USE ONLY FOR ADMINISTRATIVE EXPENSE REQUESTS THAT AROSE ON OR AFTER OCT. 25, 2013 AND FOR 503(b)(9) CLAIMS

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

ADMINISTRATIVE EXPENSE REQUEST FORM

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- ☑ Laboratory Partners, Inc. (Case No. 13-12769)
- ☐ Kilbourne Medical Laboratories, Inc. (Case No. 13-12771)
- ☐ MedLab Ohio, Inc. (Case No. 13-12772)
- ☐ Suburban Medical Laboratory, Inc. (Case No. 13-12773)
- ☐ Biological Technology Laboratory, Inc. (Case No. 13-12774)
- ☐ Terre Haute Medical Laboratory, Inc. (Case No. 13-12775)
- ☐ Pathology Associates of Terre Haute, Inc.(Case No. 13-12776)

NOTE: This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of these cases pursuant to 11 U.S.C. § 503, including Section 503(b)(9).

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Johnson Memorial Hospital

Name and address where notices should be sent:
Johnson Memorial Hospital
PO Box 669
Franklin, IN 46131-0669

RECEIVED
JAN 31 2014
BMC GROUP

Creditor Telephone Number (317) 736-~~3588~~ 3588 email: idailey@johnsonmemorial.org

☐ Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number (if known): _____
Filed on: _____

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where **payment** should be sent (if different from above):

Payment Telephone Number (317) 736-3588 email: idailey@johnsonmemorial.org

☐ Check this box if you are the debtor or trustee in this case.

Important: Please list the name and address of any property related to your claim (if applicable).

Property Name: _____

Property Address: _____

1. BASIS FOR CLAIM: Services Performed
(See instruction #1 on reverse side.)

Value of Goods (if applicable): _____

2. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____

3. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

$ 12,209.20
(Total)

4. BRIEF DESCRIPTION OF CLAIM (attach any additional information). For Section 503(b)(9) Claims, include the date and place of receipt of the goods by the debtor and the method of delivery of the goods to the debtor:

Laboratory Services between 7/1/13 to 10/25/13

5. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

6. Supporting Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

7. Ordinary Course Certifications: By signing this request for a Section 503(b)(9) Claim, if any, you are certifying that the goods, for which payment is sought hereby, were sold to the debtor in the ordinary course of business as required by 11 U.S.C. § 503(b)(9).

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your administrative expense proof of claim, enclo envelope and copy of this administrative expense proof of claim, or you may view your claim information by visiting the websi (www.bmcgroup.com/LaboratoryPartners).

Laboratory Partners
00410

The original of this completed administrative expense request form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, Central Standard Time on February 3, 2014 for Non-Governmental Claimants.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

DATE	SIGNATURE
1/30/14	L. Inez Dailey — Inez Dailey, Director Revenue Cycle The person filing this claim must sign it. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above.

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSE REQUEST

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Basis for Claim:
State the type of debt for which the administrative expense proof of claim is being filed. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note and credit card. For goods sold within 20 days prior to the commencement of the case, fill in the value of goods sold.

2. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3. Total Amount of Administrative Expense Claim:
Fill in the applicable amounts of the entire administrative expense proof of claim. If interest or other charges in addition to the principal amount of the administrative expense proof of claim are included, check the appropriate place on the form and attach an itemization of interest and charges.

4. Brief Description of Claim:
Describe the Administrative Expense Claim including, but not limited to, the actual and necessary costs and expenses of operating one or more of the Debtors' estates or any actual and necessary costs and expenses of operating one or more of the Debtors' businesses. For Section 503(b)(9) Claims and Goods, describe the Section 503(b)(9) Claim and limited to, the date and place of receipt of the goods method of delivery of the goods to the debtor .

5. Credits:
An authorized signature on this administrative expense proof of claim serves as an acknowledgment that when calculating the amount of the administrative expense claim, the creditor gave the debtor credit for any payments received toward the debt.

6. Supporting Documents:
Attach to this administrative expense proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

7. Ordinary Course Certification:
By signing this request for a Section 503(b)(9) Claim, you are certifying that the goods, for which payment is sought hereby, were sold to the Debtor(s) in the ordinary course of business as required by 11 U.S.C. § 503(b)(9).

Date and Signature:
The person filing this administrative expense proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this administrative expense proof of claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Criminal penalties apply for making a false statement on an administrative expense proof of claim.

DEFINITIONS

Name of Debtor and Case Number:
A complete list of Debtors with corresponding case numbers is listed above. You MUST fill in the specific Debtor against which your claim is being asserted and the case number of the Debtor's bankruptcy case. If you are asserting claims against more than one Debtor, you MUST file a separate administrative expense proof of claim for each Debtor.

Creditor
A creditor is the person, corporation, or other entity owed a debt by the Debtor on the date of the bankruptcy filing.

Administrative Expense Claim
Any right to payment constituting a cost or expense of administration of any of the Reorganized Cases allowed under sections 503(b) and 507(a)(1) of the Bankruptcy Code, including, without limitation, any actual and necessary costs and expenses of operating one or more of the Debtors' Estates, any actual and necessary costs and expenses of operating one or more of the Debtors' businesses, and any fees or charges assessed against one or more of the Debtors' Estates, any actual and necessary costs and expenses of operating one or more of the Debtors' businesses, and any fees or charges assessed against one or more of the Estates of the Debtors under section 1930 of chapter 123 of title 28 of the United States Code.

Administrative Expense Creditor
An Administrative Expense Creditor is any person, corporation, or other entity to whom the Debtor owes a debt for an administrative expense.

Administrative Expense Proof of Claim
A form telling the Bankruptcy Court how much the Debtor owes a creditor for administrative expenses.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtors. These entities do not represent the bankruptcy court or the Debtors. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Date-Stamped Copy
Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the first page of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/LaboratoryPartners

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re	:	Chapter 11
Laboratory Partners, Inc., *et al.*,	:	Case No. 13-12769 (PJW)
Debtors.	:	(Jointly Administered)

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM OR ADMINISTRATIVE EXPENSE REQUESTS OF CREDITORS (OTHER THAN GOVERNMENTAL UNITS), AS APPLICABLE, ON OR BEFORE FEBRUARY 3, 2014, AND DEADLINE REQUIRING FILING OF PROOFS OF CLAIM OF GOVERNMENTAL UNITS ON OR BEFORE APRIL 23, 2014

TO ALL POTENTIAL CREDITORS OF THE DEBTORS LISTED BELOW:

PLEASE TAKE NOTICE THAT:

On October 25, 2013 (the "Petition Date"), the above-captioned debtors and debtors in possession (collectively, the "Debtors") each filed a voluntary petition with the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"). The following table lists each Debtor, tax identification number, and respective case number:

Debtor	Tax ID	Case No.
Laboratory Partners, Inc.	20-1723376	13-12769
Kilbourne Medical Laboratories, Inc.	31-0829849	13-12771
MedLab Ohio, Inc.	26-1099072	13-12772
Suburban Medical Laboratory, Inc.	34-1170859	13-12773
Biological Technology Laboratory, Inc.	43-1124370	13-12774
Terre Haute Medical Laboratory, Inc.	35-1331809	13-12775
Pathology Associates of Terre Haute, Inc.	35-1786485	13-12776

By Order of the Bankruptcy Court entered on December 9, 2013 (the "Bar Date Order") 4:00 p.m. (CT) on February 3, 2014 (the "General Bar Date") is the last date for each person or non-governmental entity (including, without limitation, individuals, partnerships, corporations, joint ventures, estates, trusts and any party wishing to assert a claim arising from the rejection, or anticipated rejection, of an executory contract or unexpired lease) to file a proof of claim against any of the Debtors listed above.

The Bar Date Order establishes 4:00 p.m. (CT) on April 23, 2014 (the "Governmental Unit Bar Date") as the last date for a "governmental unit" (as defined in section 101(27) of the Bankruptcy Code) to file a proof of claim against any of the Debtors listed above.

By the Bar Date Order, 4:00 p.m. (CT) on February 3, 2014 (the "Administrative Claim Bar Date," and, together with the General Bar Date and the Governmental Unit Bar Date, the "Bar Dates") is the last date for each person or non-governmental entity (including, without limitation, individuals, partnerships, corporations, joint ventures and trusts) to assert an administrative expense claim, allowable under sections 503(b) and 507(a)(2) of the Bankruptcy Code, against the Debtors which arose from the Petition Date through and including December 9, 2013 (the "Postpetition Period"), or which

may be entitled to administrative expense priority under section 503(b)(9) of the Bankruptcy Code ("503(b)(9) Claims") by submitting an administrative expense request to BMC Group, Inc. ("BMC").

The Bar Dates and the procedures set forth below for filing proofs of claim and administrative expense requests apply to all potential claims against the Debtors that arose prior to the Petition Date (the "Prepetition Claims"), all 503(b)(9) Claims, and all potential administrative expense claims against the Debtors which arose from the Petition Date through the Postpetition Period (the "Administrative Expense Claims"), except for those claims listed in Section 5 below, which are specifically excluded from the Bar Date filing requirement.

1. WHO MUST FILE A PROOF OF CLAIM OR ADMINISTRATIVE EXPENSE REQUEST

You MUST file a proof of claim to share in distributions from the Debtors' bankruptcy estates if you have a claim against any of the Debtors that arose prior to the Petition Date, and you MUST file an administrative expense request if you have an Administrative Expense Claim against any of the Debtors that arose after the Petition Date through and including December 9, 2013, or if you have a 503(b)(9) Claim, if such claim is not one of the types of claims described in Section 5 below. **Prepetition Claims, 503(b)(9) Claims, and Administrative Expense Claims, including claims based on setoff rights, must be filed on or prior to the applicable Bar Date, even if such claims are not now fixed, liquidated, or certain, or did not mature or become fixed, liquidated, or certain. If any portion of the claim you assert is a contingent and/or unliquidated claim, you shall set forth a good faith estimate of the maximum amount of such contingent and/or unliquidated claim.**

Under section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured, or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

2. WHAT TO FILE

The Debtors are enclosing a proof of claim form (the "Proof of Claim Form") for use. If your Prepetition Claim is scheduled by the Debtors, the form also sets forth the amount and type of your claim as scheduled by the Debtors, the specific Debtor against which the claim is scheduled, and whether the claim is scheduled as disputed, contingent, or unliquidated. You may receive a different Proof of Claim Form for each claim scheduled in your name by the Debtors. You may utilize the Proof of Claim Form(s) provided by the Debtors to file your proof of claim. If you disagree with any of the information set forth on the proof of claim, including, without limitation, the amount or type of the claim set forth therein, or that such claim is scheduled as contingent, disputed, or unliquidated, you are required to file a proof of claim identifying each Debtor against which you are asserting a claim and the amount and type of such claim.

The Debtors are also enclosing an administrative expense request form (the "Administrative Expense Request Form") for use if you assert an Administrative Expense Claim or a 503(b)(9) Claim. You may utilize the Administrative Expense Request Form to file your administrative expense request.

All proofs of claim and administrative expense requests must be **signed** by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant. It must be written in English and be denominated in United States currency. You should attach to your completed proof of claim or administrative expense request any documents on which the claim is based (if voluminous, a summary thereof must also be attached) or an explanation as to why the documents are not available.

Any holder of a claim against more than one Debtor must file a separate proof of claim or administrative expense request, as applicable, with respect to each such Debtor, and all holders of claims must identify on their proof of claim or administrative expense request the specific Debtor against which their claim is asserted and the case number of that Debtor's bankruptcy case. A list of the names of the Debtors and their case numbers is set forth above.

3. WHEN AND WHERE TO FILE

Except as provided for herein:

- all proofs of claim and administrative expense requests must be filed **so as to be received on or before 4:00 p.m. (CT) on February 3, 2014**; and
- governmental units must file proofs of claim **so as to be received on or before 4:00 p.m. (CT) on April 23, 2014**

At the following address (the "Claims Processing Center"):

If by regular mail:

BMC Group, Inc.
P.O. Box 3020
Chanhassen, MN 55317-3020
(Attn: Laboratory Partners Claims Processing)

If by messenger or overnight delivery:

BMC Group, Inc.
18675 Lake Drive East
Chanhassen, MN 55317
(Attn: Laboratory Partners Claims Processing)

Proofs of claim and administrative expense requests will be deemed filed only when received by the Claims Processing Center on or before the applicable deadline. Proofs of claim and administrative expense requests may not be delivered by facsimile, telecopy, or electronic mail transmission.

4. PROCEDURES FOR HOLDERS OF POTENTIAL 503(b)(9) CLAIMS

The Court has established the following procedures for holders of potential 503(b)(9) Claims:

(a) 503(b)(9) claimants may use the proof of claim form tailored to these cases, to indicate that a 503(b)(9) Claim is being asserted. As set forth in the claim form, each 503(b)(9) Claim against the Debtors must include, with specificity: (i) the amount of the 503(b)(9) Claim; (ii) the particular Debtor against which the 503(b)(9) Claim is asserted; (iii) the date of delivery of the goods the 503(b)(9) claimant contends the Debtor received within 20 days before the applicable Petition Date; (iv) documentation, including invoices, receipts, bills of lading and the like, identifying the particular goods for which the claim is being asserted; (v) an identification of which goods (if any) were subject to a demand for reclamation asserted under section 546 of the Bankruptcy Code; and (vi) a certification that the goods with respect to which the 503(b)(9) Claim is being filed were sold in the ordinary course of the Debtor's business;

(b) All of the required information set forth in subparagraph (a) above should be sent to BMC, substantially in the form of the claim form so as to be received on or before the Administrative Claim Bar Date by either mail or delivery by hand, courier, or overnight service at the appropriate address identified above for BMC;

(c) 503(b)(9) claimants shall not file a motion to compel payment of administrative expenses for their 503(b)(9) Claims. To the extent any 503(b)(9) Claims are allowed and are entitled to administrative priority pursuant to the Bankruptcy Code, the claim shall be paid (i) as set forth in a plan of reorganization or liquidation as shall be confirmed by the Bankruptcy Court, (ii) as otherwise agreed to by the Debtors and the 503(b)(9) claimant(s) or pursuant to an order of the Bankruptcy Court;

(d) Nothing in these 503(b)(9) Claims Procedures shall preclude any 503(b)(9) claimant from filing a motion seeking, after notice and a hearing, payment of 503(b)(9) Claims earlier than provided for herein so long as such motion is predicated on events that have taken place in these cases subsequent to the entry of this Order, and the movant asserts that in light of such subsequent events the earlier payment of the movant's 503(b)(9) Claims is necessary to ensure fair and equitable treatment of such 503(b)(9) claimants or is otherwise appropriate under the circumstances; and

(e) Nothing in these 503(b)(9) Claims Procedures shall affect the rights and remedies and/or defenses of the Debtors, claimants or any other party-in-interest with regard to avoidance of any claim or obligation.

5. WHO NEED NOT FILE A PROOF OF CLAIM OR ADMINISTRATIVE EXPENSE REQUEST

The following Prepetition Claims, 503(b)(9) Claims and Administrative Expense Claims are exempted from their applicable Bar Dates, as applicable:

(a) any claim with respect to which an entity has already properly filed a proof of claim or an administrative expense request, as applicable, against one or more of the Debtors with either BMC or the Clerk of the Bankruptcy Court;

(b) any claim with respect to which an entity has already properly filed a motion requesting allowance of an Administrative Expense Claim pursuant to Bankruptcy Code section 503(b);

(c) any claim held by an entity that is: (i) listed in the Schedules or any amendments thereto; and (ii) not described therein as "disputed," "contingent," or "unliquidated"; and (iii) with respect to which such entity does not dispute the amount or classification of its claim as set forth in the Schedules;

(d) any claim or administrative expense request, as applicable, asserted by a Debtor against another Debtor;

(e) any claim or administrative expense request, as applicable, asserted against the Debtors, that has been allowed by an order of the Bankruptcy Court entered on or before the applicable Bar Date;

(f) any claim or administrative expense, as applicable, that has been paid;

(g) any administrative expense request held by professionals retained by the Debtors or the Committee pursuant to orders of this Bankruptcy Court, including BMC, that assert Administrative Expense Claims for payment of fees and expenses subject to the Bankruptcy Court's approval pursuant to sections 330, 331(a), and 503(b) of the Bankruptcy Code;

(h) any claim or administrative expense of the DIP Agent, the DIP Lender, Prepetition Agent or the Prepetition Lenders on account of the DIP Claims or the Prepetition Obligations;[1]

(i) any Administrative Expense Claim arising, in the ordinary course of business, out of the employment by one or more Debtors of an individual from and after the Petition Date, but only to the extent that such Administrative Expense Claim is for outstanding wages, accrued benefits, or reimbursement of business expenses; and/or

(j) any current or former equity security holder that seeks to assert only stock ownership interests also need not file a Prepetition Claim, 503(b)(9) Claim and Administrative Expense Claim.[2]

This notice is being sent to persons and entities that have had some relationship with or have done business with the Debtors but may not have an unpaid claim against a Debtor. The fact that you have received this notice does not necessarily mean that you have a claim against a Debtor.

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[1] Capitalized terms used in this subparagraph (h) shall have the meanings given to them in the *Interim Order Pursuant to 11 U.S.C. §§ 105, 361, 362, 363, 364 and 507 (1) Approving Postpetition Financing, (2) Authorizing Use of Cash Collateral, (3) Granting Liens and Providing Superpriority Administrative Expense Status, (4) Granting Adequate Protection, (5) Modifying Automatic Stay; and (6) Scheduling a Final Hearing.*

[2] Any equity security holder claiming damages or asserting causes of action based upon or arising from stock ownership would be required to file a proof of claim by the General Bar Date.

6. CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM OR ADMINISTRATIVE EXPENSE REQUEST BY THE APPLICABLE BAR DATE

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE REQUIREMENTS SET FORTH ABOVE AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM OR ADMINISTRATIVE EXPENSE REQUEST, AS APPLICABLE, IN THE APPROPRIATE FORM WILL BE FOREVER BARRED, ESTOPPED, AND ENJOINED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES OR VOTING ON ANY CHAPTER 11 PLAN PROPOSED IN THE DEBTORS' CHAPTER 11 CASES ON ACCOUNT OF SUCH CLAIM.

7. THE DEBTORS' SCHEDULES AND ACCESS THERETO

You may be listed as the holder of a claim against one or more of the Debtors in the Debtors' Schedules. **The Schedules do NOT identify holders of 503(b)(9) Claims as such, though they may identify such persons as holders of Prepetition Claims. The Schedules also do NOT identify holders of Administrative Expense Claims.**

To determine if and how you are listed on the Schedules, please refer to the descriptions set forth on the enclosed Proof of Claim Form regarding the amount, type (i.e., secured, priority unsecured, or non-priority unsecured), and nature (i.e., contingent, disputed, or unliquidated) of your claim. If the Debtors believe that you hold claims against more than one Debtor, you will receive multiple Proof of Claim Forms, each of which will reflect the amount, type, and nature of your claim against such applicable Debtor, as listed in the Schedules.

If you rely on the Schedules, it is your responsibility to determine that the claim is accurately listed. If you agree with the amount and type of your claim as listed in the Schedules, and if you do not dispute that your claim is only against the Debtor specified by the Debtors, and if your claim is not described as "disputed," "contingent," or "unliquidated," you need not file a proof of claim. Otherwise, if you decide to file a proof of claim, you must do so before the applicable Bar Date in accordance with the procedures set forth in this Notice.

Copies of the Schedules, the Bar Date Order, and additional Proof of Claim Forms and Administrative Expense Request Forms may be viewed at www.bmcgroup.com/laboratorypartners. Copies of the Schedules and Bar Date Order are also available on the Bankruptcy Court's internet website at http://www.deb.uscourts.gov. A login and password to the Bankruptcy Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.psc.uscourts.gov. Copies of the Schedules and Bar Date Order may also be examined between the hours of 8:00 a.m. and 4:00 p.m. (CT) Monday through Friday, at the Office of the Clerk of the Bankruptcy Court, 824 North Market Street, 3rd Floor, Wilmington, Delaware 19801. Copies of the Schedules, the Bar Date Order, and additional Proof of Claim Forms and Administrative Expense Request Forms may also be obtained by written request to BMC at the addresses contained herein or by calling (888) 909-0100.

Please note that BMC's staff is not permitted to give legal advice. A holder of a possible claim against the Debtors should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Wilmington, Delaware
January 3, 2014

BY ORDER OF THE COURT

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
	BALANCE FORWARD		14591.95
	RECEIPTS, ADJUSTMENTS, REFUNDS		-5072.63
	DIRECT CHARGES		0.00
	PATIENT TRANSACTIONS		3082.69
	BALANCE DUE		12602.01

ACCOUNT NUMBER

CURRENT CHARGES	3082.69
CREDITS	-5072.63
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	12602.01

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019508100 ALBERTS,GERTRUDE		
07/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/30/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019493089 ALLGOOD,VENETIA		
07/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019437342 ARTHUR,PATRICIA		
07/09/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/09/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019453794 BAILEY,BETTY P		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429554 BATTIEGER,VELMA		
07/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/07/13	48.80753	LAB-CBC 85025	1	10.69
07/07/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				23.82
		J019467430 BEARSCH,JOAN		
07/17/13	40.06573	LAB-LIVER PROFILE 80076	1	8.78
07/17/13	41.06383	LAB-LIPASE 83690	1	5.23
07/17/13	48.80753	LAB-CBC 85025	1	10.69
				24.70

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019452143 BLAIR,WILMA		
07/12/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019499755 BLAKE,HENRY		
07/27/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/27/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019423110 BOW,MARTHA		
07/03/13	40.08399	LAB-TOBRAMYCIN 80200	1	22.16
				22.16
		J019502434 BRAGG,MARY		
07/29/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/29/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019499938 BRAUN,WILLIAM		
07/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019489764 BRISCOE,GENEVIEVE		
07/24/13	40.03075	LAB-CPK 82550	1	8.95
07/24/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
07/24/13	40.10474	LAB-CPK MMB 82553	1	8.46
				30.94
		J019499904 BRITTON,VELMA		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

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ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
07/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019423102 BRUNE,CHRISTINE		
07/03/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019414564 BRUNE,CHRISTINE		
07/01/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019414507 CHRISTY,THELMA		
07/01/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/01/13	41.00291	LAB-BNP 83880	1	39.91
07/01/13	48.80753	LAB-CBC 85025	1	10.69
				64.91
		J019493097 CIEPLY,RICHARD		
07/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019419084 CLARK,LILY		
07/02/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/02/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019493154 CLARK,TRAVIS		
07/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669 Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019499573 COLE,TAMMY		
07/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019443373 COOK,PHYLLIS ANN		
07/10/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/10/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019477546 COOLIDGE,JOHN		
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019473859 COOMER,BLAINE		
07/19/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/19/13	40.07597	LAB-PHOSPHORUS 84100	1	6.52
07/19/13	40.00493	LAB-ALBUMIN 82040	1	5.65
				20.95
		J019439090 COOPER,MARY LEE		
07/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019508878 COVINGTON,KELLEY		
07/30/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/30/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019460351 COX,MARLIN		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
07/16/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/16/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019434067 CRAIG,RITA		
07/08/13	40.07886	LAB-POTASSIUM 84132	1	6.32
				6.32
		J019498039 DAILY,RALPH		
07/26/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019475839 DAVIS,HANS		
07/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019453166 DENNIS,ROBERT		
07/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429000 DODSON,GLADYS		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019453992 DODSON,GLADYS		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019447911 DUDGEON,MARION		
07/11/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				8.78
		J019499623 DUNCAN,LARRY		
07/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019429984 EDWARDS,JOSEPH		
07/08/13	41.00291	LAB-BNP 83880	1	39.91
07/08/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				48.69
		J019467075 EMMONS,JOSEPH W		
07/17/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
07/17/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
07/17/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88

				34.09
		J019467638 FAYETTE,ANNA		
07/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019508787 FINET,LUCY		
07/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/30/13	41.00291	LAB-BNP 83880	1	39.91
07/30/13	48.80753	LAB-CBC 85025	1	10.69

				59.38
		J019477603 FISHER,WILLIAM		
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019453588 FLUCKER,ROSETTE		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019429117 FOX,ELIZABETH		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019453984 FULFORD,JAMES		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019494244 GENTRY,PATRICIA		
07/26/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019423821 GENTRY,PATRICIA		
07/04/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
07/04/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				37.26
		J019439132 GEORGE,DONNA		
07/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019499631 HAMM,RUSSELL		
07/26/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
07/26/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
07/26/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM	1	11.11

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		45.50379		
07/26/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				38.44
		J019499946 HARDIN,DWIGHT		
07/28/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019418961 HARRISON,WILMA		
07/02/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/02/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019439272 HARVEY,PHYLLIS		
07/09/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019504711 HAYES,LEIGH ANN		
07/29/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019437391 HAYES,RUTH		
07/09/13	48.80753	LAB-CBC 85025	1	10.69
07/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				16.09
		J019482579 HAYNES,MILDRED		
07/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019454438 HAYNES,MILDRED		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019453521 HIBBS,PAULA		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019410000 HILTON,HARRY		
06/30/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
06/30/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				22.99
		J019453174 HITCHINGS,ERNESTINE		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019467612 HITCHINGS,ERNESTINE		
07/17/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019475979 HODGES,DELPHIA		
07/19/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019422914 HOLLIS,RONALD		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
07/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019453539 HOOKS,LULA		
07/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019493121 HOSTETLIER-ADAMS,AGATHA		
07/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019439116 HOTTINGER,HELEN		
07/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429786 HUELSMANN,DOROTHY		
07/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/07/13	48.80753	LAB-CBC 85025	1	10.69
07/07/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
07/07/13	48.80753	LAB-CBC 85025	-1	-10.69
				17.67
		J019453778 HUGHES,MILDRED		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019476233 HUNTER,ROSEANN		
07/19/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/19/13	48.80753	LAB-CBC 85025	1	10.69
				19.47

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019454552 HUNTER,ROSEANN		
07/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019467711 INNIS,ROBERT		
07/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019429547 JACKSON,JEAN		
07/07/13	48.81629	LAB-* HEMATOCRIT - SPUN 85014 ;|FROM 48.00001	1	3.26
07/07/13	48.81736	LAB-* HEMOGLOBIN 85018 ;|FROM 48.00001	1	3.26
				6.52
		J019452846 JAMES,JOHN		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/13/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019475987 JEAN,LINDA		
07/19/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/19/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				23.20
		J019458892 JEFFERS,OTIS		
07/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019453547 JOHNSON,ANNETTE		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019497536 JOHNSON,CATEENA		
07/26/13	48.80753	LAB-CBC 85025	1	10.69
07/26/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				16.09
		J019447929 JOHNSON,CATEENA		
07/11/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/11/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019508753 JOHNSON,FRANK		
07/30/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429018 JONES,EVA		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019434133 JONES,LAVERN		
07/08/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/08/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019467786 KASTER,CAROL		
07/17/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
07/17/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019422856 KECK,CHARLOTTE		
07/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019428994 KECK,CHARLOTTE		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019426980 KEENER,JERRY		
07/05/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019452853 KINDER,DEBORAH		
07/13/13	40.09355	LAB-VALPROIC ACID (DEPEKENE)	1	18.63
		80164		

				18.63
		J019419092 KOCHER,IRENE		
07/02/13	40.00102	LAB-COMPREHENSIVE METAB PANEL	1	14.31
		80053		
07/02/13	48.80753	LAB-CBC 85025	1	10.69

				25.00
		J019418979 KULIK,DOROTHY		
07/02/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		

				8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019447937 LEWIS,DAVID		
07/11/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019414580 LOCKHART,DELORES		
07/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/01/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019414572 LUSTER,ELCANNA		
07/01/13	40.03554	LAB-DILANTIN 80185	1	18.22
				18.22
		J019433051 MADDUX,BETTY		
07/08/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/08/13	40.08860	LAB-TSH 84443	1	23.10
				37.41
		J019434125 MADDUX,BETTY		
07/08/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019458900 MAKI,WILLIE		
07/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/15/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019420157 MALCOMB,ELEANOR		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
07/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/03/13	40.06573	LAB-LIVER PROFILE 80076	1	8.78
07/03/13	40.08860	LAB-TSH 84443	1	23.10
07/03/13	48.80753	LAB-CBC 85025	1	10.69
				51.35
		J019498054 MANTLE,JIMMY		
07/26/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/26/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019422971 MCCONNELL,JOHN		
07/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019494038 MCNUTT,OLIVER		
07/25/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019498013 MEGENHARDT,HELEN		
07/26/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019458918 MELLING,ROBERT		
07/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019499607 MILLER,BEULAH		
07/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019442706 MILLER,LOUIS		
07/10/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019477777 MILLER,LUCILLE		
07/21/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019407758 MOORE,GARRY		
06/30/13	41.00291	LAB-BNP 83880	-1	-39.91
				-39.91
		J019453505 MOSS,EVELYN		
07/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/13/13	48.80753	LAB-CBC 85025	1	10.69
07/13/13	41.90522	LAB-VITAMIN D 25 HYDROXY 82306	1	40.70
				65.57
		J019438902 MULLINS,JUDITH		
07/09/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019443415 MULLINS,JUDITH		
07/10/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
07/10/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
				45.06
		J019493774 MUNT,JAMES		
07/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019457555 NASH,OPAL		
07/15/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/15/13	41.00291	LAB-BNP 83880	1	39.91
07/15/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				63.11
		J019409978 NEWMAN,NAOMI		
06/30/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
06/30/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				22.99
		J019447945 NORDHOFF,RONALD J		
07/11/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019475037 NORDHOFF,RONALD		
07/19/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/19/13	40.00493	LAB-ALBUMIN 82040	1	5.65
07/19/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				33.06
		J019467414 NORDHOFF,RONALD		
07/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				27.41
		J019437367 NUSSBAUM,JUDITH		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

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SERVICE DATE		DESCRIPTION	QTY	AMOUNT
07/09/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/09/13	40.08860	LAB-TSH 84443	1	23.10
07/09/13	48.80753	LAB-CBC 85025	1	10.69
07/09/13	41.01022	LAB-B12 82607	1	20.72
				68.82
		J019477835 OAKS,LORAINE		
07/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				14.18
		J019500248 OAKS,LORAINE		
07/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019454263 OAKS,LORAINE		
07/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019512227 PARRISH,ROSE		
07/31/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429026 PARVIS,CAROL		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019423813 PATE,WILMA		
07/04/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/04/13	48.80753	LAB-CBC 85025	1	10.69

ACCOUNT NUMBER

CURRENT CHARGES	
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0001319 (Rev. 11/12)

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

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BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				19.47
		J019508761 PAYTON,ROSA E		
07/30/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019477843 PETREE,ANNETTE		
07/21/13	48.81629	LAB-* HEMATOCRIT - SPUN 85014 ;|FROM 48.00001	1	3.26
07/21/13	48.81736	LAB-* HEMOGLOBIN 85018 ;|FROM 48.00001	1	3.26

				6.52
		J019512094 PHILLIPS,CAREN		
07/31/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/31/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019448034 PORTER,ROSELYN		
07/11/13	40.07886	LAB-POTASSIUM 84132	1	6.32

				6.32
		J019478023 POWELL,EDNA		
07/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/21/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019407592 RAMAGE,MYRTLE		
06/30/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
06/30/13	45.50382	LAB-* MIC 87186 ;|FROM	1	11.88

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

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ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		45.50379		

				22.99
		J019512193 RAMSEY,JESSIE		
07/31/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019508779 REYNOLDS,CYRIL		
07/30/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31

				14.31
		J019429083 RHEIN,GERTIE		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019453554 RIVERA,DIANNE		
07/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/13/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019504737 RODEMAN,ARIZONA		
07/29/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/29/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019512219 ROTHROOK,PHYLLIS		
07/31/13	40.01764	LAB-BUN 84520	1	5.43
07/31/13	40.03141	LAB-CREATININE 82565	1	7.04
07/31/13	40.02418	LAB-GENTAMICIN 80170	1	22.53

ACCOUNT NUMBER	

CURRENT CHARGES	
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
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ATTN: PAM PATRICK
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SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				35.00
		J019512367 ROTHROOK,PHYLLIS		
07/31/13	40.02418	LAB-GENTAMICIN 80170	1	22.53

				22.53
		J019453695 SAURINI,SHARON		
07/13/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019477769 SCHUMANN,NANCY		
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019419076 SCOTT,BILLY		
07/02/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/02/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019500230 SHAKE,MARION L		
07/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019418474 SHEPARD,HERBERT		
07/02/13	41.00291	LAB-BNP 83880	1	39.91

				39.91
		J019406776 SHOUSE,MATTIE		
06/29/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
06/29/13	45.50382	LAB-* MIC 87186 ;|FROM	1	11.88

ACCOUNT NUMBER

CURRENT CHARGES	
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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
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GUARANTOR

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SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		45.50379		
06/29/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
06/29/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				45.98
		J019510809 SIMS,JANICE		
07/31/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/31/13	40.03075	LAB-CPK 82550	1	8.95
07/31/13	41.00291	LAB-BNP 83880	1	39.91
				57.64
		J019429695 SMITH,BOB JOHN		
07/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/07/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019494020 SMITH,DENNIS		
07/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019461722 SMITH,HELEN JEAN		
07/16/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/16/13	40.12454	LAB-LIPID PROFILE 80061	1	18.42
07/16/13	40.06573	LAB-LIVER PROFILE 80076	1	8.78
07/16/13	48.80753	LAB-CBC 85025	1	10.69
				52.20
		J019409994 SMITH,MILDRED		
06/30/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM	1	11.11

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		45.50379		
06/30/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88

				22.99
		J019497569 SPURGEON,KENNETH		
07/26/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/26/13	48.80753	LAB-CBC 85025	1	10.69

				25.00
		J019497890 STANTON,JERRY		
07/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/26/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019421718 STEVENS,LOLA		
07/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/03/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019508928 STEWART,NORMA FAYE		
07/31/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/31/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
07/31/13	48.80753	LAB-CBC 85025	1	10.69

				32.81
		J019475078 STOEFFLER,THOMAS		
07/19/13	41.00291	LAB-BNP 83880	1	39.91

				39.91

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019447952 STONE,DAVID		
07/11/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/11/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019498047 STRAHL,KENNETH		
07/26/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/26/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019420298 STRIEGEL,KENNETH		
07/03/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
07/03/13	40.00972	LAB-AMYLASE 82150	1	8.91
07/03/13	41.06383	LAB-LIPASE 83690	1	5.23
07/03/13	48.80753	LAB-CBC 85025	1	10.69
				39.14
		J019429109 STUART,PATRICIA		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019499763 SUMNER,RONALD		
07/27/13	48.81629	LAB-* HEMATOCRIT - SPUN 85014 ;|FROM 48.00001	1	3.26
07/27/13	48.81736	LAB-* HEMOGLOBIN 85018 ;|FROM 48.00001	1	3.26
				6.52
		J019419035 SURELLE,JUNE		
07/02/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019447960 SWICKARD,BONNIE		
07/11/13	41.00291	LAB-BNP 83880	1	39.91

				39.91
		J019452010 SWINNEY,MARIAN		
07/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/12/13	48.81652	LAB-HEMOGRAM 85027	1	8.89

				17.67
		J019452002 TETER,ORVIN		
07/12/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
07/12/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
07/12/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
07/12/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88

				38.44
		J019491430 THOMPSON,FRANCES		
07/25/13	41.00291	LAB-BNP 83880	1	39.91
07/25/13	48.80753	LAB-CBC 85025	1	10.69

				50.60
		J019487727 TREMAINE,LARRY		
07/24/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/24/13	41.00291	LAB-BNP 83880	1	39.91
07/24/13	48.80753	LAB-CBC 85025	1	10.69

				59.38

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019482595 TROBOUGH,NELLIE		
07/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019429075 TYLER,LAURA		
07/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019504729 UNDERHILL,ROBERT		
07/29/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019476241 WARSAW,THEOPHLEUS		
07/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019460880 WATERFIELD,HELEN		
07/16/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019477538 WATKINS,MARY		
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019463090 WERKING,RALPH		
07/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/16/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019477595 WHITESIDE,NICOLE		
07/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			08/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019498021 WILDER,TERRY		
07/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/26/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019499920 WILEY,ESTHER		
07/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019499581 WINDSOR,ESTHER		
07/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019500131 WOODRUFF,LILLIAN		
07/28/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
07/28/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		DIRECT CLIENT TRANSACTIONS		
07/25/13	CHECK	THANK YOU FOR CHECK PAYMENT ;CK118048 MEDLAB	1	-5072.63
				-5072.63

ACCOUNT NUMBER

CURRENT CHARGES	3082.69
CREDITS	-5072.63
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	12602.01

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
	BALANCE FORWARD		12602.01
	RECEIPTS, ADJUSTMENTS, REFUNDS		0.00
	DIRECT CHARGES		0.00
	PATIENT TRANSACTIONS		4146.84
	BALANCE DUE		16748.85

ACCOUNT NUMBER

CURRENT CHARGES	4146.84
CREDITS	0.00
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	16748.85

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019552157 ALLENSWORTH,JEANETTE		
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019548544 ANGELOPOLOUS,MILDRED		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019523612 BAKER,DONALD		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019522911 BAKER,JUDY		
08/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/03/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
08/03/13	48.80753	LAB-CBC 85025	1	10.69
				28.68
		J019548635 BAKER,JUDY		
08/11/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019553817 BAKER,VIOLET		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019592617 BARLOW,VIRGINIA		
08/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/22/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				27.41
		J019613058 BARLOW,VIRGINIA		
08/28/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019613314 BARRETT,CHRISTOPHER		
08/28/13	48.80753	LAB-CBC 85025	1	10.69
08/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				16.09
		J019596915 BATEMAN,LEONA		
08/23/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019529577 BAXTER,CLARICE		
08/05/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019597749 BELL,MARY		
08/24/13	41.00291	LAB-BNP 83880	1	39.91

				39.91
		J019573393 BRIM,LINDA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019598978 BRONDYKE,PAUL		
08/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019610740 BROOKS,KENNETH		
08/28/13	40.00972	LAB-AMYLASE 82150	1	8.91
08/28/13	41.06383	LAB-LIPASE 83690	1	5.23
				14.14
		J019523604 BROWN,SAMRA		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625581 BRUCE,ANN P		
08/31/13	41.53187	LAB-* CD EPI AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
08/31/13	41.53188	LAB-* GENE AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
				96.48
		J019609239 CAMPBELL,STEVE		
08/27/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/27/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019587864 CHASTAIN,DUDLEY		
08/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/21/13	48.81975	LAB-PLATELET COUNT 85049	1	6.15
				14.93
		J019537810 CHRISTY,THELMA		
08/07/13	48.81629	LAB-* HEMATOCRIT - SPUN 85014 ;|FROM 48.00001	1	3.26
08/07/13	48.81736	LAB-* HEMOGLOBIN 85018 ;|FROM 48.00001	1	3.26

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				6.52
		J019518018 CLARY,VERNA		
08/01/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/01/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/01/13	48.80753	LAB-CBC 85025	1	10.69

				38.34
		J019562719 COLEY,JOHN		
08/14/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019523851 COMBS,BERT		
08/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/03/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019524321 COMBS,NORMA		
08/04/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019604297 COOPER,KELLI		
08/26/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019553866 CORREA,MARIA		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
08/12/13	41.90522	LAB-VITAMIN D 25 HYDROXY 82306	1	40.70

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				72.01
		J019549724 COSNER,HELENE		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019523893 COTNER,MARLENE		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019598994 CRANE,PHYLLIS		
08/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/25/13	48.80753	LAB-CBC 85025	1	10.69
08/25/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
08/25/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
				34.92
		J019552181 CUMMINS,MARY		
08/12/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019573559 CUNNINGHAM,CLARISSA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573583 CURRAN,DEANNA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019598754 CURRY,BRENDA		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019524495 DAILY,RALPH		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573161 DEBOEUF,JESEPH		
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/17/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019546654 DEER,KATHERINE		
08/09/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019572908 DIVINE,EVA		
08/17/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573872 DIVINE,EVA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573534 DURANT,LOIS		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019529726 EAKLE,MICHAEL		
08/06/13	48.80753	LAB-CBC 85025	1	10.69

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				10.69
		J019617372 EARLES,JOSEPH		
08/29/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/29/13	48.80753	LAB-CBC 85025	1	10.69
08/29/13	41.87517	LAB-PREALBUMIN 84134	1	7.90
				27.37
		J019586338 ELGAR,RICHARD		
08/21/13	48.80753	LAB-CBC 85025	1	10.69
08/21/13	48.82460	LAB-SED RATE 85651	1	4.88
				15.57
		J019571843 EVANS,JEWELL		
08/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/16/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019563253 FALL,RONDA		
08/14/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019574243 FAULKNER,JESSIE		
08/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/18/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019617398 FERGUSON,ELIZABETH		
08/29/13	48.80753	LAB-CBC 85025	1	10.69
				10.69

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	
TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019517838 FIDLER,MARY		
08/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/01/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019553502 FINCHUM,JANET		
08/12/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019542026 FISHER,WILLIAM		
08/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019548221 FISHER,WILLIAM		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019583525 FOSTER,CHARLOTTE		
08/20/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/20/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
08/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				23.07
		J019571835 FOY,CORA		
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/17/13	41.00291	LAB-BNP 83880	1	39.91
08/17/13	48.80753	LAB-CBC 85025	1	10.69
				59.38

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019553510 FRANKLIN,LLOYD		
08/12/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573138 FRAZEE,EDWIN		
08/17/13	40.05001	LAB-DIAG PSA 84153	1	25.29
				25.29
		J019604271 FRAZIER,CONNIE F		
08/26/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019572882 FULLER,MONNA		
08/17/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
08/17/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				13.24
		J019583541 GAMMON,VIVIAN		
08/20/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019559624 GANG,AILEEN		
08/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/14/13	48.80753	LAB-CBC 85025	1	10.69
08/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				30.40
		J019554070 GARNETT,NICK		
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				10.69

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

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CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019548429 GARWOOD,NORMA		
08/11/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019596907 GAUNCE,JANIEE		
08/23/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019548478 GOLDSMITH,NANCY		
08/11/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/11/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019587773 GRAF,LORETTA		
08/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019592930 GRAF,LORETTA		
08/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019599455 GRAF,LORETTA		
08/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019583046 GRAS,LORETTA		
08/20/13	41.00291	LAB-BNP 83880	1	39.91

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				39.91
		J019583574 GRAY,JANET F		
08/20/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019604081 GRAYAM,VAINO		
08/26/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019524461 GREGORY,COLLEN		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019548189 GREGORY,VIRGINIA		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019534098 HAINES,ELLEN		
08/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573120 HALE,JANET		
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/17/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019552090 HALL,PHILIP		
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				10.69

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669 Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR
MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019547736 HANNON,KATHLEEN		
08/10/13	40.00493	LAB-ALBUMIN 82040	1	5.65
08/10/13	41.87517	LAB-PREALBUMIN 84134	1	7.90
				13.55
		J019542182 HARDIN,SALLIE		
08/08/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019524560 HARRIS,SHIRLEY		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019563089 HARRISON,STALEY		
08/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/14/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019563055 HAVILAND,KELLY		
08/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/14/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019517762 HENDERSHOT,CLAUDE		
08/01/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/01/13	40.00972	LAB-AMYLASE 82150	1	8.91
08/01/13	41.06383	LAB-LIPASE 83690	1	5.23
08/01/13	48.80753	LAB-CBC 85025	1	10.69
				39.14

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

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SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019573807 HENDERSON,GEORGIA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019544691 HENDRICKS,ROBERT		
08/09/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/09/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019552777 HENSON,RONALD		
08/12/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/12/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
08/12/13	48.81652	LAB-HEMOGRAM 85027	-1	-8.89
08/12/13	41.11753	LAB-HEMOGLOBIN A1C 83036	-1	-13.34
				0.00
		J019554062 HENSON,RONALD		
08/12/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				24.03
		J019592658 HESSMAN,NINA VIOLA		
08/22/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/22/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019574011 HEWITT,MARIE		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019622190 HILLMAN,KEVIN		
08/30/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/30/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019537950 HOCKER,NINA		
08/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/07/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019551456 HOLLERS,GERALD		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				38.10
		J019598226 HOLLERS,GERALD		
08/24/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019548460 HORAN,ROSEMARY		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019574219 HOWELL,NINA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019529742 HUNTER,DANIELLE		
08/05/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

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CLIENT STATEMENT/INVOICE

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
				8.78
		J019524859 HUNTSMAN,HELEN		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019546571 HUSTON,JOHN		
08/09/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
08/09/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019583236 HUSTON,RICK		
08/20/13	40.00102	LAB-COMPREHENSIVE METAB PANEL	1	14.31
		80053		
08/20/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019517952 INGRAM,MILLAGE		
08/01/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019524826 INGRAM,VERNON		
08/04/13	40.00102	LAB-COMPREHENSIVE METAB PANEL	1	14.31
		80053		
08/04/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019548486 INMAN,SHIRLEY		
08/11/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019552967 ISHAQ,RAZI		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019545573 ISON,EVA		
08/09/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/09/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019578897 JANITZ,RUTH		
08/19/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019522556 JARRETT,VERONICA		
08/02/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/02/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019586312 JEAN,LINDA		
08/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/21/13	48.80753	LAB-CBC 85025	1	10.69
08/21/13	40.09999	LAB-VENIPUNCTURE 36415	1	3.00
				22.47
		J019552132 JINKINS,JIMMY		
08/12/13	48.80753	LAB-CBC 85025	1	10.69

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
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BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				10.69
		J019546464 JOHNSON,DEBORAH		
08/09/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
				13.53
		J019547397 JOHNSON,DEBRAH		
08/10/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019524842 JOHNSON,FRANK		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019558493 JOHNSON,HELEN		
08/13/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
				22.53
		J019563097 JONES,DAVID		
08/14/13	41.20422	LAB-CRP 86140	1	7.11
08/14/13	48.82460	LAB-SED RATE 85651	1	4.88
				11.99
		J019623297 JONES,EDITH		
08/31/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019533934 JONES,ETWELL		
08/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/06/13	48.80753	LAB-CBC 85025	1	10.69
				19.47

ACCOUNT NUMBER	

CURRENT CHARGES	
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019578863 JUSTUS,GARY		
08/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019546431 JUSTUS,GARY		
08/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019522952 KAZANJIAN,VICTORIA		
08/03/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019572916 KEESLING,CAROLYN		
08/17/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019523869 KELLAM,JANICE		
08/03/13	48.80753	LAB-CBC 85025	1	10.69
08/03/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				15.04
		J019526888 KELLAM,JANICE		
08/05/13	40.03554	LAB-DILANTIN 80185	1	18.22
				18.22
		J019562958 KERNER,DOROTHY		
08/14/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019548205 KESTERSON,JOHN		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019558980 KIDD,PATTY		
08/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/14/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019546456 KILBURN,ELSIE		
08/09/13	41.01750	LAB-D - DIMER 85379	1	13.99

				13.99
		J019524107 KIRK,RICHARD		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019522549 KIRKWOOD,MAXINE		
08/02/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019523539 LAMB,WILLIAM		
08/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/03/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019623271 LANHAM,ROY		
08/31/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019523638 LAW,FOREST		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019524339 LAW,FOREST		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019623255 LINDLEY,BETTY		
08/31/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/31/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
08/31/13	48.80753	LAB-CBC 85025	1	10.69
08/31/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				52.93
		J019556463 LINGENFELTER,ARDIS		
08/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/13/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019592641 LINGENFELTER,ARDIS		
08/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/22/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019552959 LINTZENICH,MARY		
08/12/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019524818 LOHR,RANDALL		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION		QTY	AMOUNT
				5.40
		J019573849 LYONS,JAMES		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573153 MAHONEY,JANET		
08/17/13	40.08860	LAB-TSH 84443	1	23.10
				23.10
		J019523885 MANN,GAYLE		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019547926 MARKETT,KATHLEEN		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019558626 MARTIN,WILLIE		
08/13/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/13/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019604172 MATTHEWS,HAROLD		
08/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/26/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019547900 MCCLAIN,VELMA		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019563147 MCCLARY,ROXIE		
08/14/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
08/14/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
				15.45
		J019573179 MCCLURE,MARTHA		
08/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019548247 MCCORMICK,BETTY		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019592609 MCCOY,JOHN		
08/22/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/22/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				23.20
		J019587872 MCMULLEN,JANET		
08/21/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019542190 MESSER,PAUL		
08/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019524297 MILEWSKI,LORRAINE		
08/04/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019556422 MILLER,CASEY		
08/13/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019527035 MILLER,TRACY		
08/05/13	41.87517	LAB-PREALBUMIN 84134	1	7.90
				7.90
		J019529767 MILLER,VIVIAN		
08/05/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019552827 MINK,WAYNE		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019573781 MITHOEFER,RUTH		
08/18/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019547843 MOORE,KATRINA		
08/10/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/10/13	41.00291	LAB-BNP 83880	1	39.91
				54.22
		J019573732 MORGAN,ERNESTINE		
08/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/18/13	48.80753	LAB-CBC 85025	1	10.69

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				19.47
		J019538065 MULLINS,JUDITH		
08/07/13	40.02418	LAB-GENTAMICIN 80170	1	22.53

				22.53
		J019552116 MURRAY,GLADYS		
08/12/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019548452 MUSSER,NANCY		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019560523 MYLET,JOHN		
08/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/14/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019531912 NEAL,MATHEW		
08/06/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63

				18.63
		J019547462 NEWLAND,BILLIE		
08/10/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019573864 NEWLIN,ELIZABETH		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019563071 NICHOLAS,MARGARET		
08/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/14/13	48.80753	LAB-CBC 85025	1	10.69

				25.00
		J019604180 PARDUE,HELEN		
08/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019613090 PARDUE,HELEN		
08/28/13	41.00291	LAB-BNP 83880	1	39.91

				39.91
		J019613041 PARKER,LINDA		
08/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019609114 PETTY,MARY		
08/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019546423 PHILLIPS,CAREN		
08/09/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019542299 PHILLPIS,EDITH		
08/08/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/08/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/08/13	41.00291	LAB-BNP 83880	1	39.91
08/08/13	48.80753	LAB-CBC 85025	1	10.69
				72.72
		J019599042 PORTER,ROSE		
08/25/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
08/25/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
08/25/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				34.09
		J019523877 PRESSLER,SARA		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019552314 PROCTOR,GEORGE		
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019548494 RAINES,RANDALL		
08/11/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/11/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019547751 RAUB,CONNIE		
08/10/13	45.51099	LAB-GRAM STAIN 87205	1	5.87
08/10/13	45.53111	LAB-EYE CULTURE 87070	1	11.84
08/10/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
08/10/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				40.70
		J019578384 REED,APRIL		
08/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019522374 REYNOLDS,BARBARA		
08/02/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019574003 REYNOLDS,MARILYN IMOGENE		
08/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/18/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019572924 RIVERS,TONI		
08/17/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019578889 ROBINSON,JERRY		
08/19/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/19/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019571454 ROE,MICHAEL		
08/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/16/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019572460 ROE,MICHAEL		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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CLIENT

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019544584 ROGERS,EDITH		
08/09/13	40.03554	LAB-DILANTIN 80185	1	18.22
08/09/13	48.80753	LAB-CBC 85025	1	10.69
				28.91
		J019598234 ROGERS,MARCUS		
08/24/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
08/24/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				37.26
		J019542216 ROOT,VERNON		
08/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019604164 ROSEMAN,CHESTER		
08/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019569383 ROTHROCK,PHYLLIS		
08/16/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019558394 RUE,PAUL		
08/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019596725 RYAN,MICHAEL		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/23/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019592823 SAMIS,DOROTHY		
08/22/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019573799 SAPP,FREDA		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019613082 SCHAEFER,HARRY		
08/28/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/28/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019586114 SCHAMP,POLLY		
08/21/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
				13.34
		J019542240 SCHERSCHEL,PAULINE		
08/08/13	40.09437	LAB-URIC ACID 84550	1	6.21
08/08/13	48.80753	LAB-CBC 85025	1	10.69
				16.90
		J019573575 SCHOTTS,DELORES		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019524453 SCHROER,DOROTHY		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019583533 SHAW,IRMA		
08/20/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019617380 SHAW,IRMA		
08/29/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019542257 SHIELDS,DAVID		
08/08/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/08/13	40.08860	LAB-TSH 84443	1	23.10
08/08/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/08/13	48.80753	LAB-CBC 85025	1	10.69

				61.44
		J019548395 SHIELDS,FRANCES		
08/11/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019544634 SHIN,DONG		
08/09/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63

				18.63
		J019529114 SHIPLEY,FRANCES		
08/05/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/05/13	48.81652	LAB-HEMOGRAM 85027	1	8.89

				17.67

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019537802 SHIRAR,ROBERT		
08/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019573880 SHIVELY,LEONARD		
08/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019545607 SHORTER,ALICE		
08/09/13	40.07886	LAB-POTASSIUM 84132	1	6.32
				6.32
		J019578921 SINGLETON,ERESTINE		
08/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019573146 SMITH,AUDREY		
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019537992 SMITH,HELEN JEAN		
08/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/07/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019529759 SPILLER,MARIAN		
08/05/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/05/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019571447 STAFFORD,ALINE		
08/16/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/16/13	40.08860	LAB-TSH 84443	1	23.10
				37.41
		J019571827 STAFFORD,ALINE		
08/17/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/17/13	48.80753	LAB-CBC 85025	1	10.69
				24.03
		J019552975 STAMAND,MARIAN		
08/12/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019609213 STARKS,ARTHUR DANIEL		
08/27/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/27/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019599026 STEINMETZ,PHYLIS		
08/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019588102 STILES,MARY		
08/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019563121 STRACK,MARJORIE		
08/14/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
08/14/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
				15.45
		J019529734 STRUNK,JAMES		
08/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/06/13	48.80753	LAB-CBC 85025	1	10.69
08/06/13	48.81066	LAB-DIFFERENTIAL 85007	1	47.00
				66.47
		J019563063 SURELLE,EDWARD		
08/14/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019573013 TERRY,LYNN		
08/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/17/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019524487 TERRY,VERA		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019553551 THOMAS,ALPHONSO		
08/12/13	48.81736	LAB-* HEMOGLOBIN 85018	1	3.26
				3.26
		J019554088 TREACY,NANCY		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
08/12/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019523588 TUMEY,CHARLES		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019548536 TURNER,DOROTHY		
08/11/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019562743 TYLER,LAURA		
08/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/14/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019573005 TYLER,LAURA		
08/17/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019599463 VANCE,DANNY		
08/25/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
08/25/13	41.11753	LAB-HEMOGLOBIN A1C 83036	1	13.34
08/25/13	48.80753	LAB-CBC 85025	1	10.69
08/25/13	41.90124	LAB-LDL DIRECT 83721	1	13.11
				51.45
		J019623305 VANMATRE,JON PAUL		
08/31/13	48.80753	LAB-CBC 85025	1	10.69
				10.69

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019529122 VANPELT,RODNEY		
08/05/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/05/13	41.00291	LAB-BNP 83880	1	39.91
08/05/13	48.80753	LAB-CBC 85025	1	10.69
				59.38
		J019546563 VAVUI,RENEE		
08/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019596717 WAGNER,EMMA		
08/23/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/23/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019578905 WARRUM,ROBERT		
08/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019546449 WARRUM,ROBERT		
08/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019547835 WASHMUTH,GORDON		
08/09/13	49.87640	LAB-* SA AMPLIFIED 87640	1	48.24
08/09/13	49.87641	LAB-* MRSA-PCR 87641	1	48.24
				96.48
		J019573419 WATKINS,ELIZABETH		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019558477 WILEY,MARY LOU		
08/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019553809 WILLEY,MARY		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019537844 WOOD,EDNA M		
08/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/07/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019573567 WOODARD,FILLIAN		
08/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019599448 WOODARD,IRENE		
08/25/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/25/13	48.80753	LAB-CBC 85025	1	10.69
08/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				24.87
		J019583566 WRIGHT,CARMINTA		
08/20/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/20/13	48.81652	LAB-HEMOGRAM 85027	1	8.89

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				5.40
		J019548197 WATKINS,VALERIA		
08/11/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/11/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019547918 WATTS,LAURA		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019562735 WELLS,MARY		
08/14/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019553874 WEST,MICHELLE		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019524529 WHITESIDE,NICHOLE		
08/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019548239 WHITESIDE,NICHOLE		
08/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019523646 WILEY,ESTHER		
08/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			09/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				17.67
		J019622208 YODER,MILINDA		
08/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/30/13	41.06466	LAB-LITHIUM 80178	1	9.09

				17.87
		J019551860 ZEIGLER,RALPH		
08/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/12/13	48.80753	LAB-CBC 85025	1	10.69

				19.47
		J019548502 ZEMER,BETTY		
08/11/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
08/11/13	48.80753	LAB-CBC 85025	1	10.69

				19.47

ACCOUNT NUMBER

CURRENT CHARGES	4146.84
CREDITS	0.00
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	16748.85

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
	BALANCE FORWARD		16748.85
	RECEIPTS, ADJUSTMENTS, REFUNDS		-6412.87
	DIRECT CHARGES		0.00
	PATIENT TRANSACTIONS		3498.89
	BALANCE DUE		13834.87

ACCOUNT NUMBER

CURRENT CHARGES	3498.89
CREDITS	-6412.87
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	13834.87

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019625680 ARTHUR,GERALD		
09/01/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				14.31
		J019648211 AYERS,BARBARA		
09/07/13	48.80753	LAB-CBC 85025	1	10.69
09/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				16.09
		J019637701 BAILEY,BETTY		
09/04/13	40.05609	LAB-TEGRETOL (CARBAMAZEPINE) 80156	1	20.02
				20.02
		J019672559 BAILEY,HARRY		
09/14/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/14/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019672609 BARRETT,CHRISTOPHER		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019696517 BARRETT,CHRISTOPHER		
09/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019658301 BEASLEY,BETTY		
09/10/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/10/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019697192 BENTON,DORIS		
09/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/22/13	40.07597	LAB-PHOSPHORUS 84100	1	6.52
09/22/13	41.00291	LAB-BNP 83880	1	39.91
09/22/13	48.80753	LAB-CBC 85025	1	10.69
				65.90
		J019672971 BLACKFORD,BEVERLY		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720523 BLACKFORD,BEVERLY		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019637966 BLANKENSHIP,RICHARD		
09/04/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/04/13	40.08860	LAB-TSH 84443	1	23.10
09/04/13	48.80753	LAB-CBC 85025	1	10.69
				48.10
		J019648138 BRAKE,WILLIE		
09/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/07/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019672872 BROCKMAN,MARTHA		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019627280 BROWN,EARLENE		
09/02/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019678085 BUIE,LAURA		
09/16/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				4.35
		J019719616 BULLARD,ROBERT		
09/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720564 BULLARD,ROBERT		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672591 BUNTE,JANNIE		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019706563 BYERS,BETTY		
09/24/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019673250 CARTER,BETTY		
09/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019677640 CARTWRIGHT,DAVID		
09/16/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/16/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
09/16/13	48.80753	LAB-CBC 85025	1	10.69
				34.21
		J019646777 CARTWRIGHT,DAVID		
09/06/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/06/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				34.21
		J019648567 CARVER,BETTY		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625896 CECIL,VELMA		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019667054 CHANDLER,VICTORIA		
09/12/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019719871 CHAPMAN,GEORGE		
09/28/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/28/13	48.80753	LAB-CBC 85025	1	10.69
				25.00

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019648732 CHICKWAK,WILLIAM		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019660927 CHRISTIE,CALVIN		
09/11/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019653690 COFFEY,COY		
09/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019627306 COGHILL,MICHAEL		
09/02/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/02/13	41.00291	LAB-BNP 83880	1	39.91
				54.22
		J019671270 COLE,FRANCES		
09/13/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
				13.53
		J019697218 COLEY,JOHN		
09/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019691344 CONDRA,BRENDA		
09/19/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019673292 COOLEY,ROBERT		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720549 CROUSE,ROBERT		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019653591 CURRY,BRENDA		
09/09/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019646678 CURRY,STEPHEN		
09/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/06/13	40.05799	LAB-IRON 83540	1	8.90
09/06/13	40.09189	LAB-TIBC 83550	1	12.02
09/06/13	41.02103	LAB-FERRITIN 82728	1	18.73
09/06/13	41.01022	LAB-B12 82607	1	20.72
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				79.84
		J019720358 DAVIS,HANS		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720051 DAWSON,HARLEY		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019678077 DENNIS,ROBERT		
09/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				18.63
		J019667062 DENNIS,ROBERT		
09/12/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019646785 DOBBS,MARY DELORES		
09/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/06/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				27.41
		J019649268 DOBBS,MARY DELORES		
09/08/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019714518 DOKETTE,CATHERINE		
09/26/13	40.07597	LAB-PHOSPHORUS 84100	1	6.52
09/26/13	40.08860	LAB-TSH 84443	1	23.10
				29.62
		J019687094 DOYLE,EVERETT		
09/18/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019638139 DUGAN,GEORGE		
09/05/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/05/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019719889 DUNHAM,FRANCES		
09/28/13	40.00102	LAB-COMPREHENSIVE METAB PANEL	1	14.31

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80053		
09/28/13	48.80753	LAB-CBC 85025	1	10.69
09/28/13	41.53187	LAB-* CD EPI AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
09/28/13	41.53188	LAB-* GENE AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24

				121.48
		J019673680 EAKLE,MICHAEL		
09/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/16/13	48.80753	LAB-CBC 85025	1	10.69
09/16/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
09/16/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
09/16/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
09/16/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88

				57.91
		J019682608 ELISIE,ROURKE		
09/17/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019672153 ESSIG,BARBARA		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019673573 EVANS,DELOIS		
09/15/13	48.80753	LAB-CBC 85025	1	10.69
09/15/13	41.01750	LAB-D - DIMER 85379	1	13.99

				24.68
		J019666825 EVANS,JEWELL		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/12/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/12/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019646694 FERGUSON,ELIZABETH		
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019696616 FIELDS,GRANT		
09/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/21/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019673565 FINCH,DELLA		
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/15/13	40.08860	LAB-TSH 84443	1	23.10
09/15/13	48.80753	LAB-CBC 85025	1	10.69
				42.57
		J019690908 FOSTER,CHARLOTTE		
09/19/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				14.18
		J019633270 FOSTER,CHARLOTTE		
09/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				14.18

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019672575 FOSTER,CHAROLETTE		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625698 GARNETT,NICK		
09/01/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019666783 GARTIN,TRACY		
09/12/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/12/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019648575 GOBER,LOUISE		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672997 GOODHART,EDITH		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019723816 GOODIN,BEVERLY		
09/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/30/13	40.08860	LAB-TSH 84443	1	23.10
09/30/13	41.90522	LAB-VITAMIN D 25 HYDROXY 82306	1	40.70
09/30/13	48.80753	LAB-CBC 85025	1	10.69
09/30/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
09/30/13	41.01022	LAB-B12 82607	1	20.72
				109.39

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019672310 GREGORY,COLLEN		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672567 GROUND,PAULA		
09/14/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019625219 GROUND,PAULA		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019686930 HALEY,PAULINE		
09/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019673300 HANNUM,JUANITA		
09/14/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019677962 HANNUM,JUANITA		
09/16/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019642396 HARKER,JOHN		
09/05/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648815 HARRIS,JULIA		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669 Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR
MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019672815 HARRIS,SHIRLEY		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019712561 HARTMAN,MARIE		
09/26/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/26/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019677863 HAYES,LEIGH		
09/16/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019699123 HERRMANN,JEAN		
09/23/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/23/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
09/23/13	48.80753	LAB-CBC 85025	1	10.69
				28.68
		J019682590 HESSMAN,NINA VIOLA		
09/17/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019648799 HINES,MATTHEW		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019645928 HOGAN,SANDRA		
09/06/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
				8.78
		J019658533 HOHENSTREITER,JAMES		
09/10/13	40.00102	LAB-COMPREHENSIVE METAB PANEL	1	14.31
		80053		
09/10/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019648849 HOWELL,NINA		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648781 HUDDIN,GEORGE		
09/08/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
09/08/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019646603 HUGHES,PEARL		
09/06/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019646660 INGRUM,VERNON		
09/06/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019720648 ISON,EVA		
09/29/13	41.90216	LAB-LEVETIRACETAN (KEPPRA)	1	18.83

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80299		
				18.83
		J019646702 ITO,SEIKO		
09/06/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019673581 JACKSON,DELORES		
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019647700 JACKSON,JEAN		
09/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019637677 JOHNSON,TERESA		
09/04/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019672856 JONES,GLORIA		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648740 JONES,JOHN		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672955 JONES,NORA		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019690924 KECK,CHARLOTTE		
09/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648864 KEMP,GOLDA MAY		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019693977 KIELIAN,SYLVIA		
09/20/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019625565 KILBURN,ELSIE		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019666791 KING,SONYA		
09/12/13	40.07886	LAB-POTASSIUM 84132	1	6.32
				6.32
		J019696970 KISTERS,NOLA		
09/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019626241 KRAMER,JOYCE		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/01/13	48.80753	LAB-CBC 85025	1	10.69
				19.47

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019706951 LANADON,RITA		
09/24/13	40.03075	LAB-CPK 82550	1	8.95
09/24/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
				22.48
		J019648856 LANHAM,ROY		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019696905 LAWSON,HARVEY		
09/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720069 LEBOUTILLIER,ANNA		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672864 LIGHT,KENNETH		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648831 LIGHT,KENNETH		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672336 LIGHT,KENNETH		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672617 LINDLEY,BETTY		
09/14/13	40.02418	LAB-GENTAMICIN 80170	1	22.53

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/14/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
				45.06
		J019672625 LINDLEY,BETTY		
09/14/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019646595 LINTZENICH,MARY		
09/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720226 LONG,MARCIA		
09/29/13	40.00972	LAB-AMYLASE 82150	1	8.91
09/29/13	41.06383	LAB-LIPASE 83690	1	5.23
				14.14
		J019686922 MACY,JOHN		
09/18/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/18/13	40.07597	LAB-PHOSPHORUS 84100	1	6.52
09/18/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
09/18/13	48.80753	LAB-CBC 85025	1	10.69
				40.73
		J019686732 MARTIN,LOUIS		
09/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019697689 MATTHEWS,ROBERT		
09/22/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019633197 MATTINGLY,CHARLOTTE		
09/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648542 MCCORMICK,BETTY		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019666817 MCCORMICK,BETTY		
09/12/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019672120 MCCORMICK,BETTY		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019678093 MCCULLOUGH,KENNETH		
09/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/16/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019696624 MCGUIRE,CHARLES		
09/21/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019625904 MIETH,LEO		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019727361 MILLER,RILPEY		
09/30/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
09/30/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019672849 MUSGROVE,LINDA		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019695584 NOWLIN,DAVID		
09/20/13	48.80753	LAB-CBC 85025	1	10.69
09/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				16.09
		J019653609 NOWLIN,DAVID		
09/09/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
09/09/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019678036 OCONNELL,BETTIE		
09/16/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019702174 OCONNELL,BETTIE		
09/23/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019637958 OCONNELL,BETTIE		
09/04/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019686906 OVERHAGE,JOSEPH		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/18/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/18/13	48.80753	LAB-CBC 85025	1	10.69
09/18/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				29.35
		J019673318 OWENSBY,GARY		
09/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				14.18
		J019673326 OWENSBY,GARY		
09/15/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019696491 OWENSBY,GARY		
09/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720077 OWENSBY,GARY		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648559 OWENSBY,GARY		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019665991 PADGETT,ROBERT		
09/12/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019627231 PARKS,RAYMOND		
09/02/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/02/13	48.80753	LAB-CBC 85025	1	10.69
09/02/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
09/02/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
09/02/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				59.09
		J019719632 PATTON,MADALINE		
09/28/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720655 PATTON,MADALINE		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625888 PEARSON,MARGARET		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019672161 PERRY,ROBERT		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019673284 PETTY,MARY		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019673599 PETTY,MARY		

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019696897 PETTY,MARY		
09/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019649243 PLAKE,MARY		
09/08/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019701150 POLLY,PHYLLIS		
09/23/13	40.09742	LAB-URINE DRUG SCREEN G0434	1	19.99
09/23/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				24.34
		J019673342 POWELL,DOUGLAS		
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/15/13	48.80753	LAB-CBC 85025	1	10.69
09/15/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
09/15/13	48.80753	LAB-CBC 85025	-1	-10.69
				17.67
		J019720556 PREWITT,EVELYN		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625656 QUILLIN,NIDA		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/01/13	40.06805	LAB-MAGNESIUM 83735	1	9.21

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				17.99
		J019719715 RAINEY,JIMMIE		
09/28/13	41.53187	LAB-* CD EPI AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
09/28/13	41.53188	LAB-* GENE AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24

				96.48
		J019648765 RAINS,MARGIE		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019710508 RATER,ROBERT		
09/25/13	41.91513	LAB-TRILEPTOL (Oxcarbazepine) 80299	1	18.83

				18.83
		J019710524 RAYMER,MARVIN		
09/25/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/25/13	48.80753	LAB-CBC 85025	1	10.69
09/25/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35

				29.35
		J019672831 REDELL,MARIAN		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019691120 REED,JACKIE		
09/19/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/19/13	48.81652	LAB-HEMOGRAM 85027	1	8.89

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				23.20
		J019633163 REED,JAMES		
09/03/13	40.03554	LAB-DILANTIN 80185	1	18.22

				18.22
		J019672948 REITMEYER,JOHN		
09/15/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/15/13	48.81652	LAB-HEMOGRAM 85027	1	8.89

				23.20
		J019625870 REUSS,FRANK		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019697184 RICHEY,CAROLYN		
09/22/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019641091 ROBERTS,ANNIE		
09/05/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019633536 ROGERS,MARCUS		
09/04/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63

				18.63
		J019710771 ROOT,VERNON		
09/25/13	48.80753	LAB-CBC 85025	1	10.69
09/25/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				16.09
		J019718725 ROOT,VERNON		
09/27/13	48.80753	LAB-CBC 85025	1	10.69

				10.69
		J019625540 ROSEMAN,CHESTER		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/01/13	40.06805	LAB-MAGNESIUM 83735	1	9.21

				17.99
		J019706779 ROTHROCK,PHYLLIS		
09/24/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019678069 RUGENSTEIN,WALTER		
09/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019678028 RYAN,MICHAEL		
09/16/13	48.80753	LAB-CBC 85025	1	10.69
09/16/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				16.09
		J019672369 SARVER,RUSSELL		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019672344 SCHEPPER,MARY		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019648823 SCHERF,CHESTER		
09/08/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019686765 SCHIMPF,JOHN		
09/18/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/18/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019706894 SCHUTZ,BARBARA		
09/24/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019686773 SCOTT,RUBY		
09/18/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019671262 SHATTO,LYNDA		
09/13/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/13/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
09/13/13	48.80753	LAB-CBC 85025	1	10.69
				38.53
		J019625862 SHEEHAW,PATRICK		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019673334 SIMS,FREDA		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/15/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019672823 SKIRVIN,MARY		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648625 SMITH,EDWARD		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648161 SMITH,SHELLY		
09/07/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019633072 SNYDER,BARBARA		
09/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720531 SOWERS,THOMAS		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625169 SPARKS,MARIE		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019642024 SPEARS,SHERMAN		
09/05/13	41.00291	LAB-BNP 83880	1	39.91

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669 Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT

				39.91
		J019633171 SPILLER,MARIAN		
09/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78

				8.78
		J019677954 SPINKS,PATSY		
09/16/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
09/16/13	40.00972	LAB-AMYLASE 82150	1	8.91
09/16/13	48.80753	LAB-CBC 85025	1	10.69
09/16/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				39.31
		J019625185 STAGGS,CONNIE		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/01/13	41.00291	LAB-BNP 83880	1	39.91
09/01/13	48.80753	LAB-CBC 85025	1	10.69

				59.38
		J019678010 STEWARD,THERESA		
09/16/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019627355 STEWARD,THERESA		
09/02/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

				5.40
		J019696509 STILES,MARY		
09/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

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CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019673607 STONE,DAVID		
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/15/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019696988 STONE,DAVID		
09/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/22/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
09/22/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
09/22/13	45.50381	LAB-* ORGANISM ID 87077 ;|FROM 45.50379	1	11.11
09/22/13	45.50382	LAB-* MIC 87186 ;|FROM 45.50379	1	11.88
				47.22
		J019720028 STONE,DAVID		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648153 SURBER,RICK		
09/07/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019648807 TAFFUR,DARLENE		
09/08/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019673367 TEETERS,KRISTIE		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019672138 THACKER,GEORGE		
09/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/14/13	48.80753	LAB-CBC 85025	1	10.69
09/14/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
09/14/13	45.51461	LAB-URINE CULTURE 87086	1	11.10
				34.92
		J019646801 TOWNSEND,DOROTHY		
09/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019633189 TURNER,MARY		
09/03/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019650209 TURNER,MARY		
09/07/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019672542 WALKER,KATY		
09/14/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019672963 WALLACE,MARJORIE		
09/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625532 WALLACE,MARLENE		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
09/01/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019644442 WAMPLER,MILDRED L		
09/06/13	41.00291	LAB-BNP 83880	1	39.91
				39.91
		J019720572 WATERMEIER,STEPHEN		
09/29/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78
		80048		
09/29/13	48.80753	LAB-CBC 85025	1	10.69
09/29/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
09/29/13	48.80753	LAB-CBC 85025	-1	-10.69
				17.67
		J019673276 WATKINS,ELIZABETH		
09/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019706548 WATKINS,ELIZABETH		
09/24/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019718816 WELSH,ELIABETH		
09/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019648757 WEST,CYNTHIA		
09/08/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019695782 WHITESIDE,NICHOLE		
09/21/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625912 WHITLEY,PEARLENE		
09/01/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019697200 WHITLEY,PEARLINE		
09/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019625177 WILEY,ESTHER		
09/01/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019706944 WILLIAMS,BARABRA		
09/24/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/24/13	40.08744	LAB-SGPT 84460	1	7.27
09/24/13	48.80753	LAB-CBC 85025	1	10.69
09/24/13	48.82460	LAB-SED RATE 85651	1	4.88
				31.62
		J019722743 WILLIAMS,BARABRA		
09/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/30/13	40.08744	LAB-SGPT 84460	1	7.27
09/30/13	48.80753	LAB-CBC 85025	1	10.69
09/30/13	48.82460	LAB-SED RATE 85651	1	4.88
				31.62

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			10/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019719723 WILLIAMS,JENNETTA		
09/28/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/28/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019720044 WOLF,MONROY		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019720036 WOOD,CARL		
09/29/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019673359 WORKMAN,THELMA		
09/15/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
09/15/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019646611 WRITTENHOUSE,DOROTHY		
09/06/13	48.80753	LAB-CBC 85025	1	10.69
09/06/13	48.81735	LAB-PERIPHRAL BLOD SMR W/O DIF 85008	1	4.73
				15.42
		DIRECT CLIENT TRANSACTIONS		
09/12/13	CHECK	THANK YOU FOR CHECK PAYMENT ;CK 118402 MEDLAB	1	-3572.96
09/26/13	CHECK	THANK YOU FOR CHECK PAYMENT ;CK 118491 MEDLAB CLIENT	1	-2839.91
				-6412.87

ACCOUNT NUMBER

CURRENT CHARGES	3498.89
CREDITS	-6412.87
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	13834.87

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
	BALANCE FORWARD		13834.87
	RECEIPTS, ADJUSTMENTS, REFUNDS		-3106.45
	DIRECT CHARGES		0.00
	PATIENT TRANSACTIONS		1712.26
	BALANCE DUE		12440.68

ACCOUNT NUMBER

CURRENT CHARGES	1712.26
CREDITS	-3106.45
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	12440.68

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019796721 BAILEY,BARBARA		
10/21/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/21/13	48.80753	LAB-CBC 85025	1	10.69
10/21/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
				23.82
		J019736248 BARRETT,CHRISTOPHER		
10/02/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019751296 BAUERMEISTER,LOIS		
10/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019786623 BAUERMEISTER,LOIS		
10/17/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019762913 BAUMAN,AMBER M		
10/10/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019790674 BELL,ERNEST		
10/18/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019792464 BELL,ERNEST		
10/20/13	48.80753	LAB-CBC 85025	1	10.69
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				16.09
		J019814219 BELL,HERMAN		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019792480 BENSON,DOREATHA		
10/20/13	40.04594	LAB-GLUCOSE 82947	1	5.39
				5.39
		J019769942 BLACK,BEVERLY		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019740646 BOWLEN,JAMES		
10/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/03/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
10/03/13	48.80753	LAB-CBC 85025	1	10.69
				28.68
		J019746387 BROWN,RAY		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746171 BUCKNER,HELEN		
10/05/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/05/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019814417 BUNTE,JANNIE		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019746478 BUNTE,JANNIE		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019770031 CASTO,LEO		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019814177 CLINE,MABEL		
10/27/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/27/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019813781 COTNER,MARLENE		
10/26/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019779230 COUCH,BARBARA		
10/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746809 CRAFT,GOLDIE		
10/06/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019770064 CUNNINGHAM,CLARISSA		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019751353 DAILY,RALPH		
10/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/07/13	40.08900	LAB-SODIUM, URINE 84300	1	4.75
10/07/13	40.02911	LAB-CHLORIDE, URINE 82436	1	4.75
10/07/13	47.71002	LAB-ROUTINE URINALYSIS 81001	1	4.35
10/07/13	48.81199	LAB-BRONCH/NASAL EOSINOPHIL 89190	1	6.53
				29.16
		J019770171 DAVIS,STEPHEN		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019814185 DICKERSON,LINDA		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019768829 DISHMAN,SHERMANE		
10/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019813922 DOYLE,ANNETTA		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019785708 DRAKE,HELEN		
10/17/13	40.03141	LAB-CREATININE 82565	1	7.04
10/17/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
10/17/13	40.02418	LAB-GENTAMICIN 80170	1	22.53
				52.10

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

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ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

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Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019808906 DWENGER,WILLIAM		
10/24/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746353 ELLIS,VIVIAN		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019791763 EPPERSON,DELORES		
10/19/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019782994 ERDMAN,EDGAR		
10/16/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019732494 FREDRICKS,BILLIE J		
10/01/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019818640 FRYE,FLOYD		
10/28/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/28/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019770015 GREENE,SAUNDRA		
10/13/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
10/13/13	48.80753	LAB-CBC 85025	1	10.69
				25.00

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019792506 HAHN,DONALD		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746254 HAMM,MARY		
10/06/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				8.89
		J019774876 HARRINGTON,MARY		
10/14/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019759711 HARRISON,HENRY		
10/09/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/09/13	41.00291	LAB-BNP 83880	1	39.91
10/09/13	48.80753	LAB-CBC 85025	1	10.69
				59.38
		J019814490 HASH,WAYNE		
10/27/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019804137 HENRY,ROBERT		
10/23/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746304 HINNEFELD,REBECCA		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019827815 HODSON,VIRGINIA		
10/31/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/31/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
10/31/13	48.80753	LAB-CBC 85025	1	10.69
				28.68
		J019817568 HOFF,SCENIA		
10/28/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
				9.21
		J019770387 HUDSON,VIRGINIA		
10/13/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
10/13/13	48.80753	LAB-CBC 85025	1	10.69
				25.00
		J019825454 HURT,ROBERT		
10/30/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/30/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019751320 JOHNSON,KATHRINE		
10/07/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/07/13	41.00291	LAB-BNP 83880	1	39.91
				48.69
		J019779388 JONES,EDITH		
10/15/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019792407 JONES,LAVERNE		
10/20/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/20/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019790666 JONES,ROBERT		
10/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/18/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019740844 JUSTICE,MARIAH		
10/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019751312 KAZORT,ROBERT		
10/07/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019791953 KINDLER,DOLORES		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019751361 KLYCE,DOMONICK		
10/07/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019770056 LEBOUTILLIER,ANNA		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019790732 LEWIS,CORA		
10/18/13	48.81629	LAB-* HEMATOCRIT - SPUN 85014 ;|FROM 48.00001	1	3.26
10/18/13	48.81736	LAB-* HEMOGLOBIN 85018 ;|FROM 48.00001	1	3.26
				6.52
		J019768787 LINN,PAUL		
10/11/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019796168 MEDSKER,SYLVIA		
10/21/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
10/21/13	40.00972	LAB-AMYLASE 82150	1	8.91
10/21/13	41.06383	LAB-LIPASE 83690	1	5.23
10/21/13	40.05799	LAB-IRON 83540	1	8.90
10/21/13	40.09189	LAB-TIBC 83550	1	12.02
10/21/13	48.80753	LAB-CBC 85025	1	10.69
10/21/13	41.87517	LAB-PREALBUMIN 84134	1	7.90
				67.96
		J019804749 MILLER,TERESA		
10/23/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019790658 MOSSBERG,KAREN		
10/18/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/18/13	40.09437	LAB-URIC ACID 84550	1	6.21
10/18/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				23.88

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019792019 MUSGROVE,LINDA		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019786656 OSTOICH,BERTHA		
10/17/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/17/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019745835 PARRISH,ROSE		
10/05/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019791755 PEARSON,BETTY		
10/19/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019800853 PETERMAN,MARY E		
10/22/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019751262 PULLINS,ANNA		
10/07/13	41.00291	LAB-BNP 83880	1	39.91
10/07/13	48.80753	LAB-CBC 85025	1	10.69
				50.60
		J019746585 PURCELL,SYLVIA		
10/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/06/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
				17.99

ACCOUNT NUMBER	

CURRENT CHARGES	
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019747005 RANSOM,GLORIA		
10/06/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/06/13	48.80753	LAB-CBC 85025	1	10.69
				19.47
		J019791706 RAYER,RAYMOND		
10/19/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019746395 REDELL,MARIAN		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746031 REED,CHARLES		
10/05/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
				18.63
		J019762673 REED,CHARLES		
10/10/13	40.09355	LAB-VALPROIC ACID (DEPEKENE) 80164	1	18.63
10/10/13	41.03705	LAB-PRIMIDONE 80188	1	22.81
				41.44
		J019808880 REICHARD,RUSSELL		
10/24/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019740810 REID,DUANNA		
10/03/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
10/03/13	40.00100	LAB-BASIC METABOLIC PANEL	1	8.78

ACCOUNT NUMBER	

CURRENT CHARGES	
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STATEMENT AMOUNT	

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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		80048		
				14.18
		J019804939 RETTIG,NOLA		
10/23/13	40.03075	LAB-CPK 82550	1	8.95
				8.95
		J019805043 RETTIG,NOLA		
10/23/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
				13.53
		J019814201 RETTINGER,NORMA		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019746593 RIX,GARLAND		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019791961 ROBBINS,LUANNE		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019809177 ROBERTS,LUTHER		
10/24/13	41.09009	LAB-VANCOMYCIN 80202	1	18.63
				18.63
		J019790054 SAMPSON,WILLIAM		
10/18/13	41.00291	LAB-BNP 83880	1	39.91
				39.91

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019770072 SCHMIDT,BETTY		
10/13/13	41.53187	LAB-* CD EPI AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
10/13/13	41.53188	LAB-* GENE AMPLIFIED PROBE 87493 ;|FROM 41.53186	1	48.24
				96.48
		J019770114 SCOTT,RUBY		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019792050 SCOTT,RUBY		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019770098 SHIMP,ERIC		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019768779 SHIVES,PHAIRY		
10/11/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019751304 SIEFERMAN,JUDITH		
10/07/13	48.80753	LAB-CBC 85025	1	10.69
10/07/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
				25.00
		J019792092 SMITH,ORLA		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

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RENT ACCOUNTS; (317) 736-3581
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TOTAL ACCOUNT BALANCE	

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JOHNSON MEMORIAL Hospital

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ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
		J019796978 SMITH,ROBERT		
10/22/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/22/13	41.90216	LAB-LEVETIRACETAN (KEPPRA) 80299	1	18.83
				27.61
		J019746403 SMITH,VICTOR		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019820422 SNIDER,ETHEL		
10/29/13	40.06573	LAB-LIVER PROFILE 80076	1	8.78
				8.78
		J019746247 STONE,DAVID		
10/06/13	48.80753	LAB-CBC 85025	1	10.69
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				16.09
		J019770189 STONE,DAVID		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019736784 STONE,JOAN		
10/03/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/03/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
				17.67
		J019729284 SURELLE,EDDIE		
10/01/13	41.15123	LAB-FOLATE SERUM 82746	1	20.21

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
10/01/13	41.01022	LAB-B12 82607	1	20.72
				40.93
10/28/13	41.00291	J019816933 SUTHERLAND,SHIRLEY LAB-BNP 83880	1	39.91
				39.91
10/05/13	40.02418	J019745843 TAYLOR,VIRGINIA LAB-GENTAMICIN 80170	1	22.53
				22.53
10/06/13	49.08199	J019746361 TESCH,SANDRA LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
10/08/13	40.00100	J019755891 THOMAS,MARION LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
10/06/13	49.08199	J019746452 TRAYLOR,ORENCAL LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
10/07/13	41.97001	J019750462 TRAYLOR,ORENCAL LAB-TRYPONIN I 84484	1	13.53
				13.53
10/11/13	41.90216	J019767748 TURNER,VALERIE B LAB-LEVETIRACETAN (KEPPRA) 80299	1	18.83

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

0001319 (Rev. 11/12)

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				18.83
		J019770080 UBERTO,LOUIS		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019792043 UBERTO,LOUIS		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019764349 VINSON,THOMAS		
10/10/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/10/13	41.97001	LAB-TRYPONIN I 84484	1	13.53
				22.31
		J019814169 WHITESIDE,NICHOLE		
10/27/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019792498 WILHELM,LAWRENCE		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019799816 WITCZAK,BERNARD		
10/22/13	40.00102	LAB-COMPREHENSIVE METAB PANEL 80053	1	14.31
10/22/13	40.07597	LAB-PHOSPHORUS 84100	1	6.52
10/22/13	40.06805	LAB-MAGNESIUM 83735	1	9.21
				30.04
		J019746379 WOLF,MONROY		
10/06/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40

ACCOUNT NUMBER	

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

TOTAL ACCOUNT BALANCE	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE		DESCRIPTION	QTY	AMOUNT
				5.40
		J019792035 WOLF,MONROY		
10/20/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019770197 WOOD,CARL		
10/13/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		J019736255 WOODS,WILLIAM		
10/02/13	48.80753	LAB-CBC 85025	1	10.69
				10.69
		J019736271 YOUNG,BETTY		
10/02/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
10/02/13	48.80753	LAB-CBC 85025	1	10.69
10/02/13	48.81652	LAB-HEMOGRAM 85027	1	8.89
10/02/13	48.80753	LAB-CBC 85025	-1	-10.69
				17.67
		J019813948 ZAPATA,DOROTHEA		
10/27/13	40.00100	LAB-BASIC METABOLIC PANEL 80048	1	8.78
				8.78
		J019751239 ZIESE,WILLIS		
10/07/13	49.08199	LAB-PROTIME-NON COUMADIN 85610	1	5.40
				5.40
		DIRECT CLIENT TRANSACTIONS		

ACCOUNT NUMBER

CURRENT CHARGES	
CREDITS	
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	

JOHNSON MEMORIAL Hospital

CLIENT STATEMENT/INVOICE

CLIENT

Mail Payments to: P.O. Box 669 Franklin, Indiana 46131-0669

Credit/Debit Card Payments: (317) 736-3579

ACCOUNT NAME	ACCOUNT NUMBER	SERVICE DATE	SERVICE DATE	BILLING DATE
MEDLAB	MEDLAB			11/01/13

GUARANTOR

MEDLAB
P O BOX 240
ATTN: PAM PATRICK
BETHEL OH 45106-0240

THIS STATEMENT REPRESENTS CHARGES FOR RECENT SERVICES PROVIDED BY **JOHNSON MEMORIAL HOSPITAL.**

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
10/10/13	CHECK THANK YOU FOR CHECK PAYMENT ;CK 118631 MEDLAB	1	-3106.45

			-3106.45

ACCOUNT NUMBER	

CURRENT CHARGES	1712.26
CREDITS	-3106.45
STATEMENT AMOUNT	

QUESTIONS CONCERNING THIS STATEMENT SHOULD BE DIRECTED AS FOLLOWS:
RENT ACCOUNTS; (317) 736-3581
ALL OTHER INQUIRIES; (317) 736-3457

TOTAL ACCOUNT BALANCE	12440.68

1/30/2014

INVOICED CHARGES FOR MEDLAB

P.O. BOX 669
FRANKLIN,IN 46131-0669
ACCOUNT QUESTIONS: 317-736-3588
Email: idailey@johnsonmemorial.org

MEDLAB

	CHARGES	PAID	BALANCE
JULY, 2013	$ 3,082.69	$ -	$ 3,082.69
AUGUST, 2013	$ 4,146.84	$ -	$ 7,229.53
SEPTEMBER, 2013	$ 3,498.89	$ -	$ 10,728.42
OCTOBER, 2013	$ 1,712.26	$ 231.48	$ 12,209.20

BALANCE DUE $ 12,209.20

$231.48 PAYMENT WAS FOR PATIENTS WITH DATES OF SERVICE FROM 10-25-13 to 10-31-31.

Johnson Memorial Hospital
Business Affairs
P. O Box 669
Franklin, IN 46131-0669

BMC Group, Inc.
Attn: Laboratory Partners Claims
Processing
18675 Lake Drive East
Chanhassen,MN 55317

00042

00100

FedEx Express Package US Airbill

FedEx Tracking Number 8047 3225 9926

1 From

Date 1/31/14

Sender's Name [redacted] Phone [redacted]

Company JOHNSON MEMORIAL HOSPITAL

Address 1125 W JEFFERSON ST

Dept./Floor/Suite/Room

City FRANKLIN State IN ZIP 46131-2765

2 Your Internal Billing Reference 8215

3 To

Recipient's Name [redacted] Phone

Company [redacted]

Address [redacted]

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Dept./Floor/Suite/Room

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HOLD Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.

No

Yes
As per attached Shipper's Declaration.

Yes
Shipper's Declaration not required.

Dry Ice
Dry ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No.

Sender
Acct. No. in Section 1 will be billed.

Recipient

Third Party

Credit Card

Cash/Check

Total Packages

Total Weight lbs.

Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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