



794 ROBLE ROAD  
ALLENTOWN, PA 18109-9110



Call Customer Service at 844-465-2455  
Pay Online at: www.hnl.com

**ADDRESSEE:**

PATIENT Sample Patient  
Address Line 1  
City, State Zip

**MAKE CHECKS PAYABLE TO:**

HNL LAB MEDICINE  
PO BOX 789581  
PHILADELPHIA PA 19178-9581

Your Medical Record Number

Date payment was billed

Date payment is due

ACCOUNT NUMBER	SERVICES FOR	STATEMENT DATE	DUE DATE
HNL12345	PATIENT	10/25/2022	11/25/2022

DATE	ACCESSION	CPT	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	CODE
10/19/18	xxx12345	87471	CANDIDA DNA AMP PROBE	Dr. Doctor	\$162.24	\$-83.76		\$78.48	1234

Date of service

Billing # that references date of service

Test Code

Test Name

Provider Name

Cost of Service

Reflects insurance or previous patient payments

Reflects insurance adjustments based on allowable amount vs billing amount

Amount Owed

If there is a denial code from insurance

**LEGEND**

PR96 - Non-covered charge(s).

**MESSAGES**

Thank you for allowing our laboratory to serve you! If you have previously paid this bill, please disregard this statement. To set up a payment plan, please contact the Billing Department at 844-HNL-BILL. Please be advised that payments are applied to the oldest outstanding balances. For questions related to treatment services, contact your healthcare provider.

Detach and return the bottom portion with your payment. Retain top portion for your records. **For your credit protection – DO NOT write your credit card information on this form.** Please call Customer Service or visit our website to make your payment.

**HNL Lab Medicine**  
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Should reflect the information in your statement above

**pay** Pay with a picture in seconds!  
Search Papaya Payments in the App Store or go to [www.papaya.com/pay](http://www.papaya.com/pay)

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ACCOUNT NUMBER		
HNL12345		
Pay anytime by credit card at <a href="http://www.hnl.com">www.hnl.com</a> and click Pay Your Bill Online or call 844-465-2455		
WE ACCEPT THE FOLLOWING CREDIT CARDS		
VISA	MASTERCARD	AMERICAN EXPRESS
DISCOVER		
STATEMENT DATE	DUE DATE	AMOUNT DUE
10/25/22	11/25/22	78.48
Call Customer Service at 844-465-2455		AMOUNT ENCLOSED
		\$ 78.48

PATIENT



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