

Laboratory Corporation of America™ Holdings  
Post Office Box 2240  
Burlington, North Carolina 27215-2240



SUMANA KETHA, MD, PA

09 14 14

2925 SKYWAY CIRCLE NORTH  
IRVING TX 75038  
CM99

ACCOUNT NUMBER: 42007100

INVOICE NUMBER: 98094180  
SPECIMEN NUMBER: 421029805770

DEAR CLIENT:

MAIL SUBMITTED TO THE PATIENT BELOW WAS RETURNED DUE TO A BAD ADDRESS. PLEASE REVIEW YOUR RECORDS FOR A CURRENT MAILING ADDRESS AND RETURN IT TO LABCORP USING THE ENVELOPE PROVIDED.

PATIENT'S NAME: BILLY PITTS  
DATE OF BIRTH: 08/26/1941  
DATE OF SERVICE: 07/29/14

ADDRESS THAT WE HAVE ON FILE FOR THIS PATIENT:

3800 S TYLER ST  
DALLAS TX 75224-4489

ADDRESS THAT YOU HAVE ON FILE FOR THIS PATIENT:

3622 S. Tyler St

PATIENT TELEPHONE NUMBER: \_\_\_\_\_ (PLEASE PROVIDE)

IF YOUR MAILING ADDRESS IS THE SAME, PLEASE SUPPLY THE PATIENT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_.

IF THIS PATIENT IS NOT THE RESPONSIBLE PARTY, PLEASE PROVIDE THE RESPONSIBLE PARTY NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER.

THANK YOU FOR YOUR ASSISTANCE. YOU MAY ALSO FAX THIS INFORMATION TO 1-866-227-2939.

JP  
PATIENT BILLING