

Laboratory Bill

For services not included in your physician's bill



Do not use address below:

PO Box 825
South Windsor, CT 06074-0825

AB 01 000419 98085 H 2 A
NEV 88808280 1063461 5773516473 R
ROBERTO A VIGGAYAN
102 OCEAN HARBOUR LN
LAS VEGAS, NV 89148-2716

Bill Date:	Amount Due:	Due Date:
May. 02, 2023	\$1,252.34	UPON RECEIPT

Bill Number: 5773516473 Lab Code: NEV
 Patient Name: ROBERTO A VIGGAYAN
 Responsible Party: ROBERTO A VIGGAYAN
 Date of Service: February 27, 2023

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.



Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.



Pay by Phone: 1-855-619-4056 (24 hours/7 days)
Questions: 1-855-619-4056
MON-TH 8:30AM-5:00PM; FRI 08:30 AM - 04:00 PM PST
Se Habla Espanol!

Laboratory Tests Were Requested By:

Referring Physician: MIRANDA JR., CRES P
Physician Address: 401 N BUFFALO DR
LAS VEGAS, NV 89145

Most Recent Insurance Claim Filed To:

Insurance Name: P3 HEALTH PARTNERS
Insurance ID: H76149419
Group Number: Y0833001

Please have your bill available for reference.

This bill is for laboratory tests performed at the request of the referring physician. Payment was denied by P3 HEALTH PARTNERS, indicating the patient was not covered on the date of service. Your insurance carrier may not have record of our claim because it may have been rejected before entering into their claim system. Please contact us to provide correct insurance information or make payment for the amount due.

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
02/27/23	82728	FERRITIN	\$112.49					
02/27/23	83036	HEMOGLOBIN, GLYCOSYLATED	\$74.25					
02/27/23	84439	THYROXINE, FREE	\$146.23					
02/27/23	80061	LIPID PANEL	\$154.85					
02/27/23	84443	TSH	\$130.49					
02/27/23	81001	UA, COMPLETE AUTOMATED	\$47.59					
02/27/23	36415	VENIPUNCTURE	\$22.50					
02/27/23	84153	PROSTATE SPECIFIC AG	\$148.48					
02/27/23	85025	CBC, PLT, DIFF	\$45.50					

Continued on Next Page

Tax ID: 88-0099333

Services Performed by: QUEST DIAGNOSTICS LAS VEGAS - 4230 BURNH LAS VEGAS, NV
 Services Performed by: QUEST DIAGNOSTICS LAS VEGAS 761 SOUTH RA LAS VEGAS, NV
 Services Performed by: QUEST DIAGNOSTICS WEST HILLS WEST HILLS, CA
 * The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



LOG ON NOW. Pay your bill online securely at
QUESTDIAGNOSTICS.COM/BILL
or call 1-855-619-4056.
QUEST DIAGNOSTICS also accepts:



Please make checks payable to QUEST DIAGNOSTICS.
Be sure to include bill number on your check.

Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: NEV

Amount Due:	\$1,252.34
Due Date: UPON RECEIPT	Bill Number: 5773516473

Patient Name: ROBERTO A VIGGAYAN

Amount Enclosed:	\$
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If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your bill, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740351
CINCINNATI, OH 45274-0351



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