

Invoice example

New charges



Allina Health Laboratory
 Allina Health Laboratory Outreach Billing
 PO Box 342 Mail Route 20201
 Minneapolis, MN 55440-0342
 (612) 863-0400

Account Number: **TEST**

Account Name & Address:
INVOICE TESTING ACCOUNT
PO BOX 342
MAIL ROUTE 20201 AML BILLING
MINNEAPOLIS, MN 55440-0342

Address of Billing Department for Correspondence

Statement Date: **09/30/2012**

Needs to be Included on Payment

Date Billed	09/30/2012
Invoice #	TEST093012
Amount Due	\$72.90
Amount Enclosed	

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Please remit pay Page number and Total # of Pages

PLEASE DETACH HERE RETURN TOP PORTION WITH YOUR PAYMENT ALL CHARGES ARE DUE AND PAYABLE UPON RECEIPT OF THIS STATEMENT

Account # TEST

DATE REC	PATIENT NAME	ACCN #	TEST CODE	CPT CODE	DESCRIPTION	CHARGE	CREDIT
Current Statement Activity							
09/21/2012	BEAKER, CSN DOB: 05/05/1965	X15781234EXAM PLE	30800510	PANEL	ELECTROLYTE PANEL	16.70	
09/21/2012	BEAKER, RQENTRY DOB: 01/01/1970	XRQ1578EXAMPL E	00031195 00002634	84132 36415	POTASSIUM VENIPUNCTURE	7.20 3.40	
09/21/2012	ULTRA, ACCESSION DOB: 04/05/1967	X1212345EXAMP LE	00800052	PANEL	CBC WITH DIFF	45.60	
Total Current Invoice TEST093012 Activity						\$72.90	

Date of Service

within the current month will appear on next month's statement.

Patient Name

Patient Date of Birth

Accession # - May appear in any of these formats

CPT Codes

Name of Testing

Price of Testing

Total of Charges due for This Statement Period

AMOUNT DUE					\$72.90
CURRENT DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	
\$72.90	\$0.00	\$0.00	\$0.00	\$0.00	