

CHECK CARD USING FOR PAYMENT			ACCT#: 999999
VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	
CARD NUMBER		Statement# 5999999	
SIGNATURE		EXP. DATE	
STATEMENT DATE	AMOUNT DUE UPON RECEIPT	ENTER AMOUNT PAID	
04/17/2017	\$90.20	\$	
If you are unable to pay the Balance Due in Full, please call to make payment arrangements.			

4125
T17
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
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|||

Make checks payable to:

ACM Medical Laboratory, Inc.
 PO Box 26290
 Rochester, NY 14626-0290

|||

Sample A. Sampe: To pay your bill online please visit our website at www.acmlab.com

Detach and Return this Portion with your Payment. Retain bottom portion for your records.

PLEASE CALL TO PROVIDE INSURANCE INFORMATION IF YOUR INSURANCE HAS NOT YET BEEN BILLED

DETAIL

DATE	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE	PAYER CODE*
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$12.77	\$0.00	\$0.00	\$0.00	\$12.77	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	
04/12/2017	Laboratory Testing	JOSEPH CAMA	\$7.43	\$0.00	\$0.00	\$0.00	\$7.43	

MESSAGES

We do not have any insurance information on file, therefore the balance is the patient's responsibility. If you do have eligible insurance please contact the Billing Department, otherwise your prompt payment is appreciated.

Thank you,

ACM Medical Laboratory, Billing Department

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	OVER 120 Days	AMOUNT DUE NOW
\$90.20	\$0.00	\$0.00	\$0.00	\$0.00	\$90.20