



ALLINA MEDICAL LABORATORIES
PO BOX 342
MAIL ROUTE 20201
MINNEAPOLIS, MN 55440-0342

BILLING QUESTIONS: 612-262-9000
FAX: 612-863-0460
Tax ID: 363261413

PLEASE REFER TO PATIENTS NAME AND ACCOUNT NUMBER ON ALL INQUIRES AND CORRESPONDENCE

PATIENT NAME: PATIENT TEST		PATIENT ACCT NO. XSTATEMENTTEST	REFERRING PHYSICIAN:	CLIENT NAME: INVOICE TESTING ACCOUNT	STATEMENT DATE 02/17/2012	PAGE 1 OF 1
Date	Units	CPT Code	Description	Charges	Payment or Adjustment	Total Due
09/10/11	1	00000	GENERIC	\$15.00		\$15.00
			Total Amount Due:			\$15.00

Message: THANK YOU FOR ALLOWING ALLINA MEDICAL LABORATORIES TO PROVIDE YOUR LABORATORY SERVICE TO YOU. PAYMENT IS DUE UPON RECEIPT OF THIS BILL. WE WOULD LIKE TO OFFER YOU THREE (3) OPTIONS FOR PAYING THIS BALANCE: 1) PAYMENT IN FULL CAN BE MADE TO OUR OFFICE BY CHECK OR MONEY ORDER. 2) YOU MAY PAY YOUR ACCOUNT IN FULL WITH YOUR CREDIT CARD. IF YOU CHOOSE THIS OPTION, PLEASE FILL OUT THE TOP PORTION OF THIS LETTER AND RETURN IT TO OUR OFFICE. YOU MAY ALSO CALL 612-262-9000 OR 1-800-859-5077 TO PAY VIA CREDIT CARD. 3) YOU MAY OPEN A MEDCREDIT FINANCIAL SERVICES ACCOUNT. THIS IS AN OPEN-ENDED CHARGE ACCOUNT FOR MEDICAL CHARGES WHICH ALLOWS YOU TO ESTABLISH A MONTHLY PAYMENT AMOUNT. FOR MORE DETAILS REGARDING THIS TYPE OF ACCOUNT, PLEASE CONTACT US AT 612-262-9000 OR 1-800-859-5077.

Hours of business: Monday - Thursday 8:00 am - 4:30 pm, Friday 9:00 am - 4:30 pm.

Horas de operacion: Lunes - Jueves 8:00 am - 4:30 pm, Viernes 9:00 am - 4:30 pm.



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Acct No: XSTATEMENTTEST

Patient Statement

If paying by Credit Card, please complete this section			
SELECT PAYMENT METHOD:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MEDCREDIT
CARD NUMBER			EXP. DATE
SIGNATURE			SECURITY CODE
CARDHOLDER NAME (Please Print)			
ACCOUNT NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE
XSTATEMENTTEST	02/17/2012	03/09/2012	\$15.00
Pay Online: www.allina.com/paylabbill			AMOUNT ENCLOSURE \$

A-01-VD0-AM-00008-1



PATIENT TEST
MAIL ROUTE 20201 LAB BILLING
PO BOX 342
MINNEAPOLIS MN 55440-0342



ABBOTT NORTHWESTERN HOSPITAL
PO BOX 9125
MINNEAPOLIS MN 55480-9125

0XSTATEMENTTEST00000150009 03