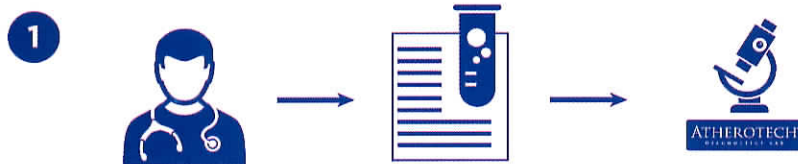


# UNDERSTANDING YOUR BILLING BY THE NUMBERS

Congratulations! Your physician has ordered a **VAP+** cholesterol test and/or other diagnostic tests in order to better understand and evaluate your heart health.

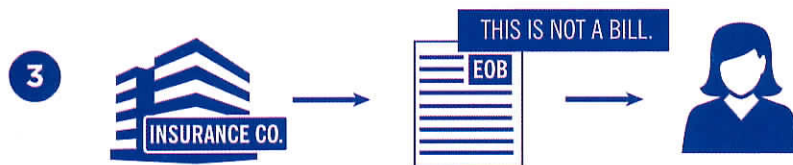
## HERE'S HOW BILLING TYPICALLY WORKS FOR LAB SERVICES:



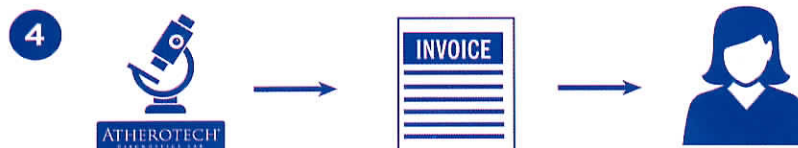
Your physician will **send your insurance information to Atherotech** along with your sample.



Atherotech will file a claim with **your insurance company**.



Your insurance company will probably send you a Claim Summary or Explanation of Benefits (also called an EOB, see a sample on the reverse side). No money is due to Atherotech at the time you receive it. It's just a description of what they've covered.



If you still owe money after your insurance company has paid its part, you'll get an invoice from Atherotech. If you owe anything, it will be clearly shown at the bottom of that bill (see reverse side for an example).

If you have any questions at all about billing for your testing procedures, please call us at 800.265.0939.

EXAMPLES

Claim Summary / Explanation of Benefits (EOB)

**EXPLANATION OF BENEFITS**  
*THIS IS NOT A BILL*

Subscriber Name: \_\_\_\_\_ ID Number: W133142553 Page 1 of 1  
 (Please refer to this number if you have a question) Date: November 14, 2011

If you have questions, please call Customer Service at 1-888-888-8882, Monday - Friday 8:00 a.m. - 6:00 p.m.

Patient's Name	Service Provider Claim ID Date of Service/Type of Service	Amount of Bill	Amount You do Not Owe	Amount Paid by BCBSNC	Balance Due	Explanation of Your Bill
	CLAIM ID 80110903327 001 03-28-14 AIC	58.97	58.97	58.97	0.00	
	CLAIM ID 80110903327 001 03-28-14 Comprehensive Metabolic Panel	59.89	59.89	59.89	0.00	
	CLAIM ID 80110903327 001 03-28-14 Direct Microane Thrombocyte	21.00	21.00	21.00	0.00	
	CLAIM ID 80110903327 001 03-28-14 Ultracentrifugation	127.00	88.00	00.00	39.00	
	CLAIM ID 80110903327 001 03-29-14 Vitamin D	151.68	151.68	151.68	0.00	
	CLAIM ID 80110903327 001 03-29-14 Vertical Lipoprotein Particle	145.00	145.00	145.00	0.00	

This is NOT a bill

ATHEROTECH INVOICE

**ATHEROTECH**  
DIAGNOSTICS LAB  
P.O. Box 12622  
Birmingham, AL 35202

PHONE: 800.265.0939  
FAX: 205.988.2445  
WWW.ATHEROTECHLAB.COM

ACCOUNT NUMBER: 123456789  
PATIENT NAME: JANE DOE  
PHYSICIAN: DR. H. H. H. H.

Invoice # 23456789  
Accession 11234567  
Description of Test/Service: AIC, COMPREHENSIVE METABOLIC PANEL, DIRECT MEASURE TRIGLYCERIDE, LIPID MEASURE, VITAMIN D, VERTICAL LIPOPROTEIN PARTICLE

Rate of Service	Invoice #	Accession	Description of Test/Service	Charge	Payment/Adjustment	Remaining Balance
28.97	23456789	11234567	AIC	28.97	-28.97	0.00
59.89	23456789	11234567	COMPREHENSIVE METABOLIC PANEL	59.89	-59.89	0.00
21.00	23456789	11234567	DIRECT MEASURE TRIGLYCERIDE	21.00	-21.00	0.00
127.00	23456789	11234567	LIPID MEASURE	127.00	-88.00	39.00
151.68	23456789	11234567	VITAMIN D	151.68	-151.68	0.00
145.00	23456789	11234567	VERTICAL LIPOPROTEIN PARTICLE	145.00	-145.00	0.00
						39.00

Balance Due: \$39.00

QUESTIONS? Talk to a live representative from Atherotech's Billing Department at 800.265.0939, M-F 9:00 - 5:00 CST.

PLEASE PAY \$39.00

This bill comes from Atherotech, not your insurance company.

If you owe anything, the amount will be clearly shown.

QUESTIONS

If you have any questions at all about billing for your testing procedures, please call us at 800.265.0939.



NEW STANDARDS. BETTER OUTCOMES.™