



INVOICE

From:

Invoice ID: 615915C3908
 Invoice Date: 09/01/2016

MEDEXPRESS URGENT CARE, PC VIRGINIA
 Tax ID: 453123110
 Contract Number: 0102204019

Total Due: \$72.50

To: INSURANCE PACKAGE #387712

Please return top portion with payment to:

LAKE REGION MEDICAL
 ATTN KATHY DANIELS
 235 S YORKSHIRE ST
 SALEM VA 241536905

MEDEXPRESS URGENT CARE, PC VIRGINIA
 PO BOX 7962
 BELFAST ME 049157900

For billing questions, please call (877) 869-4397
 Hours of operation: Mon-Fri 8:00am-12:00pm Eastern time

Patient Name, Patient ID Claim ID	Service Department Procedure	DOB Description	SSN	Amount
DANNER, ERICA , 9043511 12305205V3908	MEDEXPRESS URGENT CARE, PC VIRGINIA - SALEM	09/27/1992	*****6550	
08/24/2016	UDSTP	UDS RAPID 10PNL-OCC HEALTH		\$37.50
08/24/2016	82075	BREATH ALCOHOL		\$35.00
Patient Subtotal:				\$72.50
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.				Total Due: \$72.50



ATHENAHEALTH, INC.
ATTN: PRINT OPERATIONS
3 HATLEY ROAD
BELFAST, ME 04915



AT1



LAKE REGION MEDICAL
235 S YORKSHIRE ST
SALEM VA 24153-6905

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