



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*

### Lab bill inquire form

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

**Please check lab that applies:**

Labs:  Solstas    Quest    Genova    labcorp    HDL    Igenix

Other: \_\_\_\_\_

**Laboratory Information:**

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

Laboratory Invoice or 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 hours. Please call our office at 703-421-7000 if you do not hear from within the time frame**