

Electronic Payment Clearinghouse

Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107

PNC Bank, N.A. 001
Electronic Payment Clearinghouse
Echo Health, Inc.

60-162
433

DRAFT NO.
DRAFT DATE

260266937
06/17/2022



Health Partners Plans

AMOUNT
*****\$6,090.00

VOID AFTER 180 DAYS

PAYABLE THROUGH DRAFT Six Thousand Ninety & 00/100 DOLLARS

TO THE ORDER OF DELAWARE DIAGNOSTIC LABS
1 CENTURIAN DR STE 103

NEWARK DE 19713

VOID

NON-NEGOTIABLE

⑈ 260 266 937 ⑈

⑆043301627⑆ 1069954659⑈

Your name, DELAWARE DIAGNOSTIC LABS, and Tax ID have been verified by the IRS.

Questions? Please contact Provider Service at
(215) 991-4350 or Toll free (888)991-9023.

Payor ID:80142

Tax ID: 814634900 EPC Draft #: 260266937 Payment Week: 24 Payment Date: 06/17/2022 Page 1 of 12

Service Dates From To		Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
Patient: MONG-HUONG T LE			Insured: 150138836 MONG-HUONG T LE			Payer Claim # 2022060800072					
Pat. Acct #: 22MF201490498			Provider: Delaware Diagnostic Labs, Llc			Group/Check Number 01/1944952					
DRG Code:			DRG Otv:								
5/12/22	5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/12/22	5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/12/22	5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: GABRIELLA D DRUID			Insured: 500550435 GABRIELLA D DRUID				Payer Claim # 2022060800073				
Pat. Acct #: 22MF209950162			Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952				
DRG Code:			DRG Qty:								
5/14/22	5/14/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 M15 CO97 PI22
5/14/22	5/14/22	U0004	1	80.00	0.00	0.00	0.00	0.00	80.00	0.00	PI22
5/14/22	5/14/22	U0005	1	26.00	0.00	0.00	0.00	0.00	26.00	0.00	PI22
Total for Claim				131.00	0.00	0.00	0.00	0.00	131.00	0.00	

Patient: ANNE ALAESSER			Insured: 630541682 ANNE ALAESSER				Paver Claim # 2022060800074				
Pat. Acct #: 2200505910094			Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952				
DRG Code:			DRG Qty:								
5/16/22	5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22	5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/16/22	5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: NAHFEEH D WILLIAMS			Insured: 690125878 NAHFEEH D WILLIAMS			Payer Claim # 2022060800075				
Pat. Acct #: 2200502650054			Provider: Delaware Diagnostic Labs, Llc			Group/Check Number 01/1944952				

Tax ID: 814634900

EPC Draft #: 260266937

Payment Week: 24

Payment Date: 06/17/2022

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Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
DRG Code:			DRG Ottv:							
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: MASUDA Q BILLINGS

Pat. Acct #: 2200497480015

Insured: 670101577 MASUDA Q BILLINGS

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800076

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/11/22 5/11/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KYREEM T WILLIAMS

Pat. Acct #: 2200502820101

Insured: 960147030 KYREEM T WILLIAMS

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800077

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/14/22 5/14/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/14/22 5/14/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/14/22 5/14/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: NT"AJAH R CHEERS

Pat. Acct #: 22MF245730211

Insured: 030433689 NT"AJAH R CHEERS

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800078

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: ZONGXIU ZHAN

Pat. Acct #: 2200509180371

Insured: 019398025 ZONGXIU ZHAN

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800080

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: MARCUS R BROWN

Pat. Acct #: 2200505650110

Insured: 090220629 MARCUS R BROWN

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800081

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: LIE LU

Pat. Acct #: 22MF226310518

Insured: 500409911 LIE LU

Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060800082

Group/Check Number 01/1944952

DRG Code:

DRG Ottv:

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
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Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: BI Y ZHENG
Pat. Acct #: 22MF254110229
DRG Code:

Insured: 590158746 BI Y ZHENG
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800083
Group/Check Number 01/1944952

5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/20/22 5/20/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: QINGKANG LIN
Pat. Acct #: 22MF219470416
DRG Code:

Insured: 220468430 QINGKANG LIN
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800084
Group/Check Number 01/1944952

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO177
5/16/22 5/16/22	U0004	1	80.00	0.00	0.00	0.00	0.00	80.00	0.00	CO177
5/16/22 5/16/22	U0005	1	26.00	0.00	0.00	0.00	0.00	26.00	0.00	CO177
Total for Claim			131.00	0.00	0.00	0.00	0.00	131.00	0.00	

Patient: TUBA KHAN
Pat. Acct #: 2200499030027
DRG Code:

Insured: 650379477 TUBA KHAN
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800085
Group/Check Number 01/1944952

5/12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/12/22 5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/12/22 5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: TUNG H CHANG
Pat. Acct #: 22MF254040227
DRG Code:

Insured: 890203795 TUNG H CHANG
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800086
Group/Check Number 01/1944952

5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/20/22 5/20/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: TAI CHEUNG
Pat. Acct #: 2200499250361
DRG Code:

Insured: 720169849 TAI CHEUNG
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800087
Group/Check Number 01/1944952

5/11/22 5/11/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 M15 CO97 N216 PI96
5/11/22 5/11/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/11/22 5/11/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: SERENITY WHITFIELD
Pat. Acct #: 2200505360083
DRG Code:

Insured: 061824371 SERENITY WHITFIELD
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060800088
Group/Check Number 01/1944952

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
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Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: BRINELL J HENRY

Pat. Acct #: 2200509200372

DRG Code:

Insured: 150109895 BRINELL J HENRY

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800089

Group/Check Number 01/1944952

5/17/22 5/17/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 N216 CO97 M15 P196
5/17/22 5/17/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
5/17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: NESTOR E ROMERO

Pat. Acct #: 22MF245820216

DRG Code:

Insured: 470353791 NESTOR E ROMERO

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800091

Group/Check Number 01/1944952

5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: AMADU BARRIE

Pat. Acct #: 2200515220126

DRG Code:

Insured: 450283504 AMADU BARRIE

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800092

Group/Check Number 01/1944952

5/20/22 5/20/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: QINGKANG LIN

Pat. Acct #: 22MF194700413

DRG Code:

Insured: 220468430 QINGKANG LIN

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800093

Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO177
5/13/22 5/13/22	U0004	1	80.00	0.00	0.00	0.00	0.00	80.00	0.00	CO177
5/13/22 5/13/22	U0005	1	26.00	0.00	0.00	0.00	0.00	26.00	0.00	CO177
Total for Claim			131.00	0.00	0.00	0.00	0.00	131.00	0.00	

Patient: ABUALHASSAN B ALAESSER

Pat. Acct #: 2200505440085

DRG Code:

Insured: 160325097 ABUALHASSAN B ALAESSER

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800094

Group/Check Number 01/1944952

5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: PAIGE A JOHNSON

Pat. Acct #: 22MF245740212

DRG Code:

Insured: 330191707 PAIGE A JOHNSON

Provider: Delaware Diagnostic Labs, Llc

DRG Qtv:

Payer Claim # 2022060800095

Group/Check Number 01/1944952

5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45

[illegible]

Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KATHRIN D LUNA

Pat. Acct #: 22MF207810431

DRG Code:

Insured: 460171243 KATHRIN D LUNA

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800104

Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: MARKEL M HOBBS

Pat. Acct #: 22MF245800214

DRG Code:

Insured: 720181933 MARKEL M HOBBS

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800105

Group/Check Number 01/1944952

5/19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: MEI YUAN ZHAO

Pat. Acct #: 2200502610367

DRG Code:

Insured: 790599926 MEI YUAN ZHAO

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800106

Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/13/22 5/13/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 M15 CO97 N216 PI96
5/13/22 5/13/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: YAZHEN WANG

Pat. Acct #: 2200509160370

DRG Code:

Insured: 019398026 YAZHEN WANG

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800107

Group/Check Number 01/1944952

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: CHUN MIAO YANG

Pat. Acct #: 22MF194980415

DRG Code:

Insured: 140344218 CHUN MIAO YANG

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800108

Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: JIAN ZHU YOU

Pat. Acct #: 2200509330375

DRG Code:

Insured: 340256233 JIAN ZHU YOU

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Payer Claim # 2022060800109

Group/Check Number 01/1944952

[illegible]

Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: WILL LIU

Pat. Acct #: 2200502520365

DRG Code:

Insured: 690524451 WILL LIU

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060800116

Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/13/22 5/13/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 M15 CO97 N216 PI96
5/13/22 5/13/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: BEGUM R ISLAM

Pat. Acct #: 2200513210122

DRG Code:

Insured: 270425419 BEGUM R ISLAM

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060810325

Group/Check Number 01/1944952

5/19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: HAWA GUISSÉ

Pat. Acct #: 2200499010025

DRG Code:

Insured: 110206719 HAWA GUISSÉ

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060810326

Group/Check Number 01/1944952

5/12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/12/22 5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/12/22 5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KIAYA B CLARK

Pat. Acct #: 2200505840089

DRG Code:

Insured: 270106265 KIAYA B CLARK

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060810327

Group/Check Number 01/1944952

5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KARIN LINDE

Pat. Acct #: 2200511060126

DRG Code:

Insured: 350202391 KARIN LINDE

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060810328

Group/Check Number 01/1944952

5/18/22 5/18/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/18/22 5/18/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/18/22 5/18/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: CHUN MIAO YANG

Pat. Acct #: 22MF243470418

DRG Code:

Insured: 140344218 CHUN MIAO YANG

Provider: Delaware Diagnostic Labs, Llc

DRG Qty:

Paver Claim # 2022060810329

Group/Check Number 01/1944952

Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/20/22 5/20/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: AHMED SHERIF
Pat. Acct #: 2200502380364
DRG Code:

Insured: 810537991 AHMED SHERIF
Provider: Delaware Diagnostic Labs, Llc
DRG Qty:

Payer Claim # 2022060810330
Group/Check Number 01/1944952

5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/13/22 5/13/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 N216 CO97 M15 P196
5/13/22 5/13/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	

Patient: ROSE GUILLOUX
Pat. Acct #: 2200508590100
DRG Code:

Insured: 420167861 ROSE GUILLOUX
Provider: Delaware Diagnostic Labs, Llc
DRG Qty:

Payer Claim # 2022060810331
Group/Check Number 01/1944952

5/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: TRACEY A STEPHENS
Pat. Acct #: 22MF207760429
DRG Code:

Insured: 002550352 TRACEY A STEPHENS
Provider: Delaware Diagnostic Labs, Llc
DRG Qty:

Payer Claim # 2022060810332
Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: CHRISTIAN J ROBERTS
Pat. Acct #: 22MF254410235
DRG Code:

Insured: 800124532 CHRISTIAN J ROBERTS
Provider: Delaware Diagnostic Labs, Llc
DRG Qty:

Payer Claim # 2022060810334
Group/Check Number 01/1944952

5/20/22 5/20/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: YUE JIAO LIN
Pat. Acct #: 22MF208680157
DRG Code:

Insured: 700644266 YUE JIAO LIN
Provider: Delaware Diagnostic Labs, Llc
DRG Qty:

Payer Claim # 2022060810335
Group/Check Number 01/1944952

5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: SHAWN M RESPES
Pat. Acct #: 22MF245840218

Insured: 810533727 SHAWN M RESPES
Provider: Delaware Diagnostic Labs, Llc

Payer Claim # 2022060810336
Group/Check Number 01/1944952

Patient: MARDIA ZOEGAR		Insured: 240257194 MARDIA ZOEGAR		Payer Claim # 2022060810337							
Pat. Acct #: 2200508620101		Provider: Delaware Diagnostic Labs, Llc		Group/Check Number 01/1944952							
DRG Code:		DRG Qty:									
5/17/22	5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/17/22	5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/17/22	5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: AYODEJI H AYINDE				Insured: 030439866 AYODEJI H AYINDE				Payer Claim # 2022060810338			
Pat. Acct #: 2200503210061				Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952			
DRG Code:				DRG Qty:							
5/15/22	5/15/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/15/22	5/15/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/15/22	5/15/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: MAMIE YAMMUE		Insured: 900181132 MAMIE YAMMUE				Payer Claim # 2022060810339					
Pat. Acct #: 2200508530099		Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952					
DRG Code:		DRG Qty:									
5/17/22	5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/17/22	5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/17/22	5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: TYLER A BURDENSKI		Insured: 061889176 TYLER A BURDENSKI				Payer Claim # 2022060810340					
Pat. Acct #: 2200499020026		Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952					
DRG Code:		DRG Qty:									
5/12/22	5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/12/22	5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/12/22	5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: LAURA A WOOLEY				Insured: 290219257 LAURA A WOOLEY				Payer Claim # 2022060810341			
Pat. Acct #: 2200505450086				Provider: Delaware Diagnostic Labs, Llc				Group/Check Number 01/1944952			
DRG Code:				DRG Qty:							
5/16/22	5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/16/22	5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/16/22	5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim				131.00	105.00	105.00	0.00	0.00	26.00	0.00	

[illegible]

Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: ELIJAH HEARD
Pat. Acct #: 2200497670089
DRG Code:

Insured: 660174225 ELIJAH HEARD
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060810343
Group/Check Number 01/1944952

5/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/11/22 5/11/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KAI KUN LAM
Pat. Acct #: 2200499260362
DRG Code:

Insured: 480465422 KAI KUN LAM
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060810345
Group/Check Number 01/1944952

5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/11/22 5/11/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: CATHERINE C MACKLIN
Pat. Acct #: 2200499490094
DRG Code:

Insured: 040221447 CATHERINE C MACKLIN
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060810346
Group/Check Number 01/1944952

5/12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/12/22 5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/12/22 5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: ANDRA C NWANKWOI
Pat. Acct #: 2200501630038
DRG Code:

Insured: 100153206 ANDRA C NWANKWOI
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022060810347
Group/Check Number 01/1944952

5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
5/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/13/22 5/13/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Patient: KATHLEEN BAMBINO
Pat. Acct #: 22ME711290044
DRG Code:

Insured: 002807469 KATHLEEN BAMBINO
Provider: Delaware Diagnostic Labs, Llc
DRG Otv:

Payer Claim # 2022061322092
Group/Check Number 01/1944952

2/23/22 2/23/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
2/23/22 2/23/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
2/23/22 2/23/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	

Statement Summary	Amount Billed	Payment	Patient Responsibilit	Other Ins. Paid	Not Covered
	9,010.00	6,090.00	0.00	0.00	2,920.00

Explanations		
Administered by	Code	Description
HealthPartnersPlans	CO177	Patient has not met the required eligibility requirements.
	CO204	This service/equipment/drug is not covered under the patients current benefit plan
	CO216 M15	Based on the findings of a review organizationSeparately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
	CO216 N216	Based on the findings of a review organizationWe do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
	CO216	Based on the findings of a review organization
	CO279	Services not provided by Preferred network providers. Usage: Use this code when there are member network limitations. For example, using contracted providers not in the member's 'narrow' network.
	CO45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
	CO97 M15	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
	CO97 N216	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
	CO97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
	COB7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
	PI22	This care may be covered by another payer per coordination of benefits.
	PI96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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