

INVOICE



Invoice Number: [12345678]

Customer Number:

Patient Name:

Print Date:

Original Print Date:

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Laboratory Services Provided:

Accession #	Date of Service	Ordering Dr.	Fee Code	Fee Description	Fee
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HST:
Amount Due:

PAYMENT INFORMATION:

- 1) This invoice is for laboratory tests ordered by your healthcare provider.
- 2) Please note that some tests are not covered by OHIP (fee codes that begin with M).
- 3) For all billing inquiries please call all 1-888-265-5227

Payment due upon receipt of invoice
HST # 836132522 RT0001

PAYMENT OPTIONS:

ONLINE www.lifelabs.com	FINANCIAL INSTITUTION Add LifeLabs Medical Lab (ONT) as a payee and enter your 12 digit alpha numeric customer # as the Account A) Online B) Telephone C) Teller	PHONE Accounts Receivable Dept. Tel: 1-888-265-5227 For payment by Visa or MasterCard	CHEQUE/MONEY ORDER Please write your invoice # on the cheque and make it payable to: LifeLabs LP
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DETACH AND RETURN WITH PAYMENT

CHECK BOX FOR ITEMIZED RECEIPT

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