

STATEMENT OF CHARGES

PLEASE REIMBURSE PATIENT DIRECTLY

Longevity Medical Clinic
9757 NE Juanita Drive #200 Kirkland WA 98034
Off: (425) 576-9272 Fax: (425) 576-8092
Tax ID #: 91-1959826

MALE PATIENT INFORMATION

Patient Name: Thomas McClellan

Patient Date of Birth: 10/19/60

Patient Date of Visit: 7/13/20 or 8/20/20

Payers: This form is provided to patients who desire to submit a claim for reimbursement to their health plan, insurance, or other third-party payer. OUR OFFICE DOES NOT WORK WITH INSURANCE CARRIERS DIRECTLY. All communication with you is the sole responsibility of the patient.

Patients: PLEASE ASK YOUR HEALTH PLAN, INSURANCE OR OTHER THIRD-PARTY PAYER NOT TO SEND REIMBURSEMENT TO US. WE WILL BE OBLIGATED TO RETURN ANY SUCH PAYMENT. Remember, we only attempt to impact the functional changes related to your aging process. We make no representation regarding whether or not the charges listed in this statement will be reimbursed. Reimbursement is at the sole discretion of your health plan, insurance, or third-party payer. You should attach a copy of the Doctor's notes from your office visit along with your invoice.

Note: Longevity Medical Clinic physicians do not participate in Medicare/Medicaid or other government programs. Under no circumstances shall a charge statement be submitted to any government payer.

Paid by Patient (PS Reg-M)		
	Lab Tests	Office Visit
Total	\$1,250.55	\$343.50
Discounted Package Amount	(\$820.55)	(\$178.50)
Amount Paid by Patient	\$430.00	\$165.00

LABORATORY

82947	Fasting Glucose	\$16.08	86141	High Sensitivity CRP	\$20.79	82679	Estrogen Metabolism	\$306.00
84439	Free T-4	\$20.79	83520	LP-PLA2	\$79.00	86376	Thyroid Perox. Autoantibodies	\$83.76
84481	Free T-3	\$24.37	82651	Dihydrotestosterone	\$75.77	86800	Thyroglobulin Autoantibody	\$61.11
84443	TSH	\$18.71	85025	CBC/VO (Diff & PLT)	\$9.07	83704	LPP Basic Panel	\$103.00
82627	DHEA-Sulfate	\$39.50	80053	CMP	\$10.40	83735	Magnesium	\$42.00
84402	Free Testosterone	\$41.13		Urine Iodine	\$99.00	82533	Serum Cortisol	\$58.00
84403	Total Testosterone	\$41.12	83001	Follicle Stim Hormone	\$65.70	82533	Salivary Cortisol	\$135.00
83525	Insulin	\$24.95	82397	CTX	\$225.00	83520	Interleukin-6	\$208.25
82670	Estradiol	\$39.21	85384	Fibrinogen QN	\$37.42	81479	Telomere Analysis	\$255.00
84140	Pregnenolone	\$90.72	82728	Ferritin	\$56.96	81401	ApoE	\$149.00
84153	PSA	\$24.95	82746	Folic Acid	\$44.00			
84144	Progesterone	\$39.50	82306	Vitamin D25 OH	\$95.56			
83036	Hemoglobin A1C	\$27.03	83550	TIBC	\$16.50			
80061	Lipid Panel	\$18.71	83540	Iron Serum	\$16.20			
84305	IGF-1	\$61.58	84466	Transferrin Panel	\$16.50			
83090	Homocysteine-Cardio	\$51.98	82607	Vitamin B-12	\$64.70			

OFFICE VISIT

99203	New Patient	\$343.50
99213	Established Patient	\$343.50

ICD-10 CODE

Constitutional Symptoms:

R53.83	Other fatigue
R63.5	Abnormal weight gain
R62.7	Adult failure to thrive
R53.82	Chronic fatigue syndrome
G47.20	Disruptions of 24-hour sleep-wake cycle, unspecified
R43.8	Disturbances of sensation of smell and taste
R51	Headache NOS
G47.30	Sleep apnea, unsp.
F51.1	Hypersomnia, unspecified
G47.00	Insomnia, unspecified
Z72.820	Lack of adequate sleep
R29.890	Loss of height
R63.4	Loss of weight
E66.01	Morbid obesity BMI 40-44.9
E66.9	Obesity unspecified
G47.9	Other sleep disturbances
E66.3	Overweight BMI 25-29
R63.1	Polydipsia
R63.2	Polyphagia
G25.81	Restless legs syndrome

Constitutional Symptoms (Continued):

G47.69	Sleep related movement disorder, unspecified
R63.6	Underweight

Respiratory:

J30.9	Allergic rhinitis, cause unspecified
J45.90	Asthma, unspecified
R05	Cough
R06.02	Shortness of breath, Dyspnea
R06.2	Wheezing

Genitourinary:

N52.9	Erectile dysfunction NOS
N40.1	BPH with LUTS
N40.0	BPH without LUTS
R39.14	Incomplete bladder emptying (feeling of)
R35.1	Nocturia with BPH
R97.20	Prostate specific antigen (PSA) elevated
R35.0	Urinary frequency
R32	Urinary incontinence unspecified
R39.15	Urinary urgency
R39.12	Slowing of urinary stream

PHYSICIAN:

Laura Jimenez-Robertson, ND

D-10 CODE**Integumentary:**

L63.9	Alopecia areata
L66.9	Alopecia unspecified
L85.9	Changes in skin texture
R20.9	Disturbance of skin sensation NOS
R782.3	Edema
R23.2	Flushing
L74.519	Generalized hyperhidrosis
R21	Rash and other nonspecified skin eruption
R23.3	Spontaneous ecchymoses

Endocrine:

E29.1	Hypogonadism/other testicular hypofunction
N95.1	Menopausal or female climacteric states - symptomatic
E27.40	Adrenal insufficiency/other adrenal hypofunction NOS
N95.8	Artificial menopause - symptomatic
N60.0	Solitary cyst of breast
N60.19	Fibrocystic breast diffuse
R68.82	Decreased libido
E11.9	Diabetes mellitus type 2 w/o complication
E11.8	Diabetes type 2 w/ unspecified complication
E10.9	Diabetes mellitus type 1 w/o complication
E10.8	Diabetes type 1 w/ unspecified complication
N94.6	Dysmenorrhea
N94.1	Dyspareunia
R73.01	Elevated/impaired fasting glucose
R73.09	Prediabetes (Other impaired glucose)
L68.0	Hirsutism
E16.1	Hypoglycemia, other
E03.9	Hypothyroidism NOS
E88.81	Metabolic Syndrome
Z78.0	Postmenopausal - age related (natural) - asymptomatic
N95.0	Postmenopausal bleeding
N94.3	Premenstrual syndromes

Cardiovascular:

I20.9	Angina pectoris other and unspecified
I10	Essential hypertension - benign
E78.6	Low HDL
I70.219	Atherosclerosis of extremities with intermittent claudication
I70.209	Atherosclerosis of extremities, unspecified
I67.2	Cerebral atherosclerosis
I25.9	Chronic ischemic heart disease of unspecified type of vessel, native or graft
R79.82	C-reactive protein (CRP) Elevated
E72.11	Homocysteine Elevated
E78.0	Hypercholesterolemia, pure
E78.2	Hyperlipidemia Mixed
E78.1	Hypertriglyceridemia pure
E78.5	Hyperlipidemia - other and unspecified
I20.0	Intermediate coronary syndrome
I63.239	Occlusion and stenosis carotid artery unspec with unspec cerebral infarction
I67.2	Occlusion and stenosis, carotid artery without cerebral infarction
I95.1	Orthostatic hypotension
I20.1	Prinzmetal angina
Z13.220	Screening for hyperlipidemia/lipid disorders

Musculoskeletal:

M54.5	LBP/Lumbalgia
M62.830	Muscle spasm of back
M79.1	Myalgia unspecified
M79.25	Neuralgia neuritis and radiculitis unspec.
M19.91	Osteoarthritis unspecified
M85.80	Osteopenia
M81.0	Osteoporosis unspecified without fx
M79.0	Rheumatism unspecified and fibrositis

Gastrointestinal:

R10.9	Abdominal pain unspecified site
K52.89	Colitis, lymphocytic, microscopic
K59.00	Constipation simple
R19.7	Diarrhea unspecified
K52.2	Diarrhea allergic and dietetic
R14.3	Flatulence, eructation, and gas pain
K21.9	GERD
K58.0	IBS
K90.89	Malabsorption other

Additional:

G30.1	Alzheimer's dementia with late onset
T78.47	Allergy, drug, other
R74.0	AST or ALT - high
H25.89	Cataract other
Z71.3	Dietary surveillance and counseling
E83.10	Disorders of Iron Metabolism unspecified
Z51.81	Encounter for therapeutic drug monitoring
M35.7	Hypermobility syndrome
M79.60	Leg or arm pain, unspecified
D78.8210	Lymphocytopenia
G43.111	Migraine with aura
G43.009	Migraine without aura
D75.1	Polycythemia, secondary
M06.9	Rheumatoid arthritis, unspecified
D69.6	Thrombocytopenia unspecified
E53.8	Vitamin B12 deficiency
E55.9	Vitamin D deficiency unspecified
D72.819	WBC - low - unspecified
F33.9	Depression
F41.9	Anxiety



INVOICE

Thomas L McClellan
PO Box 39779
LAKEWOOD WA 98496
USA

Invoice Date
13 Jul 2020

Invoice Number
INV-121247

Reference
Tacoma Initial Labs

LMC
xxx-xx-5916

Ship To:
196 Lake Louise Dr SW
LAKEWOOD WA 98498
USA

Description	Quantity	Unit Price	Tax	Amount USD
LL Initial Male Panel 2.0, Initial Male Hormone Insulin Resistance w/ Glucose, Office/Physician Visit				
Glucose - 82947				
DHEA-S - 82627				
Estradiol - 82670				
Insulin - 83525				
PSA - 84153				
T3 Free - 84481				
T4 Free - 84439				
TSH - 84443				
Testosterone Free & Total - 84402, 84403				
Lipid Panel - 80061				
Cholesterol				
Triglycerides	1.00	595.00	Tax on Sales	595.00
LDL				
HDL				
LDL/HDL Ratio				
IGF-1 - 84305				
Hemoglobin A1C - 83036				
Complete Metabolic Panel - 80053				
Vitamin B-12 - 82607				
High Sensitivity CRP - 86141				
Homocysteine, Cardiovascular - 83090				
Pregnenolone (LCA) - 84140				
Vitamin D 25 OH (LCA) - 82306				
CBC w/ Differential (LCA) - 85025				
Follicle Stimulating Hormone - 83001				
Apo E (NW Pathology)				
Telomere Analysis (Cell Science Systems)				
Subtotal				595.00

Supplement Return Policy

Supplements may be returned for a full refund within 60 days from the date of purchase. Products must be in a factory-sealed container for a refund. You are responsible for all return shipping charges, unless the original order was the result of our error. Please contact the Longevity Store at 866-86YOUNG for return instructions.

3315 S. 23rd Street, Suite 204, Tacoma, WA 98405

Description	Quantity	Unit Price	Tax	Amount USD
Total Sales Tax 0%				0.00
Invoice Total USD				595.00
Total Net Payments USD				0.00
Amount Due USD				595.00

