



Invoice #

Invoice#: 485

CREDIT CARD USING FOR PAYMENT			
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa_Clinical		CHECK#:
CREDIT CARD NUMBER:			CC BILLING ZIP CODE:
SIGNATURE			CARD EXPIRATION DATE
INVOICE DATE 01/31/2015	INVOICE AMOUNT: \$216.13	CLIENT 33	
ENTER AMOUNT PAID \$			

Current Charges on Invoice

Client # will be your new organization number.

STATE HYGIENIC LABORATORY
2490 CROSSPARK ROAD
CORALVILLE, IA 52241

PLEASE REMIT WITHIN 21 DAYS TO:
STATE HYGIENIC LABORATORY
PO BOX 310405
DES MOINES, IA 50331-0405

FOR PROPER CREDIT, PLEASE DETACH TOP OR INCLUDE INVOICE # AND AMOUNT WITH YOUR PAYMENT.

SHL FID# 42-6004813
FOR TEST PRICING INQUIRIES: (319) 335-4500
ACCOUNT RECEIVABLE INQUIRY: (319) 335-4442

INVOICE HISTORY

DATE	INVOICE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
01/31/2015	485	\$216.13 ----	\$0.00	\$0.00	\$216.13
				BALANCE	\$216.13
MESSAGES					

Invoice History will display any outstanding invoices or invoices with activity.

CURRENT	1-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	Account Balance
\$216.13	\$0.00	\$0.00	\$0.00	\$0.00	\$216.13
INVOICED TO			BILLING DATE	AMOUNT OWED	INVOICE#
33 STATE HYGIENIC LABORATORY			01/31/2015	\$216.13	485

INVOICE# 485
 INVOICE AMOUNT: \$216.13
 INVOICE DATE 01/31/2015
 ACCOUNT BALANCE DUE \$216.13

PLEASE REMIT WITHIN 21 DAYS TO:
 STATE HYGIENIC LABORATORY
 PO BOX 310405
 DES MOINES, IA 50331-0405

Detailed list of charges include the accession # plus patient information including birthdate and MRN if provided.

Beginning with page 2 is the details of charges for the current invoice. Note, invoices will now be duplexed so please be sure to turn pages over.

DETAIL FOR CURRENT INVOICE

DATE	ACCESSION# + PATIENT TESTING PERFORMED	AMOUNT
01/20/2015	154522; DOO, SCOOPY 01/01/1969; REF-15A-369123 Ova and Parasite Testing	\$14.88
01/21/2015	154523; SAM, YOSEMITI 04/03/1943; REF-15A-567147 Ova and Parasite Testing	\$14.88
01/23/2015	154629; MOUSE, MICKEY 11/18/1928 Norovirus by PCR ANALYTE QUANTITY = x 2	\$58.69
01/22/2015	154636; LEGHORN, FOGHORN 08/31/1946; REF-15A-123456 Bordetella Pertussis PCR ANALYTE QUANTITY = x 2	\$58.64
01/22/2015	154720; MOUSE, MINNIE 11/18/1928; REF-15A-258369 Fungus Culture	\$17.26
01/22/2015	154722; DEVIL, TASMANIAN 10/01/1954; REF-15A-456147 Fungus Culture	\$17.26
01/13/2015	154723; DUCK, DONALD 01/01/1934; REF-15A-456789 Fungus Culture	\$17.26
01/23/2015	154734; DUCK, DAFFY 12/01/1937; REF-15A-789258 Fungus Culture	\$17.26
INVOICE TOTAL		\$216.13
BALANCE FORWARD		\$0.00
ACCOUNT BALANCE DUE		\$216.13

INVOICED TO	BILLING DATE	AMOUNT OWED	INVOICE#
33 STATE HYGIENIC LABORATORY	01/31/2015	\$216.13	485

Procedure Summary

Procedures	CPT-Mod	Quantity	Total Amount
Bordetella Pertussis PCR	87798	1	\$58.64
Fungus Culture	87106	4	\$69.04
Norovirus by PCR	87798 x2	1	\$58.69
Ova and Parasite Testing	87177	2	\$29.76



The last page displays summary of charges included on invoice with CPT codes associated with tests.

INVOICED TO	BILLING DATE	AMOUNT OWED	INVOICE#
33 STATE HYGIENIC LABORATORY	01/31/2015	\$216.13	485