

Billing Questions: Please call (858) 758-7858
or (858) 758-7858
Fax: (858) 758-7858

<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> DISCOVER		<input type="checkbox"/> AMEX		<input type="checkbox"/> VISA	
CARD NUMBER					AMOUNT		
SIGNATURE					EXP. DATE		CVV
STATEMENT DATE 12/07/2022		PAY THIS AMOUNT \$144.34		ACCT # QATESTERNONCLNT32			
PAGE # 1		SHOW AMOUNT PAID HERE \$					

PTFNAME TCXEP M PTLNAME FFNGQ
PTADDR1 QATESTER20190301122859818
PTADDR2 QATESTER20190301122859818
EGLIN AFB FL 32542

ACME LAB
321 MAIN ST
SUITE 400
SAN DIEGO CA 92009
(858) 758-7858

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	UNITS	PROCEDURE CODE	DESCRIPTION	CHARGE	PAYMENT OR ADJUSTMENT
03/01/19	2	81000	URINALYSIS NONAUTO W/SCOPE	\$90.00	
03/01/19	2	84153	ASSAY OF PSA TOTAL	\$60.00	
06/23/21			PATIENT-X Payment		\$5.66
Thank you for allowing our laboratory to serve you. Payment is due upon receipt of this bill.					

Patient Name:	Patient Account Number:	Referring Physician:	Amount Due:
PTFNAMETCXEP M PTLNAMEFONGE	ESTERNONCLNT32	EUSTAQUIO O ABAY, UNK	\$144.34