

INVOICE / FACTURE

CUSTOMER NUMBER

Numero de Client

12345678ABC9

INVOICE NO.
N DE FACTURE

DUE DATE

DUE UPON RECEIPT

DATE OF SERVICE
DATE DU SERVICE

yyyy/mm/dd

TELEPHONE NO

PATIENT NAME / NON DU PATIENT

REFERRED BY / REFERE PAR

ACCESSION # / NUMERO D'ENTRÉE

LABORATORY SERVICES / SERVICES DE LABORATOIRE

FEE / HONORAIRE

BALANCE OWING FOR LABORATORY SERVICES
SOLDE DU POUR LES SERVICES DE LABORATOIRE

NOTES:

- 1) If the Laboratory service codes above start with an "M" the services ARE NOT covered by Provincial Insurance and are payable by the individual.
- 2) If the Laboratory service codes above start with an "L" the services ARE covered by Provincial Insurance. If at the time of this service you had provincial coverage, print your Health Card Number in the space provided in the bottom section and return to LifeLabs, if not, please forward payment to LifeLabs.

PAYMENT OPTIONS

- Online/telephone banking, or bank machines, at most financial institutions using as your Payee "LifeLabs Medical Lab. (ONT)" and your **12 digit alpha numeric Customer number** as the Account number.
- Pay at any LifeLabs Patient Service Centre
- Call the phone number at the top of the invoice to pay by Visa or MasterCard
- Provide your credit card information below (Visa or MasterCard only) and return to LifeLabs.
- Mail cheque/money order payable to: LifeLabs, 100 International Blvd. Toronto, ON M9W 6J6. Please quote the Invoice Number on the cheque or money order and enclose the bottom portion in the return envelope provided.

▲ **RETAIN THIS PORTION FOR YOUR RECORDS / CONSERVEZ CETTE PARTIE POUR VOS DOSSIERS** ▲

▼ **PLEASE DETACH THIS PORTION AND ENCLOSE WITH YOUR PAYMENT / VEUILLEZ DETACHER CETTE PARTIE ET L'ENVOYER AVEC VOTRE PAIEMENT** ▼

100 International Blvd.,
Toronto ON M9W 6J6
Attn: Lab Finance



PLEASE CHECK BOX FOR RECEIPT
VEUILLEZ INDIQUER LA BOÎTE SI UN REÇU EST NÉCESSAIRE

CUSTOMER NUMBER

Numero de Client

12345678ABC9

INVOICE NO.

N DE FACTURE

ACCESSION #

NUMERO D'ENTRÉE

AMOUNT DUE

MONTANT DÙ

PATIENT NAME

NOM DU PATIENT

DATE OF SERVICE

DATE DU SERVICE

yyyy/mm/dd

CHARGE TO:

PAIEMENT PAR :



VISA



MASTERCARD

ACCOUNT NUMBER / NUMÉRO DE COMPTE

EXPIRY DATE / DATE D'ECHEANCE

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NAME THAT APPEARS ON CARD/

NOM QUI FIGURE SUR LA CARTE

SIGNATURE REQUIRED /

SIGNATURE REQUISE

If applicable, see
Note (2) above

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PROVINCIAL INSURANCE NUMBER

PROVINCE

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ONTARIO VERSION CODE