

Client Invoice Detail

1. Date

The date of service for each specimen.

2. Patient

The patient name and Client's patient ID are shown here.

3. DOB

The patient's date of birth and physician name is shown here.

4. Accession

The accession number that appears on the lab report.

5. Specimen

A unique number assigned to each specimen that enters the billing system.

6. Test Description

The description of the tests performed and the test codes are shown here.

7. Amount

The price of the test or panel.



Date	07/31/10
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Account #	00000001
Invoice #	11111111

Billing Customer Service
(800) 343-4407

SAMPLE HOSPITAL LABORATORY
ATTN: JANE DOE
123 SOMEWHERE ST
SUITE 500
ANYWHERE, MA 02452

DATE	PATIENT	DOB	ACCESSION	SPECIMEN#	TEST DESCRIPTION	AMOUNT
07/31/10	JOHN DOE PATIENT ID: 44444	1/1/1985 PHYSICIAN: DR. MARCUS WELBY	AA00000001	433123456701	252293 HCM: 3-GENE MAJOR PANEL/HYPERTROHPIC	\$3,600.00
07/31/10	JAMES SMITH PATIENT ID: 12121	2/2/1986 PHYSICIAN: DR. JAMES KILDAIRE	AA00000002	123412345670	252293 HCM: 3-GENE MAJOR PANEL/HYPERTROHPIC	\$3,600.00
					252303 HCM: METABOLIC PANEL/HYPERTROHPIC	\$1,875.00
					252303 HCM: METABOLIC PANEL/HYPERTROHPIC	\$1,875.00
CURRENT PERIOD TOTAL						\$10,950.00

1 2 3 4 5 6 7