



ANNAPATH  
4801 TESLA DR. SUITE H  
BOWIE, MD 20715-4327  
Ph : (301)464-0603

You can also pay your bill online at [www.annapath.com](http://www.annapath.com)

**FORWARDING SERVICE REQUESTED**

Responsible Party

*Addressee*

MICKEY MOUSE  
100 DISNEY LANE,  
ORLANDO, FL. 32804

Please detach and return top portion with your payment

**STATEMENT**

If paying by Credit Card, Please fill out below

VISA  MasterCard  DISCOVER

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Amount: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Statement Date	Pay This Amount	Account #
03/29/2019	\$15.27	12345
Check #	Show amount paid here	

*Make check payable to:*

ANNAPATH  
4801 TESLA DR, SUITE H  
BOWIE, MD 20715-4327

If paying by check, write account number and patient name on the check

This bill is for the laboratory services performed by Physicians of Annapath, Inc.

DOS	Location	Code	Description	Units	Charge	Ins. Pmt	Non allowable	Ded/Coins/Copay
02/14/2019	1 - Bowie	88305	LEVEL IV SURG PATHOLOGY G	1	\$69.00		\$47.70	\$19.30
		88313	SPCL STN 2 I&R EXCPT MICR	1	\$62.00		\$37.92	\$24.08
		88312	SPECIAL STAIN GROUP 1 MIC	1	\$68.00		\$42.99	\$25.01
		88342	IMHISTOCHEM/CYTCHM 1ST AN	1	\$54.00		\$34.30	\$19.70

Total Charges : \$251.00  
Insurance Payment :  
Insurance Adjustment : \$162.91  
Prior Payment : \$87.09  
Other Adjustments :

Referring Provider : DONALD DUCK  
Accession # : AS19-12345  
Insurance Balance : -  
Insurance : BLUECHOICE LOCAL DC  
Last Payment Date : 03/29/2019

Current	30 to 60	60 to 90	Over 90
Statement Date	Account Number	Patient	Balance Due
03/29/2019	2185	MICKEY MOUSE	

We are the laboratory providing Technical component or global pathology services to your physician.

# Entendiendo su factura de Annapath Inc.

**1.** Este es su número de cuenta con Annapath.

**2.** Nombre del médico que refirió su caso para servicios de laboratorio.

**3.** Nuestras facturas solo imprimen su primer seguro de salud. Si tiene más de un seguro de salud, su reclamo será enviado a las compañías pertinentes.

**4.** La cantidad mostrada en "Pay This Amount" es lo que debe después de que su seguro(s) concluye el reclamo.

**5.** Si esta factura es por los cargos del componente técnico de los servicios laboratorios; favor de esperar, una factura separado por el componente profesional de parte de su médico.