



Allina Medical Laboratories
Mail Route 13500
800 East 28th Street
Minneapolis, MN 55407
(612) 775-9300

STATEMENT

ANY CHARGES OR PAYMENTS RECEIVED AFTER THE DATE BELOW WILL APPEAR ON YOUR NEXT STATEMENT.

DATE BILLED	
AMOUNT DUE	
AMOUNT ENCLOSED	

ACCOUNT
NUMBER

REMIT TO:
Allina Medical Laboratories
P.O. Box 1450
NW 8670-A
Minneapolis, MN 55485-8670

ANY CHANGES IN THE ABOVE ADDRESS
SHOULD BE REPORTED TO OUR OFFICE

COLLECTION DATE	PATIENT NAME	ACCESSION #	TEST CODE	CPT CODE	DESCRIPTION	CHARGE	CREDIT
						AMOUNT DUE	
			CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS