



FINAL NOTICE OF PAST DUE ACCOUNT

November 10, 2014

James Johnson
1234 W Maain St
Apt 101
Coral Springs FL 33065

Invoice	162 502
Lab. Date of Service	November 10, 2014
Physician	200 014 Middle Tennessee ENT
Patient	Richardson, Judy
Service Description	RAST-Allergy Testing
Insurance Fee:	\$100.00
Insurance Payment	\$0.00
Insurance Adjustment	\$0.00
Payments	\$0.00
Balance Due	\$79.00

Previous Payments

12/10/2014	\$10.00
12/11/2014	\$11.00

- Please sent copy of insurance card with insured's date of birth
- Insurance applied to yearly deductible/co-insurance
- The Fee for our service is not covered by your insurance
- Non-network discount applied
- Per your insurance, no coverage on the date of service
- Per insurance, payment for services sent to member/patient
- In seven days, the Balance Due amount will be applied to the credit card information provided at the tir