

PATIENT INFORMATION			
Name	JUSTIN DEGUZMAN	Invoice	W30spPKZ9I
Date of Birth	10/20/1988	Date purchased	08/06/24 5:47 am
Address	10500 Attleboro Ave Bakersfield, CA 93311	Payment Status	Paid In Full

TESTS ORDERED			
Qty	Description	CPT Code	Total
	10 Test Panel:		
1	-- Hepatitis A	86709	\$24.00
1	-- Hepatitis B	87340	\$24.00
1	-- Hepatitis C	86803	\$24.00
1	-- HIV 1 & 2 Antibody (4th Gen)	87389	\$49.00
1	-- Syphilis	86592	\$49.00
1	-- Chlamydia & Gonorrhea	87491	\$99.00
1	-- Herpes I	86695	\$45.00
1	-- Herpes II	86696	\$45.00
	Trichomoniasis Test + Comprehensive Wellness Panel with a Urinalysis:		
1	-- Trichomoniasis	87798	\$109.00
1	-- Routine Urinalysis	81001	\$29.00
1	-- Comprehensive Metabolic Panel (CMP)	80053	\$39.00
1	-- Complete Blood Count (CBC) with Differential	85025	\$28.00
1	Partial Results Delivery	00000	\$29.00
1	DoxyPEP Treatment	00000	\$49.00
	Subtotal		\$642.00
	10 Test Panel Discount		\$-220.00
	Trichomoniasis Test + Comprehensive Wellness Panel with a Urinalysis Discount		\$-56.00
	Grand Total*		\$366.00
	Total Due		\$0.00

PAYMENTS			
Transaction ID	Date Processed	Detail	Amount
p9q5a05k	08/06/24 5:47 am	Credit Card: Visa *4958	\$29.00
6dg2m0pq	08/06/24 5:48 am	Credit Card: Visa *4958	\$49.00
31vk81nd	08/06/24 5:48 am	Credit Card: Visa *4958	\$288.00
TOTAL PAYMENT(S) RECEIVED			\$366.00