

Invoice example Credits & adjustments

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

Account INVOICE TESTING ACCOUNT
Number PO BOX 342
TEST MAIL ROUTE 20201 LAB BILLING
MINNEAPOLIS, MN 55440-0342

Account number

Address of Billing
Department for
correspondence

Statement date

Needs to be Included
on Payment

Date Billed	10/15/2012
Invoice #	TEST101512
Amount Due	\$42.30
Amount Enclosed	

Account name &
address

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Please remit

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
Previous Balances							
	Previous Balance Due 09/30/2012 Invoice TEST093012				Balance/credit from previous invoice	72.90	
	Total Previous Balance Due					72.90	
Please refer to the original invoice on the date listed for further patient detail, or contact the billing department to provide you with an additional copy of the original invoice.							
10/01/2012	REPRICING				Credit Or Adjustment		45.60
Current Statement Activity							
09/21/2012	ULTRA, ACCESSION DOB: 04/05/1967	X1212345EXAMP LE	00800052 00031781	PANEL 85018	CBC WITH DIFF Test Not Performed HEMOGLOBIN	0.00 15.00	
Unresulted tests within the current month will appear on next month's statement.							
Total Current Invoice TEST101512 Activity						\$15.00	

Date of credit or
adjustment

Credit Or
Adjustment

Invoice credit
applied To

Total amount
of credit

Example of \$0 charge

Total of new
charges

AMOUNT DUE \$42.30

CURRENT DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
\$15.00	\$27.30	\$0.00	\$0.00	\$0.00

Breakdown of any outstanding balances