



Please use as a reference for column headings and their descriptions

BILL NO.	Items billed during current month will have an assigned bill number. Items billed on a previous month's bill which are unpaid will reflect a summary.
ACCOUNT	Assigned client account number.
BILLING PERIOD	Beginning and ending dates of billing cycle.
PURCHASE ORDER NUMBER	Purchase order number provided by client if applicable.
PAGE	Page number of statement with remittance pages number separately.
FEDERAL TAX ID	13-375-7370
ADDRESS	Normal reporting address appearing on the left side of the invoice. Normal billing address appearing on the right side of the invoice.
DATE	This field is used for prior billing, specimen, adjustment, and payment date.
REL	Relationship identified on the Client Authorization Form M=mother C=child AF=alleged father
PATIENT NAME	Name provided on the Client Authorization Form.
ADJ/PYMNT/INVOICE	Adjustment description, identifying payment or bill number.
SPECIMEN NO.	Specimen number assigned by LabCorp.
TEST*	Tests performed are coded by letter referenced at the bottom of the page.
SPEC*	Specimen types are coded by number referenced at the bottom of the page.
LAB CASE NO	Case number assigned by LabCorp.
CLIENT REF 1	Client's identifying number provided on the Client Authorization Form.
CLIENT REF 2	Additional number provided on the Client Authorization Form.
REPORT DATE	Report sent date
INVOICE NO	Case invoice number
PAYMENT NO	Check number or money order number
AMOUNT	Specimen charge, payment or adjustment amount. Case or bill balance.



Federal Tax ID:
13-3757370

BILL NO.	ACCOUNT	BILLING PERIOD	PURCHASE ORDER NO.	PAGE
SUMMARY	90001085	FROM: 04/05/13 TO: 05/03/13		1

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

DATE	REL	PATIENT NAME ADJ/PYMNT/INVOICE	SPECIMEN NO.	TEST *	SPEC **	LAB CASE NO.	CLIENT REF 1 CLIENT REF 2	REPORT DATE	INVOICE NO. PYMNT NO.	AMOUNT
PRIOR PERIOD ACTIVITY										
01/31/13		BILL NO. 5718699								
12/19/12	M	ASHER, ASHLEY	87CM30023650	C	1	X730002497	971505	01/08/13	5742227	100.00
12/19/12	C	ASHER, ASHLAND	87CM30023660	C	1	X730002497	971505	01/08/13	5742227	100.00
12/19/12	AF	ASHER, ALAN	87CM30023670	C	1	X730002497	971505	01/08/13	5742227	100.00
02/28/13		PAYMENT				X730002497	971505		108694	300.00CR
										0.00
01/02/13	M	BROCK, BARBARA	881530020760	C	1	X730003357	971157	01/11/13	5742272	100.00
01/02/13	C	BROCK, BRANTLEY	881530020770	C	1	X730003357	971157	01/11/13	5742272	100.00
12/28/12	AF	BROCK, BARRY	87CM30021710	C	1	X730003357	971157	01/11/13	5742272	100.00
02/28/13		PAYMENT				X730003357	971157		108694	300.00CR
										0.00
10/23/12	M	CARR, CAROL	77AR30020950			9730089487	971220		5742499	NOT BILLED
10/23/12	C	CARR, CAROLYN	77AR30020960			9730089487	971220		5742499	NOT BILLED
12/26/12	AF	CARR, CARLTON	87CT30020420	C	1	9730089487	971220	01/08/13	5742499	100.00
02/28/13		PAYMENT				9730089487	971220		108694	100.00CR
										0.00
BALANCE OF BILL NO. 5718699									\$0.00	

DESCRIPTIONS=A: RBC,HLA,DNA B: HLA & DNA C: DNA D: DNA (DECEASED CASE) E: TWO PARTY F: DRAW FEE G: REACTIVATION FEE H: OTHER
SPECIMEN DESCRIPTIONS=1: BUCCAL 2: BLOOD 3: OTHER TISSUE

PLEASE REMIT PAYMENTS TO :
LABORATORY CORPORATION OF AMERICA, HOLDINGS
P. O. BOX 60802
CHARLOTTE, NC 28260-0802

INQUIRIES REGARDING BILLING SHOULD BE MADE TO:
P. O. BOX 2200
BURLINGTON, NC 27216-2200
800-452-9452



Federal Tax ID:
13-3757370

BILL NO.	ACCOUNT	BILLING PERIOD	PURCHASE ORDER NO.	PAGE
SUMMARY	90001085	FROM: 04/05/13 TO: 05/03/13		2

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

DATE	REL	PATIENT NAME ADJ/PYMNT/INVOICE	SPECIMEN NO.	TEST *	SPEC **	LAB CASE NO.	CLIENT REF 1 CLIENT REF 2	REPORT DATE	INVOICE NO. PYMNT NO.	AMOUNT
02/28/13		BILL NO. 5787520								
01/23/13	M	DAVIS, DONNA	881Q30022240	C	1	9830006148	971538	02/20/13	5829792	100.00
02/05/13	C	DAVIS, DONNIE	882930020340	C	1	9830006148	971538	02/20/13	5829792	100.00
01/23/13	AF	DAVIS, DONALD	881Q30022250	C	1	9830006148	971538	02/20/13	5829792	100.00
										300.00
02/13/13	M	EADS, EMILY	882G30023020	C	1	9830010584	971728	02/19/13	5829874	100.00
02/13/13	C	EADS, ELIZABETH	882G30023030	C	1	9830010584	971728	02/19/13	5829874	100.00
02/13/13	AF	EADS, EDWARD	882G30023040	C	1	9830010584	971728	02/19/13	5829874	100.00
										300.00
01/30/13	M	FARMER, FAYE	882230021320	C	1	9830007792	971602	02/25/13	5833052	100.00
02/05/13	C	FARMER, FRANCES	882930020330	C	1	9830007792	971602	02/25/13	5833052	100.00
01/30/13	AF	FARMER, FRANK	882230021330	C	1	9830007792	971602	02/25/13	5833052	100.00
										300.00
02/13/13	M	GRAHAM, GLORIA	882G30023050	C	1	9830010585	971414	02/25/13	5835003	100.00
02/13/13	C	GRAHAM, GLENN	882G30023060	C	1	9830010585	971414	02/25/13	5835003	100.00
02/13/13	AF	GRAHAM, GREG	882G30023070	C	1	9830010585	971414	02/25/13	5835003	100.00
										300.00
						BALANCE OF BILL NO.	5787520		\$1,200.00	

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SPECIMEN DESCRIPTIONS=1: BUCCAL 2: BLOOD 3: OTHER TISSUE

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800-452-9452



Federal Tax ID:
13-3757370

BILL NO.	ACCOUNT	BILLING PERIOD	PURCHASE ORDER NO.	PAGE
SUMMARY	90001085	FROM: 04/05/13 TO: 05/03/13		3

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

DATE	REL	PATIENT NAME ADJ/PYMNT/INVOICE	SPECIMEN NO.	TEST *	SPEC **	LAB CASE NO.	CLIENT REF 1 CLIENT REF 2	REPORT DATE	INVOICE NO. PYMNT NO.	AMOUNT
CURRENT PERIOD ACTIVITY										
02/01/13		BILL NO. 5920238								
02/26/13	M	HARRIS, HELEN	883230022690	C	1	9830015211	9830015211	04/05/13	5920239	100.00
02/26/13	C	HARRIS, HEATHER	883230022700	C	1	9830015211	9830015211	04/05/13	5920239	100.00
	AF	HARRIS, HENRY	NO SPECIMEN							
										200.00
03/13/13	M	IRVING, IRENE	883G30021760	C	1	9830018624	980145	04/05/13	5920266	100.00
03/20/13	C	IRVING, IRIS	883N30023210	C	1	9830018624	980145	04/05/13	5920266	100.00
03/13/13	AF	IRVING, ISAAC	883G30021770	C	1	9830018624	980145	04/05/13	5920266	100.00
										300.00
03/20/13	M	JOHNSON, JULIE	883N30021820	C	1	9830020550	971528	04/05/13	5920291	100.00
03/20/13	C	JOHNSON, JEREMY	883N30021830	C	1	9830020550	971528	04/05/13	5920291	100.00
13/20/13	AF	JOHNSON, JASON	883N30021840	C	1	9830020550	971528	04/05/13	5920291	100.00
										300.00
BALANCE OF BILL NO. 5920238										\$800.00

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Federal Tax ID:
13-3757370

BILL NO.	ACCOUNT	BILLING PERIOD	PURCHASE ORDER NO.	PAGE
REMITTANCE	90001085	FROM: 04/05/13 TO: 05/03/13		1

ACCOUNT NAME
SECONDARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

ACCOUNT NAME
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STREET ADDRESS
CITY, STATE ZIP CODE

This attached itemized bill represents charges for previous and current periods.
Payment in full is expected upon receipt of this bill.

Make checks payable to Laboratory Corporation of America, Holdings.
Please return your check and this remittance page in the enclosed envelope.

REMITTANCE

BILL NO.	M	CH	AF	LAB CASE NO.	CLIENT REF 1	PYMNT NO.	AMOUNT	BREAK DOWN OF PYMNT
5787520	DAVIS	DAVIS	DAVIS	9830006148	971538		300.00	_____
	EADS	EADS	EADS	9830010584	971728		300.00	_____
	FARMER	FARMER	FARMER	9830007792	971602		300.00	_____
	GRAHAM	GRAHAM	GRAHAM	9830010585	971414		300.00	_____
				BILL	5787520	BALANCE DUE	\$1,200.00	
5920238	HARRIS	HARRIS	HARRIS	9830015211	9830015211		200.00	_____
	IRVING	IRVING	IRVING	9830018624	980145		300.00	_____
	JOHNSON	JOHNSON	JOHNSON	9830020550	971528		300.00	_____
				BILL	5920238	BALANCE DUE	\$800.00	

ACCOUNT BALANCE DUE

\$2000.00

AMOUNT ENCLOSED

CHECK NO.

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LABORATORY CORPORATION OF AMERICA, HOLDINGS
P. O. BOX 60802
CHARLOTTE, NC 28260-0802

INQUIRIES REGARDING BILLING SHOULD BE MADE TO:
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BILL NO.	ACCOUNT	DATE	PURCHASE ORDER NO.	PAGE

CASE INVOICE

REPORT TO

INVOICE TO

Federal Tax ID:
13-375-7370

LAB CASE NO.
CLIENT REF 1
CLIENT REF 2

DATE	REL	PATIENT NAME	SPECIMEN NO.	TEST *	SPEC **	REPORT DATE	PAYMENT NO.	AMOUNT
	M C AF							

BALANCE

Please note that in addition to this bill you will receive a monthly statement. When making a payment please attach a copy of this bill and/or place the bill number on remittance.

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I: TEST; NEW CASE **SPECIMEN DESCRIPTIONS = 1:BUCCAL 2:BLOOD 3:OTHER TISSUE

PLEASE REMIT PAYMENTS TO:
LABORATORY CORPORATION OF AMERICA, HOLDINGS
P.O. BOX 8029
BURLINGTON, N.C. 27216-8029

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P.O. BOX 2200
BURLINGTON, N.C. 27216-2200
1-800-452-9452