



21135 Whitfield Place #107 • Sterling, VA 20165  
(703) 421-7000 • fax (703) 430-4830

*Please complete form, incomplete will result in delay in addressing your labs invoice concerns*

## Invoice Inquiry

Today's Date: \_\_\_\_\_



### Invoice Information:

Invoice Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of the Primary Insurance holder: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_



### PATIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Email: \_\_\_\_\_



### Briefly describe your concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We will respond to your request within 48-72 hr. Please call our billing department at 703-737-6001 ext.6128 if you do not hear from us**