



BLANCHARD-DICKSON LABS, INC.

A DAMON LABORATORY

425 W. JUNIPERO STREET, SANTA BARBARA, CALIF. 93105. TEL: (805) 682-7000

IRS NO.
95-2654854
PROVIDER NO.
ZZZ-30233Z

NOTE: CHARGES AND PAYMENTS MADE LESS THAN 5 DAYS BEFORE STATEMENT DATE MAY NOT SHOW UNTIL NEXT MONTHS STATEMENT. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

019767

ACCOUNT NO.

11/29/79

STATEMENT DATE

AMOUNT
ENCLOSED \$

BEAL, ART
RFD BEDFORD ST
CAMBRIA PINES CA93428

TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	PATIENT'S NAME	RVS CODE	REF. LAB CODE	DESCRIPTION OF SERVICES	AMOUNT
11/09/79	BEAL, ART	80120 VV		COMP PANEL	9.45
11/09/79		85022 VV		CBC	4.55
RE. BY JUEL & COLLIE MD					
CURRENT	30-60	61-90	91-120	121-OLDER	BALANCE
14.00					14.00

KEEP THIS PORTION FOR INSURANCE PURPOSES

NO FURTHER DETAIL WILL BE ISSUED



BLANCHARD-DICKSON LABS, INC. A DAMON LABORATORY

425 W. JUNIPERO STREET, SANTA BARBARA, CALIF. 93105. TEL: (805) 682-7000

THIS STATEMENT INCLUDES ANY CHARGES FOR PROFESSIONAL SERVICES RENDERED BY JOHN P. BLANCHARD, MD., DIRECTOR OF LABORATORIES.

OUTSIDE REFERENCE LAB CODES

1. **LABORATORY PROCEDURES, INC.**
6330 Varlei Ave.
Woodland Hills, Calif. 91364
2. **BIO-SCIENCE**
7600 Tyron Blvd.
Van Nuys, Calif.
3. **COTTAGE HOSPITAL**
Pueblo at Bath
Santa Barbara, Calif. 93105
4. **ST. FRANCIS HOSPITAL**
601 E. Micheltorena
Santa Barbara, Calif. 93103

5. **REFERENCE LAB**
1011 Rancho Conejo
Newberry Park, Calif. 91320
6. **ROCHE LAB**
5 Johnson Dr.
Raritan, New Jersey 08869
7. **LEARY LAB INC.**
43 Bay State Rd.
Boston, Mass. 02215
8. **OTHER**

INFORMATION FOR PROCESSING YOUR OWN INSURANCE

MEDI-CAL

RETURN POE STICKER FOR MONTH OF SERVICE WITH ENTIRE STATEMENT IMMEDIATELY, IF YOU HAVE MEDICAL/MEDICARE INCLUDE YOUR MEDICARE NUMBER ON YOUR STATEMENT.

BLUE CROSS

1. Phone the Blue Cross office at 687-7501 and request a form.
2. Complete your portion of the form.
3. Attach the itemized statement you receive from us to the form and submit it directly to Blue Cross for reimbursement.
The address is on your card.

BLUE SHIELD

1. Write the subscriber's name, group number and identification numbers directly on the itemized statement you receive from us.
2. State whether the lab tests were done for an illness or injury.
3. Submit this to Blue Shield for reimbursement.
4. The address for your Blue Shield office will appear on your identification card.

MEDICARE

Attach your first itemized statement for each service to your medicare insurance form and send directly to Medicare.

NOTE: If you have additional coverage, bill medicare first. They will send you an Explanation of Benefits (EOB) when your claim has been processed. Merely write your membership numbers on the EOB and send that to your insurance carrier. They will reimburse you directly based on that information.

ALL OTHER INSURANCE

Attach your first itemized statement for each service to your insurance form and send directly to your insurance company. Our signature is not required.

If you are covered through the Medical Care Foundation of Santa Barbara County, please contact our office regarding insurance instructions.

OUR CREDIT POLICY

You will receive a statement each month. If your account has an outstanding balance, you are responsible for payment of your account within the limits of our credit policy even though you have filed an insurance claim. We cannot accept responsibility for collecting your insurance claim or for negotiating settlement on a disputed claim.

All charges are due and payable upon receipt of this statement, unless other arrangements have been made with the Business office.

SERVICE CHARGE

THERE WILL BE A SERVICE CHARGE FOR ADDITIONAL COPIES OF THIS STATEMENT.