

Account Number



1234567

STOUGHTON HOSPITAL ASSOCIATION
900 RIDGE STREET
STOUGHTON WI 535891896

ZZSTOTEST, TESTP P

Date of Service

Date of Birth

Test Account
123 Test Street
Stoughton, WI 53589

0002 Self Pay Or Insurance Name

305 LAB/HEMOTOLOGY
4101515 PROTHROMBIN TIME PT
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** SUBTOTAL **

*** TOTAL CHARGES -->

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