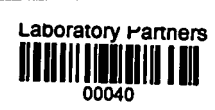


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: Medlab Laboratory Partners Inc. 671 Ohio Pike, Suite K Cincinnati, Ohio 45245	Case Number: 13-12769	<div style="text-align: center;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Cincinnati Children's Hospital Medical Center		
Name and address where notices should be sent: Debbie Wendelken 3333 Burnet Ave MLC 1010 Cincinnati, Ohio 45229 Telephone number: 513-636-0253 email: debbie.wendelken@cchmc.org		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">DEC 18 2013</div> <div style="font-size: 1.5em; font-weight: bold;">BMC GROUP</div>
Name and address where payment should be sent (if different from above): Cincinnati Children's Hospital Medical Center - Divisional Billing 3333 Burnet Ave. MLC 4900 Cincinnati, Ohio 45229 Telephone number: 513-636-8824 email: reserachaccounting@cchmc.org		
1. Amount of Claim as of Date Case Filed: \$ <u>7,021.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Laboratory Services performed by Cincinnati Children's Medical Center for MEDLAB per laboratory. (See instruction #2) Services Agreement Dated 12/6/2011		
3. Last four digits of any number by which creditor identifies debtor: 2 9 1 1	3a. Debtor may have scheduled account as: N/A (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

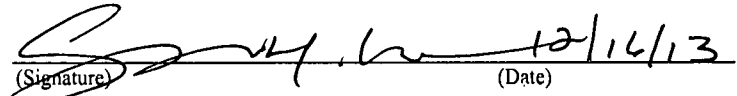
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Susan Lee

Title: Business Director

Company: Cincinnati Children's Hospital Medical Center

Address and telephone number (if different from notice address above):

(Signature)  (Date) 12/14/13

Telephone number: _____ email: _____

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 PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

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. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering 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. You may be required to provide additional disclosure if an interested party objects to the claim.

3. 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.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this 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. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this 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. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

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**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

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 debtor. These entities do not represent the bankruptcy court or the debtor. 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.

STAT LABORATORY SERVICES AGREEMENT

AGREEMENT made as of 12/6, 2011 by and between Kilbourne Medical Laboratories Inc. d/b/a. as MEDLAB ("MEDLAB"), on behalf of itself and its' affiliates, and Cincinnati Children's Hospital Medical Center ("LABORATORY").

WHEREAS, MEDLAB owns and operates clinical laboratory facilities in Ohio;

WHEREAS, MEDLAB may, from time to time, require laboratory testing when an immediate medical need requires urgent test results or under other circumstances where MEDLAB is not able to furnish such services in a timely or efficient manner ("STAT lab services");

WHEREAS, MEDLAB endeavors to furnish high quality laboratory testing to all of its clients;

WHEREAS, LABORATORY is engaged in the business of providing reference clinical laboratory services;

WHEREAS, MEDLAB desires to enter into an agreement with LABORATORY to provide STAT lab services for patients treated by clients of MEDLAB, and LABORATORY desires to provide such services under the terms and conditions set forth in this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. TERM

Either party, with or without cause, may terminate this Agreement at any time, by giving the other party 30 days' prior written notice. Unless otherwise terminated, this Agreement shall have an initial term of one year and shall be automatically renewed, subject to price changes, for an additional period of one year at the end of each one-year term, unless previously terminated by either party.

2. TESTING SERVICES

LABORATORY agrees to perform reference clinical laboratory testing services on behalf of MEDLAB. MEDLAB agrees to pay for such additional services as the parties may agree upon from time to time. Results for testing requested on a STAT basis normally shall be reported to MEDLAB within two (2) hours of specimen receipt. LABORATORY staff shall be available via telephone to consult with MEDLAB client staff and attending physicians on LABORATORY's procedures and to provide status updates and answer other questions. LABORATORY shall fax results to MEDLAB at the fax number 513.752.1974 or 877.335.8907, which is also provided on the test requisition. MEDLAB is responsible for collecting and transporting the specimen.

3. FEES

MEDLAB will pay LABORATORY for the services according to Exhibit A attached hereto and incorporated herein. The prices included in Exhibit A are effective through June 30, 2013 and subject to change annually effective the beginning of LABORATORY'S fiscal year. At least 30 day notice of any price changes will be provided in writing to MEDLAB. Both parties acknowledge and agree that the terms of this Agreement are commercially reasonable and the payments provided are consistent with fair market value for general commercial purposes without regard, directly or indirectly, to the volume or value of any referrals or other business generated or which could in the future be generated between the parties. Unless otherwise specified in writing by the parties, the terms of payment are net thirty (30) days from MEDLAB's receipt of invoice. In the event payment of any undisputed invoice is not received within such time frame, LABORATORY will be entitled to receive interest on the unpaid amount at the rate of 1-1/2% per month compounded monthly, or the greatest amount permitted by law, whichever is less. LABORATORY reserves the right to deny services under this Agreement if MEDLAB is more than 60 days late on payment.

4. BILLING

LABORATORY will direct bill MEDLAB for all tests requested by MEDLAB's clients at the following address:

Medlab
PO Box 240
Bethel, OH 45106-0240

Each such bill shall contain the following information: (a) patient name; (b) patient identifier e.g. social security number or date of birth or requisition number; (c) date of service; (d) test description; (e) CPT code; and (f) charge per test in accordance with Exhibit A, as amended from time to time. LABORATORY acknowledges and agrees that MEDLAB will bill patients or their insurers for all services provided by LABORATORY, and LABORATORY agrees not to bill or seek collection from any patients or third party payors for services rendered pursuant to this Agreement.

5. ACCREDITATION OF TESTING SITES

LABORATORY'S facilities are, and shall remain throughout the term of this Agreement, duly licensed clinical laboratories under applicable federal, state and local law. Reasonable documentation of such credentials shall be provided upon request.

6. NON-EXCLUSIVE

This agreement is non-exclusive, and MEDLAB may obtain laboratory services from other providers at its sole discretion.

7. GOVERNING LAW

The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Ohio, without giving effect to the conflict of law principles thereof, and that the federal and/or state courts located in Ohio shall be the exclusive courts of jurisdiction and venue for any litigation or other proceedings as between the parties that may be brought, or arise out of, in connection with or by reason of this Agreement.

8. NON-ASSIGNABILITY

This Agreement shall not be assigned, delegated, or transferred by either party without the written consent of the other party, which shall not be unreasonably withheld or delayed.

9. NOTICES

Any notice required to be given pursuant to the terms and provision hereof shall be in writing and shall be sent by certified or registered mail to LABORATORY at:

Cincinnati Children's Hospital Medical Center
3333 Burnet Ave.
Cincinnati, OH 45229
Attention: Laboratory Director
and to MEDLAB at:
Medlab
671 Ohio Pike, Suite K
Cincinnati, OH 45245

10. INDEPENDENT RELATIONSHIP

None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between MEDLAB and LABORATORY other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees, shall be construed to be the agent, employer and representative of the other.

11. FORCE MAJEURE

LABORATORY shall not be liable for any claims or damages if such claims or damages result or arise out of a failure or delay that is due to any act beyond the control of LABORATORY.

12. WARRANTIES/LIMITATION OF LIABILITY

LABORATORY warrants to MEDLAB that all services provided hereunder shall be performed in accordance with established and recognized clinical laboratory testing procedures and with reasonable care in accordance with applicable federal, state, and local laws.

LABORATORY further warrants to MEDLAB that neither LABORATORY nor any of its officers, directors, employees or owners have been debarred, suspended, declared ineligible, or excluded from Medicare, Medicaid or any other governmental health care programs.

EXCEPT AS SPECIFICALLY PROVIDED ABOVE, LABORATORY MAKES NO WARRANTIES, WRITTEN, ORAL, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES IT PROVIDES HEREUNDER. ALL WARRANTIES, INCLUDING, WITHOUT LIMITATION, EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT OF ANY PATENT, COPYRIGHT, TRADEMARK OR OTHER PROPRIETARY RIGHTS ARE HEREBY DISCLAIMED BY LABORATORY. NO WARRANTIES OF LABORATORY MAY BE CHANGED BY ANY REPRESENTATIVES OF LABORATORY.

The parties agree that the terms of this Agreement, as well as any information provided pursuant to this Agreement, are to be held in strict confidence. The parties expressly agree that no referrals are required by this Agreement.

LABORATORY shall, during the term of this Agreement, maintain insurance covering any acts of its employees, agents, and

assigns, in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Such insurance coverage shall either be through a program of self-insurance or be obtained from a company licensed to do business in the state in which the LABORATORY operates. LABORATORY shall furnish MEDLAB, upon request, documentation of insurance evidencing such coverage and shall notify MEDLAB immediately in the event of termination of any such policy. Failure to maintain such coverage shall be grounds for immediate termination of this Agreement by MEDLAB.

Each party agrees to indemnify and hold harmless the other party and such other party's trustees, members, managers, directors, officers, employees and agents, as applicable, from and against any claims, losses, damages, liabilities or expenses (including but not limited to settlement costs and reasonable legal, accounting and other expenses for investigation or defending actions or related actions) to the extent resulting from negligent, intentionally wrongful, fraudulent or criminal acts or omissions of such party or such party's trustees, members, managers, directors, officers, employees or agents in the performance of this Agreement. The indemnification provided under this section shall supplement, and not supercede or replace, any protection or rights that may be afforded to the parties under any insurance policies that provide coverage for an act that may serve as the basis for a claim of indemnification hereunder.

Except for a party's indemnification obligations and obligations related to confidential information, in no event will either party's liability to the other for any costs, expenses, or damages, regardless of the form of action, whether based on contract, tort, negligence, strict liability, products liability or otherwise, ever exceed the amount paid to LABORATORY hereunder. Except for a party's indemnification obligations and obligations related to confidential information, under no circumstances will either party be liable to the other for loss of use or profits or other collateral, special, consequential or other damages, losses, or expenses.

13. BENEFIT

This Agreement is intended to inure only to the benefit of LABORATORY and MEDLAB. This Agreement is not intended to create, nor shall be deemed or construed to create any rights in any third parties.

14. NON-DISCRIMINATION

All services provided by LABORATORY hereunder shall be in compliance with all applicable federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap or veteran status.

15. HEADINGS

The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

16. ENFORCEABILITY/SEVERANCE CLAUSE

The invalidity or unenforceability of any terms or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any of the other terms or provisions in that jurisdiction, or of the entire Agreement in any other jurisdiction.

17. INTEGRATION

This instrument is intended by the parties as a final expression of their agreement and as a complete statement of the terms thereof, and shall supersede all previous understandings and agreements. The parties shall not be bound by any representation, promise, or inducement made by either party or agent of either party that is not set forth in this Agreement. If the terms or conditions contained in any exhibit or attachment to this Agreement or any document incorporated by reference is in conflict with the terms and conditions set forth in the body of this Agreement, the terms and conditions in this Agreement shall control. Any applicable provisions required by federal, state, or local laws are hereby incorporated by reference.

18. WAIVER

No course of dealing between MEDLAB and LABORATORY, or any delay on the part of either party in exercising any rights they may have under this Agreement, shall operate as a waiver of any rights hereunder, and no express waiver shall affect any condition, covenant, rule or regulation other than the one specified in such waiver and that one only for the time and in the manner specifically stated.

19. MODIFICATION

This Agreement may not be modified except in writing signed by authorized representatives of both parties. All modifications also must be accepted in writing by LABORATORY. Any purchase order or other document issued by MEDLAB with respect to the subject matter of this Agreement shall be subject to and governed by the terms and conditions hereof, and the terms and conditions of this Agreement shall supersede any conflicting, different or additional terms and conditions of such purchase order or other document whether or not they would materially alter this Agreement.

———— SIGNATURE PAGE TO FOLLOW ————

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names as their official acts by their respective representatives, each of who is duly authorized to execute the same.

Cincinnati Children's Hospital Medical Center

By: Sally May
Print Name: Sally May
Title: VP - Biotechnology
Date: 12/6/2011
CLIA #: 36D1087513
Federal Tax ID#: 31-0833936
NPI #: 1548212988

Kilbourne Medical Laboratories Inc. d/b/a MEDLAB.

By: Deborah J. Wolterman
Print Name: Deborah J. Wolterman
Title: Vice-President
Date: Dec 2nd 2011

EXHIBIT A
CLIENT FEE SCHEDULE

TEST	CPT	Fee
Amylase	82150	\$9.12
Basic Metabolic PNL	80048	\$10.33
BNP	83880	\$47.77
CBCD	85025	\$10.94
Comp Metabolic PNL	80053	\$14.87
Dilantin	80185	\$18.66
Gentamycin	80170	\$23.07
Glucose	82947	\$4.45
Hemoglobin	85018	\$3.33
Lithium	80178	\$9.30
PT	85610	\$5.53
Renal	80069	\$12.22
Sed Rate	85652	\$3.80
Tobramycin	80200	\$22.68
Urinalysis w/ Microscopic	81001	\$4.45
Urinalysis w/o Microscopic	81003	\$3.16
Valproic Acid	80164	\$13.49
Vancomycin	80202	\$13.49

INVOICE # DB00022400

INVOICE TOTAL: \$1,400.51

(Date of Invoice): 8/14/2013
(For Bill Dates): 7/1-7/31/13

Make Checks Payable To:

Cincinnati Children's Hospital

MedLab
P. O. Box 240
Bethel, Ohio 45106-0240
Attn: Pam Patrick

Remit To:
Cincinnati Children's Hospital
Accounting MLC 4900
3333 Burnet Ave
Cincinnati, OH 45229

Clinical Lab

PATIENT	MR #	FIN #	DOB	SERVICE DATE	TEST/CPT	QTY	COST
				7/1/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/1/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/1/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/1/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/1/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/2/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
				7/2/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/2/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/2/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/2/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/2/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
				7/2/2013	Electrolyte Panel / CPT/CDM: 80051/01021070	1	\$19.74
				7/4/2013	U Chem w/Micro / CPT/CDM: 81001/00925339	1	\$4.45
				7/4/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
				7/4/2013	Chloride Blood / CPT/CDM: 82435/01015015	1	\$7.10
				7/4/2013	Potassium / CPT/CDM: 84132/01015031	1	\$7.63
				7/4/2013	Sodium / CPT/CDM: 84295/01015023	1	\$7.10
				7/5/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
				7/5/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
				7/5/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
				7/5/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
				7/6/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
				7/6/2013	ESR / CPT/CDM: 85652/00926667	1	\$3.80
				7/6/2013	Hemoglobin and Hematocrit / CPT/CDM: Multip	1	\$8.55
				7/6/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/6/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
				7/6/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
				7/6/2013	C-Reactive Protein / CPT/CDM: 86140/0102406t	1	\$14.16
				7/8/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94

7/8/2013	CBC/Diff w/ Add'l Morph / CPT/CDM: 85025/00:	1	\$10.94
7/8/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/8/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/9/2013	CBC Only No Review / CPT/CDM: 85027/009266	1	\$6.54
7/9/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/9/2013	CBC/Diff w/ Add'l Morph / CPT/CDM: 85025/00:	1	\$10.94
7/9/2013	CBC/Diff w/Slide Review / CPT/CDM: 85025/009	1	\$10.94
7/9/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/9/2013	U Chem / CPT/CDM: 81003/00925347	1	\$3.16
7/9/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
7/9/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/9/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/9/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/9/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/9/2013	Electrolyte Panel / CPT/CDM: 80051/01021070	1	\$18.53
7/10/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/11/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
7/11/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/11/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
7/11/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
7/11/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/11/2013	Electrolyte Panel / CPT/CDM: 80051/01021070	1	\$18.53
7/12/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/12/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/12/2013	CBC/Diff w/ Add'l Morph / CPT/CDM: 85025/00:	1	\$10.94
7/12/2013	CBC/Diff w/Slide Review / CPT/CDM: 85025/009	1	\$10.94
7/12/2013	Hemoglobin and Hematocrit / CPT/CDM: Multip	1	\$8.55
7/12/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/12/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/12/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/12/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/13/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/13/2013	CBC/Diff w/ Add'l Morph / CPT/CDM: 85025/00:	1	\$10.94
7/13/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/13/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/15/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/15/2013	CBC/Diff w/Slide Review / CPT/CDM: 85025/009	1	\$10.94
7/15/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/15/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/15/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/16/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/16/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/18/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94

7/18/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
7/18/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/18/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/18/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/18/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
7/18/2013	Renal / CPT/CDM: 80069/01024660	1	\$12.22
7/18/2013	Renal / CPT/CDM: 80069/01024660	1	\$12.22
7/19/2013	CBC Only / CPT/CDM: 85027/00926618	1	\$6.54
7/19/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/19/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/19/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/19/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/19/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/19/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/19/2013	Hepatic Profile / CPT/CDM: 80076/01024983	1	\$35.79
7/20/2013	CBC Only No Review / CPT/CDM: 85027/009266	1	\$6.54
7/20/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/22/2013	Activated Partial Thromboplastin Time / CPT/CD	1	\$12.47
7/22/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/22/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/22/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
7/22/2013	Hemoglobin and Hematocrit / CPT/CDM: Multip	1	\$8.55
7/22/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/22/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/22/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/22/2013	Ammonia / CPT/CDM: 82140/01015205	1	\$25.95
7/22/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/22/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/22/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/22/2013	GGT / CPT/CDM: 82977/01017441	1	\$7.46
7/23/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/23/2013	Urine Chemical / CPT/CDM: 81003/00925347	1	\$3.16
7/23/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/24/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/24/2013	Urine Chemical / CPT/CDM: 81003/00925347	1	\$3.16
7/24/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/25/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/25/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/25/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/25/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/25/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/25/2013	U Chem w/Micro / CPT/CDM: 81001/00925339	1	\$4.45
7/25/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/25/2013	Hepatic Profile / CPT/CDM: 80076/01024983	1	\$35.79

7/25/2013	Renal / CPT/CDM: 80069/01024660	1	\$12.22
7/27/2013	CBC/Diff w/Slide Review / CPT/CDM: 85025/009	1	\$10.94
7/27/2013	Hemoglobin and Hematocrit / CPT/CDM: Multip	1	\$8.55
7/27/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/27/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/28/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/28/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/30/2013	CBC/Diff w/Man Diff / CPT/CDM: 85025/009266	1	\$10.94
7/30/2013	Prothrombin Time / CPT/CDM: 85610/0092512:	1	\$5.53
7/30/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/30/2013	BMP / CPT/CDM: 80048/01024637	1	\$10.33
7/31/2013	CBC w/Auto Diff / CPT/CDM: 85025/00926626	1	\$10.94
7/31/2013	CBC/Diff w/ Add'l Morph / CPT/CDM: 85025/00:	1	\$10.94
7/31/2013	Amylase / CPT/CDM: 82150/01015395	1	\$9.12
7/31/2013	CMP / CPT/CDM: 80053/01024587	1	\$14.87
7/31/2013	Lipase / CPT/CDM: 83690/01017458	1	\$12.75
			\$1,400.51

INVOICE # DB00020733
INVOICE TOTAL: 2967.21
 (Date of Invoice): 9/13/2013
 (For Bill Dates): 8/1/2013-8/31/2013

Make Checks Payable To: Cincinnati Children's Hospital
 Cincinnati Children's Hospital
 Accounting MLC 4900
 3333 Burnet Ave
 Cincinnati, OH 45229

MedLab
 P. O. Box 240
 Bethel, Ohio 45106-0240
 Attn: Pam Patrick

Remit To:

Clinical Lab

PATIENT	MR #	FIN #	DOB	SERVICE DATE	TEST	CPT	QTY	COST
				8/1/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
				8/1/2013	BMP	80048	1	\$38.73
				8/3/2013	BMP	80048	1	\$38.73
				8/3/2013	CBC w/Auto Diff	85025	1	\$9.62
				8/4/2013	BMP	80048	1	\$38.73
				8/4/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
				8/4/2013	CMP	80053	1	\$35.00
				8/4/2013	CBC Only	85027	1	\$6.54
				8/4/2013	BMP	80048	1	\$38.73
				8/4/2013	CBC w/Auto Diff	85025	1	\$9.62
				8/5/2013	U Chem w/Micro	81001	1	\$10.86
				8/5/2013	CBC w/Auto Diff	85025	1	\$9.62
				8/5/2013	BMP	80048	1	\$38.73
				8/5/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
				8/5/2013	BMP	80048	1	\$38.73
				8/5/2013	Prothrombin Time	85610	1	\$25.90
				8/5/2013	Prothrombin Time	85610	1	\$25.90
				8/6/2013	BMP	80048	1	\$38.73
				8/6/2013	CBC w/Auto Diff	85025	1	\$9.66
				8/6/2013	BMP	80048	1	\$38.73
				8/6/2013	Prothrombin Time	85610	1	\$25.90
				8/6/2013	Electrolyte Panel	80051	1	\$18.53
				8/6/2013	Ammonia	82140	1	\$27.63
				8/6/2013	BMP	80048	1	\$38.73
				8/6/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
				8/6/2013	CMP	80053	1	\$35.00

8/6/2013	BMP	80048	1	\$38.73		
8/6/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/6/2013	CBC Only	85027	1	\$6.54		
8/6/2013	CBC/Diff w/Slide Review	85025	1	\$9.62		
8/6/2013	CMP	80053	1	\$35.00		
8/6/2013	Renal	80069	1	\$47.63		
8/6/2013	U Chem w/Micro	81001	1	\$10.86		
8/7/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/7/2013	Activated Partial Thromboplastin Time	85730	1	\$12.01	-13.28	-\$1.27
8/7/2013	CBC w/Auto Diff	85025	1	\$9.62		
8/9/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/9/2013	CBC w/Auto Diff	85025	1	\$9.62		
8/9/2013	BMP	80048	1	\$38.73		
8/9/2013	Glucose	82947	1	\$6.97		
8/10/2013	CBC Only No Review	85027	1	\$6.54		
8/10/2013	BMP	80048	1	\$38.73		
8/10/2013	U Chem w/Micro	81001	1	\$10.86		
8/11/2013	CBC Only No Review	85027	1	\$6.54		
8/11/2013	CMP	80053	1	\$35.00		
8/12/2013	BMP	80048	1	\$38.73		
8/12/2013	CBC/Diff w/Man Diff	85025	1	\$9.62		
8/12/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/12/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/12/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/12/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62		
8/12/2013	CMP	80053	1	\$35.00		
8/12/2013	Ammonia	82140	1	\$27.63		
8/12/2013	CBC/Diff w/Slide Review	85025	1	\$9.62		
8/14/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/14/2013	BMP	80048	1	\$38.73		
8/14/2013	BMP	80048	1	\$38.73		
8/14/2013	U Chem w/Micro	81001	1	\$10.86		
8/14/2013	CBC/Diff w/Man Diff	85025	1	\$9.62		
8/14/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62		
8/14/2013	BMP	80048	1	\$38.73		
8/14/2013	CBC w/Auto Diff	85025	1	\$9.62		
8/15/2013	CBC w/Auto Diff	85025	1	\$9.62		
8/15/2013	Renal	80069	1	\$47.63		
8/15/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/15/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/15/2013	Prothrombin Time	85610	1	\$25.90	-9.28	\$16.62
8/17/2013	BMP	80048	1	\$38.73		
8/17/2013	CMP	80053	1	\$35.00		

8/17/2013	U Chem w/Micro	81001	1	\$10.86
8/17/2013	CBC w/Auto Diff	85025	1	\$9.62
8/18/2013	U Chem	81003	1	\$6.35
8/19/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
8/19/2013	CMP	80053	1	\$35.00
8/19/2013	BMP	80048	1	\$38.73
8/19/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
8/19/2013	Prothrombin Time	85610	1	\$25.90
8/19/2013	Phosphorus	84100	1	\$5.10
8/19/2013	Magnesium	83735	1	\$13.01
8/19/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
8/19/2013	Prothrombin Time	85610	1	\$25.90
8/19/2013	BMP	80048	1	\$38.73
8/19/2013	CBC w/Auto Diff	85025	1	\$9.62
8/19/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
8/19/2013	Prothrombin Time	85610	1	\$25.90
8/20/2013	CBC w/Auto Diff	85025	1	\$9.62
8/20/2013	CBC w/Auto Diff	85025	1	\$9.62
8/20/2013	Renal	80069	1	\$47.63
8/20/2013	Ammonia	82140	1	\$27.63
8/20/2013	Prothrombin Time	85610	1	\$25.90
8/21/2013	Prothrombin Time	85610	1	\$25.90
8/21/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
8/21/2013	CMP	80053	1	\$35.00
8/21/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
8/22/2013	Potassium	84132	1	\$8.13
8/22/2013	Sodium	84295	1	\$6.97
8/22/2013	Ammonia	82140	1	\$27.63
8/22/2013	Chloride Blood	82435	1	\$17.45
8/22/2013	Prothrombin Time	85610	1	\$25.90
8/22/2013	Prothrombin Time	85610	1	\$25.90
8/22/2013	U Chem	81003	1	\$6.35
8/23/2013	Prothrombin Time	85610	1	\$25.90
8/23/2013	CMP	80053	1	\$35.00
8/23/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
8/23/2013	CBC Only No Review	85027	1	\$6.54
8/23/2013	Renal	80069	1	\$47.63
8/24/2013	U Chem w/Micro	81001	1	\$10.86
8/24/2013	CBC w/Auto Diff	85025	1	\$9.62
8/24/2013	BMP	80048	1	\$38.73
8/25/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
8/25/2013	BMP	80048	1	\$38.73
8/25/2013	CBC Only No Review	85027	1	\$6.54

8/25/2013	CMP	80053	1	\$35.00	
8/25/2013	U Chem w/Micro	81001	1	\$10.86	
8/25/2013	CMP	80053	1	\$35.00	
8/25/2013	CBC w/Auto Diff	85025	1	\$9.62	
8/26/2013	CBC/Diff w/Slide Review	85025	1	\$9.62	
8/26/2013	BMP	80048	1	\$38.73	
8/26/2013	BMP	80048	1	\$38.73	
8/26/2013	CBC w/Auto Diff	85025	1	\$9.62	
8/26/2013	CMP	80053	1	\$35.00	
8/26/2013	Lipase	83690	1	\$14.40	
8/26/2013	Amylase	82150	1	\$9.75	
8/26/2013	CBC w/Auto Diff	85025	1	\$9.62	
8/27/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62	
8/27/2013	Renal	80069	1	\$47.63	
8/29/2013	Prothrombin Time	85610	1	\$25.90	-9.28
8/29/2013	CMP	80053	1	\$35.00	
8/29/2013	CBC w/Auto Diff	85025	1	\$9.62	
8/29/2013	Prothrombin Time	85610	1	\$25.90	-9.28
8/29/2013	Prothrombin Time	85610	1	\$25.90	-9.28
8/30/2013	CBC w/Auto Diff	85025	1	\$9.62	
8/31/2013	CBC Only	85027	1	\$6.54	
8/31/2013	BMP	80048	1	\$38.73	

Total \$2,967.21 * - 397.652

* credit applied to
DB00023505



INVOICE # DB00023505
INVOICE TOTAL: 527.69
 (Date of Invoice): 10/8/2013
 (For Bill Dates): 9/1/2013-9/30/2013

Make Checks Payable To: Cincinnati Children's Hospital

MedLab
 P. O. Box 240
 Bethel, Ohio 45106-0240
 Attn: Pam Patrick

Cincinnati Children's Hospital
 Accounting MLC 4900
 3333 Burnet Ave
 Cincinnati, OH 45229

Remit To:

Clinical Lab

PATIENT	MR #	FIN #	DOB	SERVICE DATE	TEST	CPT	QTY	COST
				9/2/2013	Prothrombin Time	85610	1	\$9.28
				9/2/2013	Prothrombin Time	85610	1	\$9.28
				9/2/2013	Prothrombin Time	85610	1	\$9.28
				9/3/2013	Ammonia	82140	1	\$27.63
				9/3/2013	Electrolyte Panel	80051	1	\$18.53
				9/3/2013	CBC w/Auto Diff	85025	1	\$9.62
				9/3/2013	Prothrombin Time	85610	1	\$9.28
				9/4/2013	Prothrombin Time	85610	1	\$9.28
				9/5/2013	Prothrombin Time	85610	1	\$9.28
				9/5/2013	Prothrombin Time	85610	1	\$9.28
				9/5/2013	Activated Partial Thromboplastin Time	85730	1	\$13.28
				9/7/2013	Prothrombin Time	85610	1	\$9.28
				9/7/2013	CBC w/Auto Diff	85025	1	\$9.62
				9/8/2013	CMP	80053	1	\$35.00
				9/8/2013	CBC w/Auto Diff	85025	1	\$9.62
				9/9/2013	Prothrombin Time	85610	1	\$9.28
				9/9/2013	Prothrombin Time	85610	1	\$9.28
				9/9/2013	CMP	80053	1	\$35.00
				9/9/2013	CBC w/Auto Diff	85025	1	\$9.62
				9/9/2013	Renal	80069	1	\$47.63
				9/9/2013	CBC w/Auto Diff	85025	1	\$9.62
				9/10/2013	BMP	80048	1	\$38.73
				9/10/2013	BMP	80048	1	\$38.73
				9/10/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
				9/10/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
				9/11/2013	CBC Only No Review	85027	1	\$6.54

9/11/2013	Renal	80069	1	\$47.63
9/12/2013	Ammonia	82140	1	\$27.63
9/12/2013	Prothrombin Time	85610	1	\$9.28
9/12/2013	Ammonia	82140	1	\$27.63
9/13/2013	CBC w/Auto Diff	85025	1	\$9.62
9/14/2013	CMP	80053	1	\$35.00
9/14/2013	CBC w/Auto Diff	85025	1	\$9.62
9/16/2013	Ammonia	82140	1	\$27.63
9/16/2013	BMP	80048	1	\$38.73
9/16/2013	CBC Only No Review	85027	1	\$6.54
9/17/2013	Ammonia	82140	1	\$27.63
9/18/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
9/18/2013	Renal	80069	1	\$47.63
9/22/2013	Creatinine	82565	1	\$8.13
9/23/2013	Prothrombin Time	85610	1	\$9.28
9/23/2013	Prothrombin Time	85610	1	\$9.28
9/24/2013	Prothrombin Time	85610	1	\$9.28
9/25/2013	BMP	80048	1	\$38.73
9/25/2013	CBC Only No Review	85027	1	\$6.54
9/26/2013	CBC Only No Review	85027	1	\$6.54
9/26/2013	Prothrombin Time	85610	1	\$9.28
9/27/2013	U Chem	81003	1	\$6.35
9/29/2013	Prothrombin Time	85610	1	\$9.28
9/29/2013	BMP	80048	1	\$38.73
9/29/2013	CBC w/Auto Diff	85025	1	\$9.62
9/29/2013	CBC w/Auto Diff	85025	1	\$9.62
9/29/2013	Prothrombin Time	85610	1	\$9.28

Total \$925.34
Credit from Aug 2013 \$397.65
Total Due **\$527.69**



INVOICE # DB00024832
INVOICE TOTAL: \$2,126.50
 (Date of Invoice): 12/10/2013
 (For Bill Dates): 10/1/2013-10/25/2013

Make Checks Payable To:
 Cincinnati Children's Hospital
 Cincinnati Children's Hospital
 Accounting MLC 4900
 3333 Burnet Ave
 Cincinnati, OH 45229

MedLab
 P. O. Box 240
 Bethel, Ohio 45106-0240
 Attn: Pam Patrick

Remit To:

Clinical Lab

PATIENT	MR #	FIN #	DOB	SERVICE DATE	TEST	CPT	QTY	COST
				10/1/2013	U Chem w/Micro	81001	1	\$10.86
				10/3/2013	BMP	80048	1	\$38.73
				10/3/2013	Ammonia	82140	1	\$27.63
				10/3/2013	Renal	80069	1	\$47.63
				10/3/2013	CBC w/Auto Diff	85025	1	\$9.62
				10/3/2013	BMP	80048	1	\$38.73
				10/3/2013	Prothrombin Time	85610	1	\$9.28
				10/3/2013	Renal	80069	1	\$47.63
				10/3/2013	Prothrombin Time	85610	1	\$9.28
				10/3/2013	Prothrombin Time	85610	1	\$9.28
				10/3/2013	Prothrombin Time	85610	1	\$9.28
				10/3/2013	Prothrombin Time	85610	1	\$9.28
				10/4/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
				10/4/2013	Renal	80069	1	\$56.04
				10/4/2013	Prothrombin Time	85610	1	\$9.28
				10/4/2013	CBC w/Auto Diff	85025	1	\$9.62
				10/4/2013	BMP	80048	1	\$38.73
				10/4/2013	Prothrombin Time	85610	1	\$9.28
				10/4/2013	Prothrombin Time	85610	1	\$9.28
				10/4/2013	Prothrombin Time	85610	1	\$9.28
				10/5/2013	CMP	80053	1	\$35.00
				10/5/2013	Uric Acid	84550	1	\$8.83
				10/5/2013	C-Reactive Protein	86140	1	\$14.16
				10/5/2013	ESR	85652	1	\$6.94
				10/5/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
				10/5/2013	BMP	80048	1	\$38.73
				10/5/2013	CBC/Diff w/Man Diff	85025	1	\$9.62

10/6/2013	U Chem w/Micro	81001	1	\$10.86
10/6/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
10/6/2013	BMP	80048	1	\$38.73
10/7/2013	CBC w/Auto Diff	85025	1	\$9.62
10/7/2013	BMP	80048	1	\$38.73
10/7/2013	CBC w/Auto Diff	85025	1	\$9.62
10/8/2013	Prothrombin Time	85610	1	\$9.28
10/8/2013	Prothrombin Time	85610	1	\$9.28
10/8/2013	CMP	80053	1	\$35.00
10/8/2013	CBC w/Auto Diff	85025	1	\$9.62
10/9/2013	Prothrombin Time	85610	1	\$9.28
10/9/2013	Prothrombin Time	85610	1	\$9.28
10/9/2013	CBC w/Auto Diff	85025	1	\$9.62
10/9/2013	Renal	80069	1	\$47.63
10/9/2013	Prothrombin Time	85610	1	\$9.28
10/9/2013	Renal	80069	1	\$47.63
10/10/2013	Renal	80069	1	\$47.63
10/11/2013	U Chem w/Micro	81001	1	\$10.86
10/12/2013	CBC/Diff w/Slide Review	85025	1	\$9.62
10/13/2013	U Chem w/Micro	81001	1	\$10.86
10/14/2013	Prothrombin Time	85610	1	\$9.28
10/14/2013	Prothrombin Time	85610	1	\$9.28
10/14/2013	BMP	80048	1	\$38.73
10/14/2013	CBC w/Auto Diff	85025	1	\$9.62
10/14/2013	CBC Only No Review	85027	1	\$6.54
10/14/2013	CMP	80053	1	\$35.00
10/14/2013	Prothrombin Time	85610	1	\$9.28
10/14/2013	Prothrombin Time	85610	1	\$9.28
10/14/2013	CBC Only No Review	85027	1	\$6.54
10/15/2013	BMP	80048	1	\$38.73
10/15/2013	Prothrombin Time	85610	1	\$9.28
10/15/2013	CBC w/Auto Diff	85025	1	\$9.62
10/15/2013	Prothrombin Time	85610	1	\$9.28
10/15/2013	Prothrombin Time	85610	1	\$9.28
10/15/2013	CBC w/Auto Diff	85025	1	\$9.62
10/15/2013	BMP	80048	1	\$38.73
10/17/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
10/17/2013	Prothrombin Time	85610	1	\$9.28
10/17/2013	Prothrombin Time	85610	1	\$9.28
10/17/2013	Ammonia	82140	1	\$27.63
10/17/2013	BMP	80048	1	\$38.73
10/17/2013	Hepatic Profile	80076	1	\$32.25
10/17/2013	CBC w/Auto Diff	85025	1	\$9.62

10/17/2013	U Chem w/Micro	81001	1	\$10.86
10/18/2013	Prothrombin Time	85610	1	\$9.28
10/18/2013	BMP	80048	1	\$38.73
10/18/2013	Magnesium	83735	1	\$9.34
10/18/2013	Prothrombin Time	85610	1	\$9.28
10/18/2013	U Chem w/Micro	81001	1	\$10.86
10/18/2013	Renal	80069	1	\$47.63
10/18/2013	CBC w/Auto Diff	85025	1	\$9.62
10/18/2013	CMP	80053	1	\$35.00
10/18/2013	CBC/Diff w/Man Diff	85025	1	\$9.62
10/18/2013	Prothrombin Time	85610	1	\$9.28
10/18/2013	Renal	80069	1	\$47.63
10/18/2013	BMP	80048	1	\$38.73
10/18/2013	CBC w/Auto Diff	85025	1	\$9.62
10/19/2013	CBC/Diff w/ Add'l Morph	85025	1	\$9.62
10/21/2013	Prothrombin Time	85610	1	\$9.28
10/21/2013	Activated Partial Thromboplastin Time	85730	1	\$13.28
10/21/2013	Prothrombin Time	85610	1	\$9.28
10/21/2013	CMP	80053	1	\$35.00
10/21/2013	CBC w/Auto Diff	85025	1	\$9.62
10/21/2013	CMP	80053	1	\$35.00
10/22/2013	CBC w/Auto Diff	85025	1	\$9.62
10/22/2013	Hemoglobin and Hematocrit	Multipl	1	\$9.11
10/23/2013	Hemoglobin and Hematocrit	Multipl	1	\$9.11
10/23/2013	CBC w/Auto Diff	85025	1	\$9.62
10/23/2013	Renal	80069	1	\$47.63
10/23/2013	Magnesium	83735	1	\$9.34
10/23/2013	Renal	80069	1	\$47.63
10/23/2013	CBC w/Auto Diff	85025	1	\$9.62
10/23/2013	U Chem w/Micro	81001	1	\$10.86
10/23/2013	Ammonia	82140	1	\$27.63
10/24/2013	CBC w/Auto Diff	85025	1	\$9.62
10/24/2013	BMP	80048	1	\$38.73
10/24/2013	Prothrombin Time	85610	1	\$9.28
10/25/2013	CBC w/Auto Diff	85025	1	\$9.62
10/25/2013	Renal	80069	1	\$47.63
10/25/2013	Renal	80069	1	\$47.63
10/25/2013	BMP	80048	1	\$38.73

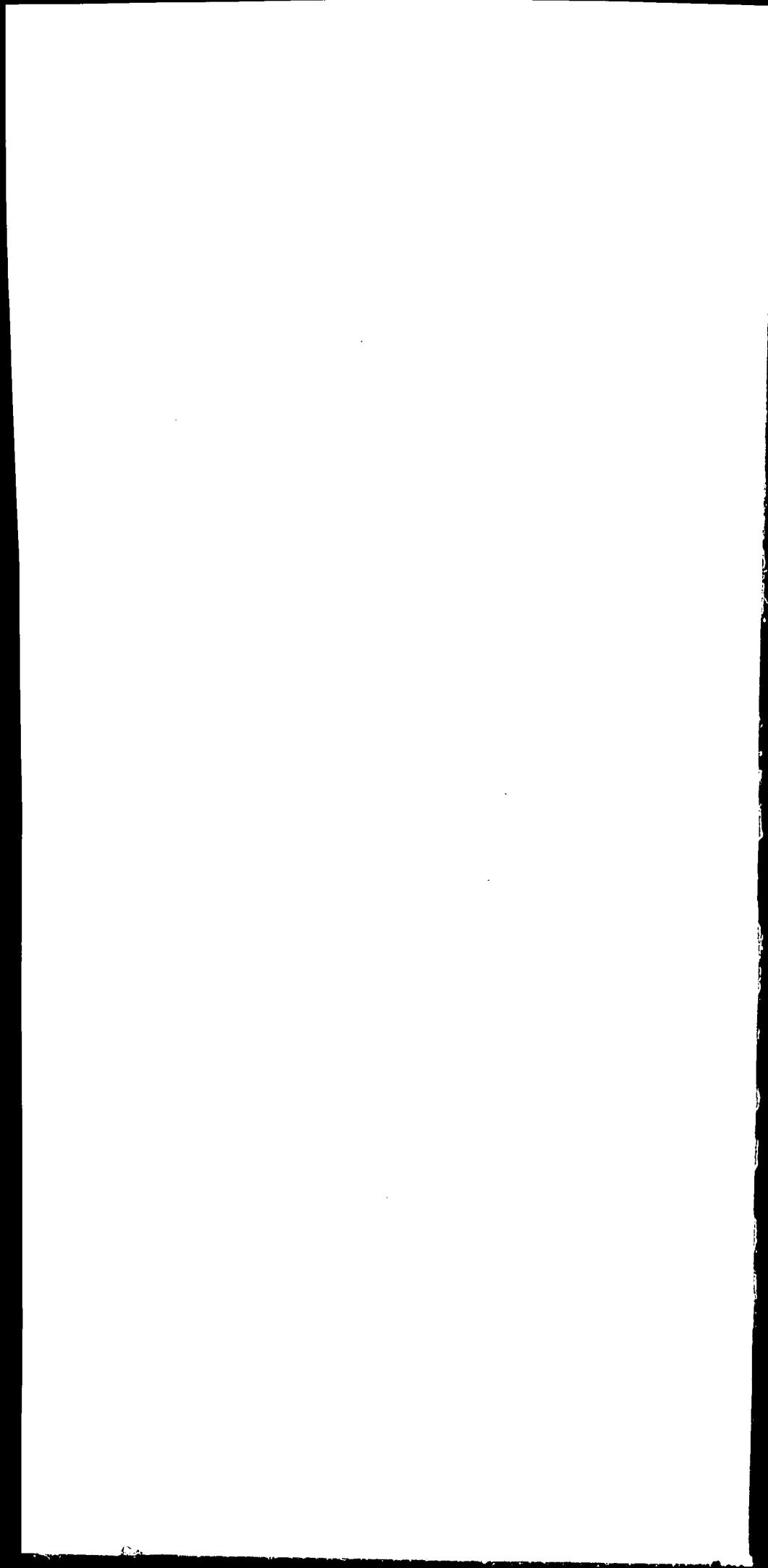
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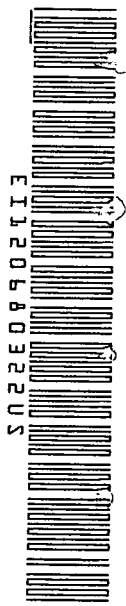
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