

STATEMENT



CHRISTUS
Tricare

PO Box 130517
Tyler TX 75713-0517

Billing Phone: (903) 510-1193 Option 2
Billing Fax: (903) 526-7841

PATIENT NAME John Smith	AMOUNT ENCLOSED
STATEMENT DATE 1/23/2023	PAY THIS AMOUNT \$46.23
	ACCOUNT NUMBER 123456



Scan this QR code with your smart phone to pay online
or visit: <https://trincare.org>

Your access code: OCW198701

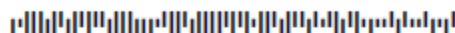
CONFIDENTIALLY ADDRESSED TO:

1 SP manifest key line *****Endorsement Line*****



JOHN SMITH
1234 N TOOL DR
TEST, TX 75143

000001 000009



MAKE CHECKS PAYABLE AND REMIT TO:

TrinCare Clinical Laboratories
PO Box 841304
Dallas TX 75284-1304

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on the reverse side.

Page 1 of 1

To ensure proper credit, please detach and return top portion with your payment prior to your due date.

DATE	DESCRIPTION	CPT	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE
07/15/2022	COMPREHENSIVE METABO	80053	SANNER	\$62.50	\$0.00	\$0.00	\$35.66	\$26.84
07/15/2022	LIPID PANEL	80061	SANNER	\$75.00	\$0.00	\$0.00	\$66.82	\$8.18
01/13/2023	COMPLETE BLOOD COUNT	85025	SANNER	\$40.70	\$0.00	\$0.00	\$35.95	\$4.75
01/13/2023	COMPREHENSIVE METABO	80053	SANNER	\$62.50	\$0.00	\$0.00	\$56.04	\$6.46

Important Message from our Billing Department

This statement represents charges for your recent tests as requested by your physician.

Payments for services rendered are due upon receipt of this statement. As a courtesy, we have submitted a claim for the above services with your insurance we have on file. If you have any additional insurance information, please fill out the back portion of this statement and return to us so we may bill your plan in a timely manner.

Pay online by visiting us at <https://trincare.org> and selecting the Pay Your Bill option. Follow the onscreen instructions to find your Account Number and Access Code from your statement.

If you wish to pay by mail, please detach the stub at the top of this statement to include with your payment. Be sure to include your account number on any check or money order payments so we may properly credit your account.

Should you have any questions regarding this statement or require additional assistance with your account, let us know. Our representatives are available and ready to assist you at (903) 510-1193 Option 2, Monday through Friday between the hours of 8am and 5pm CST. Thank you!

Account Summary

Patient: John Smith
Account: 123456
Total Patient Balance: \$46.23
Last Payment Date: 1/20/2023

Amount Now Due
\$46.23

Billing Questions: (903) 510-1193 Option 2
Billing Fax: (903) 526-7841

Check us on web at:
<https://trincare.org>

Thank You from the Staff at:
TrinCare Clinical Laboratories
PO Box 841304 • Dallas TX 75284-1304

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