

Statement Date: 11/12/2016
Account Number: [REDACTED]
Responsible Party: [REDACTED]
Due Date: **Upon Receipt**

REQUEST FOR PAYMENT

Account Summary (All Accounts)

Total Charges \$ 34,500.00
Insurance Payments / Adjustments \$ 911.49
Patient Payments \$ 0.00

AMOUNT YOU OWE \$ 33,588.51

Your prompt payment is appreciated!

Insurance Information

If you have questions or would like to make a payment please call 888-801-1252.

Important Message

If you have questions or would like to make a payment please call 888-801-1252.

Payment and Other Information



Please pay by mail or over the phone.



If you have questions or would like to make a payment please call 888-801-1252.

LABSURE LLC
150 E SAMPLE RD #120
POMPANO BEACH, FL 33064-3550

Pay By Mail

Account # [REDACTED]
Invoice # [REDACTED]

Amount Due	Due Date	Amount Paid
\$ 33,588.51	Upon Receipt	\$

012753

COL11S 536006 314908932



LABSURE LLC
150 E SAMPLE RD #120
POMPANO BEACH, FL 33064-3550



Patient Name [REDACTED]						
Service Date	Account Number	Description of Service	Total Charges	Insurance Payments / Adjustments	Patient Payments	Amount You Owe
07/17/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
07/19/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
07/22/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
07/25/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
07/27/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/04/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/05/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/08/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/11/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/15/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/18/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/22/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below. [REDACTED]

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT			POLICY ID #	GROUP #	
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)					
INSURANCE COMPANY NAME			INSURANCE ADDRESS		
EMPLOYER			EMPLOYER ADDRESS		

Patient Name [REDACTED]						
Service Date	Account Number	Description of Service	Total Charges	Insurance Payments / Adjustments	Patient Payments	Amount You Owe
08/25/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
08/31/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
09/02/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
09/06/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
09/08/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
09/12/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
09/15/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
10/03/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
10/08/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
10/10/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37
10/15/2016	[REDACTED]	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLAS	\$ 1,500.00	\$ 39.63	\$ 0.00	\$ 1,460.37

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Due Date	AMOUNT YOU OWE
Upon Receipt	\$ 33,588.51