

PATIENT NAME:		PATIENT ACCT NO.	REFERRING PHYSICIAN:	CLIENT NAME:	STATEMENT DATE	PAGE
[REDACTED]		293285025	SYED AFZAL	THE HUNTINGTON MEDICENTER	06/08/2021	1
Date	Description	Charges	Payment or Adjustment	Total Due		
05/29/21	Laboratory Test	\$97.56		\$97.56		
05/29/21	Laboratory Test	\$81.36		\$81.36		
05/29/21	Laboratory Test	\$97.48		\$97.48		
05/29/21	Laboratory Test	\$144.36		\$144.36		
05/29/21	Laboratory Test	\$97.47		\$97.47		
	Balance Forward			\$518.23		

If applicable, please return a copy of your financial assistance/discount agreement with this statement.

You can now pay your laboratory bill online. It is fast, easy, and secure.
 Please go to <http://Northwell.edu/Billpay> for more information.

Thank you for allowing our laboratory to serve you. These charges reflect tests ordered by your physician and are separate from the physician's fees. Your services have been processed and the remaining balance has been identified as your responsibility. If you have any questions regarding the balance, please contact the office at the number listed on this statement. Please contact your insurance carrier directly if copays and/or deductible amounts are incorrect. For insurance information updates, please contact the office or access the website within 15 days of this notice to avoid potential financial responsibility of these charges. Northwell Health Laboratories does not charge any processing fees for on-line payments. Please use this link to make payments: <https://www.northwell.edu/pathology-and-laboratory-services/laboratory-form?> and select the Laboratory ICON on the screen. To make a payment please go to www.northwell.edu/Billpay or call 516-407-6665. Insurance on-line updates, please go to: <https://www.northwell.edu/pathology-and-laboratory-services/laboratory-form?>

Northwell Health Laboratories
 2200 NORTHERN BLVD., SUITE 104.
 GREENVALE, NY 11548-1210

Please check box if address or insurance information has changed.
 Indicate changes on reverse side.

Patient Acct No. 293285025 05/29/21 Patient Statement

If paying by Credit Card, please complete this section

SELECT PAYMENT METHOD:

CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____

CARDHOLDER NAME (Please Print): _____

PATIENT ACCT NO.	STATEMENT DATE	DUE DATE	AMOUNT DUE
293285025	06/08/2021	06/29/2021	\$518.23

MAKE CHECKS PAYABLE TO:
 NORTHWELL HEALTH LABORATORIES

AMOUNT ENCLOSED \$ _____

Billing Office Hours Monday through Friday 9AM – 5:00PM
 (Closed for lunch 12:00 PM – 1:00 PM)
 To make a payment please go to <http://Northwell.edu/Billpay> or call 516-407-6665.
 Questions for accounts with service dates within the last 3 months, CALL: 516-407-6665
 Questions for accounts with services dates older than 4 months, CALL: 866-878-9334

A-01-JH5-AM-02937-11



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NORTHWELL HEALTH LABORATORIES
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 BOSTON MA 02241-5972

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