**  
**DAN BELTRAN**  
**1304 S 25TH AVE**  
**EDINBURG, TX 78542-7205**

**HIDALGO COUNTY-PULMONARY**  
**GLORIA SALINAS**  
**1304 S 25TH AVE**  
**EDINBURG, TX 78542**

Statement Date:	Statement Balance:
07/26/2013	\$2.56

**Client Number**      **Lab Code**  
**00052321**              **DAL**

**Client Name:**      HIDALGO COUNTY HEALTH  
**Terms:**              15 Days  
**Protocol Number:**      N/A  
**PO Number:**              N/A

**Reconciliation**

Invoice Number	Invoice Date	Invoice Amount	Payments	Transfer Credits	Other Debits/ Credits	Invoice Balance
9149818724	07/26/13	\$2.56	\$0.00	\$0.00	\$0.00	\$2.56
<b>BALANCE</b>						<b>\$2.56</b>

**Current Month Statement Activity**

Invoice Number	Specimen Number	Patient Name	Transaction Date	Description	Prior Balance
9149818724				CURRENT MONTH AMOUNT	\$0.00
<b>BALANCE</b>					<b>\$2.56</b>

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Statement Aging							
Current	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days and over	
\$2.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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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> 07/26/2013	<b>Invoice Amount Due:</b> \$2.56
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<b>Invoice Number</b> 9149818724	<b>Client Number</b> 00052321	<b>Lab Code</b> DAL
<b>Client Name:</b> Terms:	HIDALGO COUNTY HEALTH 15 Days	

Date of Collection	Specimen Number	Patient Name	Patient I.D.	Laboratory Services	CPT #	Service Code	Amount
HIDALGO COUNTY-PULMONARY 00052321 GLORIA SALINAS 1304 S 25TH AVE EDINBURG TX 78542							
06/24/13	3263627	RODRIGUEZ, DIONISIA	11657707	RENAL FUNC PNL	80069	0010314	\$2.56
<b>Referring Client Subtotal</b>							<b>\$2.56</b>

<b>Invoice Amount</b> <b>\$2.56</b>
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