

05/23/22-05/23/22	U0005	Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00
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Provider ID: 30784157		NPI #: 1144757212		Member ID: 201077171				Patient ID: 22MF281360476					
Provider Name DELAWARE DIAGNOSTIC LABS		Member Name: CHANCE N BAYE				Claim ID: 221208500600							
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200662286				Patient ID: 22ME959480035					
Provider Name DELAWARE DIAGNOSTIC LABS		Member Name: LUTFATH A BELLO				Claim ID: 221208498300							
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
03/31/22-03/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/31/22-03/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
03/31/22-03/31/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200662286				Patient ID: 22ME673020023					
Provider Name DELAWARE DIAGNOSTIC LABS		Member Name: LUTFATH A BELLO				Claim ID: 221208498400							
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
02/24/22-02/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
02/24/22-02/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
02/24/22-02/24/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200662286					Patient ID: 22ME765530026				
Provider Name DELAWARE DIAGNOSTIC LABS		Member Name: LUTFATH A BELLO					Claim ID: 221208498500						
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
03/03/22-03/03/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/03/22-03/03/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
03/03/22-03/03/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

[illegible]

Claim Total

Claim Total						Interest Payment	0.00
						Prior Payment	0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	0.00	0.00	0.00	0.00	0.00	0.00	

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	0.00	0.00	0.00	0.00	0.00	0.00	

Claim Total						Interest Payment	0.00
						Prior Payment	0.00
	131.00	128.99	0.00	0.00	0.00	0.00	128.99

Claim Total

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment	0.00
						Prior Payment	0.00
	131.00	128.99	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Claim Total

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment		0.00
						Prior Payment		0.00
	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment	0.00
						Prior Payment	0.00
	131.00	128.99	0.00	0.00	0.00	0.00	128.99

Claim Total						Interest Payment	0.00
						Prior Payment	0.00
	131.00	128.99	0.00	0.00	0.00	0.00	128.99

Claim Total										Interest Payment		0.00	
										Prior Payment		0.00	
					131.00		128.99		0.00		0.00		0.00

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200289690				Patient ID: 22MF297230167					
Provider Name DELAWARE DIAGNOSTIC LABS				Member Name: DEANNA N SCHIAVELLO				Claim ID: 221208499200					
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
Claim Total										Interest Payment		0.00	
										Prior Payment		0.00	
					131.00		128.99		0.00		0.00		0.00

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200102771				Patient ID: 22MF297060164					
Provider Name: DELAWARE DIAGNOSTIC LABS		Member Name: MADISON SMITH				Claim ID: 221208499900							
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
Claim Total										Interest Payment		0.00	
										Prior Payment		0.00	
					131.00		128.99		0.00		0.00		128.99

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200108763					Patient ID: 22MF281380478					
Provider Name: DELAWARE DIAGNOSTIC LABS		Member Name: JAIDAN C VELEZ										Claim ID: 221208500100		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den	
05/24/22-05/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN	
05/24/22-05/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00		
05/24/22-05/24/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00		
Claim Total										Interest Payment		0.00		
										Prior Payment		0.00		
					131.00 128.99 0.00 0.00 0.00					0.00 0.00		128.99		

Provider ID: 30784157		NPI #: 1144757212		Member ID: 200599484				Patient ID: 22MF275580433					
Provider Name: DELAWARE DIAGNOSTIC LABS		Member Name: BRYANNA WRIGHT				Claim ID: 221208499800							
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
Claim Total										Interest Payment		0.00	
										Prior Payment		0.00	
					131.00		128.99		0.00		0.00		128.99

Statement Totals	Charged	Allowed Amount	OIC	Coins	COB	Deductible	Interest Payment	Co Pay	Amount Paid	Claim Count
	4,192.00	3,611.72	0.00	0.00	0.00	0.00	0.00	0.00	3,611.72	32
Claims Reversed									0.00	0
Net General Claims Total									3,611.72	32
Less Other Transactions									0.00	
Total Paid to Payee									3,611.72	

Coordination of Benefits

Member Name	Claim Number	Other Insurance	Address	City	State	Zip	Group No.	Policy No.
DOLLARD, BERNADETTE	221208500700	EXPRESS SCRIPTS EXPRESS SCRIPTS INC	PO BOX 390873 ONE EXPRESS WAY	BLOOMINGTON ST LOUIS	MN MO	554390000 631210000	YXS0000143936 69	886566844432 222564953
GROOMS, I AMEERAH	221208499300	DELTA DENTAL OF DE	1 DELTA DR	MECHANICSBUR G	PA	170550000	01212	1145834498

Messages

Code	Description
PXN	NetworX Std Fee Schedule
TF0	This claim was submitted after the claim filing limit.
XB3	Members Birthdate Submitted is not valid

Access Navinet to identify "care gaps" concerning your patients. Let's work together to improve our members' health. Have questions?
Contact your provider account executive.

Electronic Payment Clearinghouse

AmeriHealth Caritas Delaware, Inc.

PO Box 80100

London, KY 40742-0100



PNC Bank, N.A.

001

60-162
433

DRAFT NO.

260162585

DRAFT DATE

06/15/2022

Electronic Payment Clearinghouse
Echo Health, Inc.

**PAYABLE
THROUGH
DRAFT**

Three Thousand Six Hundred Eleven & 72 / 100 DOLLARS

**TO THE
ORDER OF**

DELAWARE DIAGNOSTIC LABS
ONE CENTURIAN DR SUITE 103
NEWARK DE 19713

AMOUNT

*****\$3,611.72

VOID AFTER 180 DAYS

NON-NEGOTIABLE

⑈ 260162585 ⑈

⑈ 043301627⑈ 1069954659⑈