

MAKE CHECKS PAYABLE TO

LCM PATHOLOGISTS, P.C. SIL
PO BOX 5134
SIOUX FALLS, SD 57117-5134

FOR BILLING QUESTIONS Call 1-800/284-9806
8:00 AM - 6:00 PM

STATEMENT DATE 05/19/08	PAY THIS AMOUNT 134.40	ACCOUNT NUMBER 026011951
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SHOW AMOUNT PAID HERE \$

FORWARDING SERVICE REQUESTED

ADDRESSEE



YELISSA IVE REYES RIVERA
1114 7TH AVE
WORTHINGTON MN 56187-2212

REMIT TO

LCM PATHOLOGISTS, P.C. SIL
PO BOX 5134
SIOUX FALLS, SD 57117-5134

Client Acct# SFS08-14624/LSIL

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
05/08/08	Balance Forward	134.40
	Payments	.00
	Balance Due	134.40

LCM PATHOLOGISTS,P.C.
REF PHY: DONOHUE,JAMES M

ACCOUNT NUMBER	STATEMENT DATE		TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
SI 026011951	05/19/08	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	134.40	.00	.00	134.40

PATIENT NAME

YELISSA IVE REYES RIVERA

MAKE PAYMENT TO:

LCM PATHOLOGISTS, P.C. SIL
1-800/284-9806

IN ORDER FOR US TO EXPEDITE THE FILING OF THIS CLAIM WE NEED ADDITIONAL INFORMATION. PLEASE CONTACT OUR OFFICE AND HAVE YOUR INSURANCE CARD AND FAMILY PHYSICIAN NAME AVAILABLE. WE APPRECIATE YOUR PROMPT RESPONSE. THANK YOU.

IF YOU'VE SENT PAYMENT IN FULL, PLEASE ACCEPT OUR THANKS AND DISREGARD THIS NOTICE.