



INVOICE DATE: 10/27/2016

**CARILION CLINIC**

Office Phone Number (540) 224-5631

Tax ID# 54-1586601

LAKE REGION MEDICAL  
 ATTN: KELLY DANIELS  
 200 S YORKSHIRE ST  
 SALEM, VA 24153

REMIT TO:  
 CARILION MEDICAL GROUP  
 PO BOX 11652  
 ROANOKE, VA 24022-1652

ACCOUNT#: 700004107

INVOICE#: 700004107102716

PLEASE RETURN THIS ENTIRE INVOICE WITH THE PAYMENT.  
 A COPY OF THIS INVOICE IS ENCLOSED FOR YOUR RECORDS.

**INVOICE**

HAR#	Patient Name	TX	Date of Service	Place Service Rendered	Procedure	Procedure Description	Charges
7064686	Stover, Brandon James	3	07/07/16	UCSWM	80300	DRUG SCREEN LIST A ANY NMBR NON TL	47.00

**BALANCE DUE: 47.00**

~ Due Within 30 Days ~  
 Please remember to keep your account current to avoid services being suspended.