

3

# 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

PATIENT INFORMATION	
Patient Name:	Robert Hayes
Patient Date of Birth:	09/27/47
Patient Date of Visit:	5/7/20 or 5/21/20

**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		
	Lab Tests	Office Visit
Total	431.46	433.33
Discounted Package Amount	0	0
Amount Paid by Patient	431.46	433.33

LABORATORY					
82947	Fasting Glucose	\$16.08	86141	High Sensitivity CRP	\$20.79
84439	Free T-4	\$20.79	83520	LP-PLA2	\$79.00
84481	Free T-3	\$24.37	82651	Dihydrotestosterone	\$75.77
84443	TSH	\$18.71	85025	CBCVO (Diff & PLT)	\$9.07
82627	DHEA-Sulfate	\$39.50	80053	CMP	\$10.40
84402	Free Testosterone	\$41.13		Urine Iodine	\$99.00
84403	Total Testosterone	\$41.12	83001	Follicle Stim Hormone	\$65.70
83525	Insulin	\$24.95	82397	CTX	\$225.00
82670	Estradiol	\$39.21	85384	Fibrinogen QN	\$37.42
84140	Pregnenolone	\$90.72	82728	Ferritin	\$56.96
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
82679	Estrogen Metabolism	\$306.00			
86376	Thyroid Perox. Autoantibodies	\$83.76			
86800	Thyroglobulin Autoantibody	\$61.11			
83704	LPP Basic Panel	\$103.00			
83735	Magnesium	\$42.00			
82533	Serum Cortisol	\$58.00			
82533	Salivary Cortisol	\$135.00			
83520	Interleukin-6	\$208.25			
81479	Telomere Analysis	\$255.00			
81401	ApoE	\$149.00			

OFFICE VISIT		
99213	Established Patient	433.33
99215	Established Patient 1 Hour	

## CD-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, unspc.
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

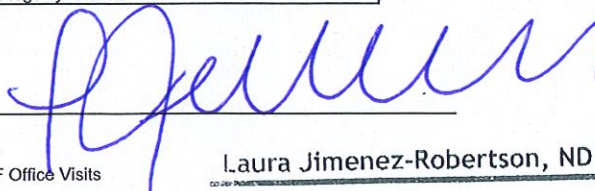
### Respiratory:

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



**ID-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 unspc with unspc 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 unspc.
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



# INVOICE

Robert E Hayes  
PBM # 105 21804 MNT HWY East  
SPANAWAY WA 98387  
USA

Invoice Date  
01 Aug 2019

Invoice Number  
INV-100553

Reference  
Tacoma MMF August Renewal

Ship To:  
PBM # 105 21804 MNT  
HWY East  
SPANAWAY WA 98387  
USA

LMC  
xxx-xx-5916

Description	Quantity	Unit Price	Tax	Amount USD
MMF Renewal, Medical Management Renewal	1.00	1,300.00	Tax Exempt	1,300.00
Customer Message Renewal, *****Payment Due By: August 1st, 2019.				
Payment can be made with VISA, MasterCard, Discover, American Express and Check or we would be happy to charge your card on file. Please contact our office for payment option preferred. We will not charge your card until we hear from you. If you will be paying by check, please use the enclosed envelope to submit payment. Thank you				
	1.00	0.00		0.00
Program Renewal Dates from August 1st, 2019 to July 31st, 2020.				
PIF Renewal MMF, Medical Management Fee - Early Payment Discount	1.00	(65.00)	Tax Exempt	(65.00)
Subtotal				1,235.00
Total No Tax 0%				0.00
Invoice Total USD				1,235.00
Total Net Payments USD				1,235.00
Amount Due USD				0.00

## 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







# INVOICE

Robert E Hayes  
PBM # 105 21804 MNT HWY East  
SPANAWAY WA 98387  
USA

Invoice Date  
07 May 2020

Invoice Number  
INV-117205

Reference  
Tacoma Labs

LMC  
xxx-xx-5916

Ship To:  
PBM # 105 21804 MNT  
HWY East  
SPANAWAY WA 98387  
USA

Description	Quantity	Unit Price	Tax	Amount USD
LL 10231 CMP, Comprehensive Metabolic Panel - 80053	1.00	10.40	Tax Exempt	10.40
LL 402 DHEA, DHEA Sulfate - 82627	1.00	39.50	Tax Exempt	39.50
LL 496 Hemoglobin A1c, Hemoglobin A1C - 83036	1.00	27.03	Tax Exempt	27.03
LL 10124 High Sens C-Reactive, High Sensitivity, C-Reactive Protein - 86141	1.00	20.79	Tax Exempt	20.79
LL 31789 Homocysteine Cardio, Homocysteine, Cardiovascular - 83090	1.00	51.98	Tax Exempt	51.98
LL 561 Insulin, Insulin - 83525	1.00	24.95	Tax Exempt	24.95
LL 839 IGF-1, Insulin-Like Growth Factor-1 - 84305	1.00	61.58	Tax Exempt	61.58
LL 82607 Vit B12, Vitamin B12 - 82607	1.00	64.70	Tax Exempt	64.70
LL 4021 Estadiol, Estradiol - 82670	1.00	39.21	Tax Exempt	39.21
LL 36170 Testosterone F&T, Testosterone, Free & Total - 84402, 84403	1.00	82.25	Tax Exempt	82.25
LCA CBC (005009), CBC w/ Differential - 85025	1.00	9.07	Tax Exempt	9.07
Subtotal				431.46
Total No Tax 0%				0.00
Invoice Total USD				431.46
Total Net Payments USD				0.00
Amount Due USD				431.46

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