## Electronic Payment Clearinghouse

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

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

60-162 433

DRAFT NO. DRAFT DATE

260266937 06/17/2022



**PAYABLE** 

THROUGH DRAFT

Six Thousand Ninety & 00 / 100 DOLLARS

DELAWARE DIAGNOSTIC I

**Health Partners** Plans \*\*\*\*\*\*\*\*\$6,090.00 **VOID AFTER 180 DAYS** 

TO THE ORDER OF

Tax ID: 814634900

1 CENTURIAN DR STE 103

NEWARK DE 19713

NON-NEGOTIABLE

Page 1 of 12

**□ 260 266 9 3 7 □** 

1:0433016271: 10699546591

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

**EPC Draft** #: 260266937

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

## Payor ID:80142

Payment Date: 06/17/2022

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-HU Pat. Acct #: 22MF2		Insured: Provider:	Delaware Diag	ONG-HUONG 'gnostic Labs, Llc			Payer Claim # Group/Check Nu	20220608000 mber 01/1	72 944952	
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: GABRIEL Pat. Acct #: 22MF2 DRG Code:		Insured: Provider: DRG Otv	Delaware Diag	ABRIELLA D D gnostic Labs, Llc			Paver Claim # Group/Check Nu	20220608000 mber 01/1	73 944952	
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 AL Pat. Acct #: 220050		Insured: Provider:	Delaware Diag	NNE ALAESSE gnostic Labs, Llc			Paver Claim # Group/Check Nu	20220608000 mber 01/1	74 944952	
DRG Code:		DRG Otv	:							
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	

Payment Week: 24

Patient: NAHFEEH D WILLIAMS Insured: 690125878 NAHFEEH D WILLIAMS Pat. Acct #: 2200502650054 Provider: Delaware Diagnostic Labs, Llc

2022060800075 Paver Claim # 01/1944952 Group/Check Number

Tax ID: 8146.	34900 <b>EP</b>	C Draft #:	260266937	Pavmen	t Week: 24	Payment Date	: 06/17/2022	Page 2 of	12	
Service Dates	Procedures	No. of	Amount Billed	Allowed	Payment	Patient	Other	Not	Sequest	Adjustment
From To	(Modifier)	Units   DRG Otv		I		Responsibili	Ins.Paid	Covered	-ration	Reason
ORG Code:	110004			00.00	20.00	0.00	0.00	0.00	0.00	00270
/13/22 5/13/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/13/22 5/13/22 /13/22 5/13/22	U0005 G2023	1	26.00	25.00 0.00	25.00 0.00	0.00	0.00	1.00 25.00	0.00	CO279 CO45
/13/22 3/13/22	G2023	1	23.00	0.00	0.00	0.00	0.00	23.00	0.00	CO216 CO97 M15
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	14115
Patient: MASUDA ( Pat. Acct #: 220049			670101577 MA : Delaware Diagn				ayer Claim # Froup/Check Nur	20220608000 nber 01/1	976 1944952	
ORG Code:	G2022			0.00	0.00	0.00	0.00	25.00	0.00	
/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
/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
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: KYREEM T Pat. Acct #: 220050: DRG Code: /14/22 5/14/22			960147030 KYI : Delaware Diagn v:				aver Claim # Group/Check Nur	20220608000 nber 01/1	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
/14/22 5/14/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	M15
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
/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim		·	131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: ZONGXIU Pat. Acct #: 2200509 DRG Code:	ZHAN 9180371		019398025 ZON: Delaware Diagn		1		aver Claim # Froup/Check Nur	20220608000 nber 01/1	980 1944952	
/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9° M15
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: MARCUS F Pat. Acct #: 220050: DRG Code:			090220629 MA: Delaware Diagn				aver Claim # Froup/Check Nur	20220608000 nber 01/1	1944952	
/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9° M15
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: LIE LU Pat. Acct #: 22MF22 DRG Code:	26310518		500409911 LIE : Delaware Diagn				ayer Claim # roup/Check Nur	20220608000 nber 01/1	982 1944952	
7/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9

CO216 CO97 M15

Tax ID: 8146	34900 <b>EP</b>	C Draft #:	260266937	Pavmen	t Week: 24	Payment Date	e: 06/17/2022	Page 3 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
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: BI Y ZHEN Pat. Acct #: 22MF2 DRG Code:			590158746 BI : Delaware Diagray:				Paver Claim # Group/Check Nu	20220608000 mber 01/1	983 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
/20/22 5/20/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
7/20/22 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: QINGKAN Pat. Acct #: 22MF2 DRG Code:			220468430 OIN: Delaware Diagray:				Paver Claim # Group/Check Nu	20220608000 mber 01/1	984 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 KH Pat. Acct #: 220049 DRG Code:	99030027			nostic Labs, Llc		(	Paver Claim # Group/Check Nu		1944952	
/12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9° M15
//12/22 5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
7/12/22 5/12/22 Fotal for Claim	U0005	1	26.00 131.00	25.00 105.00	25.00 105.00	0.00	0.00	1.00 26.00	0.00	CO279 CO45
Patient: TUNG H C Pat. Acct #: 22MF2 DRG Code:	54040227	DRG Ot	: Delaware Diagr	nostic Labs, Llc		(	Paver Claim # Group/Check Nu		1944952	G0270 G0.45
5/20/22 5/20/22 5/20/22 5/20/22	U0005 G2023	1	26.00	25.00 0.00	25.00 0.00	0.00	0.00	1.00 25.00	0.00	CO279 CO45
			25.00				0.00			M15
/20/22 5/20/22 Total for Claim	U0004	1	80.00 131.00	80.00 105.00	80.00 105.00	0.00	0.00	26.00	0.00	CO279
Patient: TAI CHEU Pat. Acct #: 220049 DRG Code:			720169849 TAI : Delaware Diagr	CHEUNG			Payer Claim # Group/Check Nu	20220608000 mber 01/1	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
/11/22 5/11/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB N216
/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
/11/22 5/11/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/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 Pat. Acct #: 220050 DRG Code:		Insured: Provider DRG Ot	: Delaware Diagr				Paver Claim # Group/Check Nu	20220608000 mber 01/1	988 1944952	
/16/22 5/16/22	G2022	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	0021660

5/16/22 5/16/22

G2023

25.00

0.00

0.00

0.00

0.00

0.00

CO216 CO97 M15

25.00

	Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
Paris	5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Partiest: BBNSLL   HENNY   Press   10000000   BRNSTE   Millorent   Delication   Degrated   Labs. Lie   Delication   Deli	5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Parlo Records	Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
STITIZE 517722   S6409	Pat. Acct #: 2200		Provider	: Delaware Diag					0.4.14		
S17722   S17722   S8409	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 PI96
Section	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
String   S	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
Pate	5/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Park	5/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Part	Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	
ST19-22   ST19-22   OU0005	Pat. Acct #: 22Ml		Provider	: Delaware Diag	STOR E ROMI mostic Labs, Llc	ERO					
Style="128e; 19se-128e; 19se-12	5/19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Patient: AMADU BARRIE	5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Patient: AMADU BARRIE   Insured:   450283594 AMADU BARRIE   Priviler:   Delaware Diagnostic Labs, Llc   Groun/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
Part   Acet #:   22005    5220126   Provider:   Delaware Diagnostic Labs, Llc   Groun/Check Number   0/1944952	Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
S20/22   S/20/22   G2023	Pat. Acct #: 2200 DRG Code:	515220126 U0004	Provider DRG Qty	: Delaware Diag	mostic Labs, Llc	80.00	0.00	Group/Check Nu	0.00	0.00	CO279
Patient: QINGKANG LIN	5/20/22 5/20/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Patient: QINGKANG LIN   Provider: Delaware Diagnostic Labs, Llc   Paver Claim # 2022060800093   Provider: Delaware Diagnostic Labs, Llc   Groun/Check Number   01/1944952	5/20/22 5/20/22	G2023	1	25.00					25.00	0.00	CO216 CO97 M15
Pat. Acet #:         22MF194700413         Provider:         Delaware Diagnostic Labs, Llc         Groun/Check Number         01/194952           DRG Octe:         DRG Octe:         DRG Octe:         Capual Check Number         01/194952           5/13/22         5/13/22         5/13/22         02023         1         25.00         0.00         0.00         0.00         0.00         25.00         0.00         0.007         5/13/22         0.00         0.00         0.00         0.00         25.00         0.00         0.007         0.00	Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
S/13/22   S/13/22   U0004	Pat. Acct #: 22Ml DRG Code:	F194700413	Provider DRG Otv	: Delaware Diag	nostic Labs, Llc		(	Group/Check Nu	mber 01/1	944952	
Total for Claim   131.00   0											
Total for Claim         131.00         0.00         0.00         0.00         131.00         0.00         0.00         131.00         0.00         0.00         131.00         0.00         <											
Patient:         ABUALHASSAN B ALAESSER Pat. Acct #:         160325097 ABUALHASSAN B ALAESSER Delaware Diagnostic Labs, Llc         Paver Claim # 2022060800094 Groun/Check Number         2022060800094 O1/1944952           DRG Code:         DRG Oty:         Delaware Diagnostic Labs, Llc         Groun/Check Number         01/1944952           5/16/22 5/16/22 U0004         1         80.00         80.00         80.00         0.00 <t< td=""><td></td><td>U0005</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>COT77</td></t<>		U0005	1								COT77
S/16/22   S/16/22   U0005   1   26.00   25.00   25.00   0.00   0.00   0.00   1.00   0.00   C0279 C	Patient: ABUALI Pat. Acct #: 2200		Provider	160325097 AE Delaware Diag	BUALHASSAN	B ALAESSER	1	Paver Claim #	20220608000	94	
S/16/22   S/16/22   G2023   1   25.00   0.00   0.00   0.00   0.00   0.00   25.00   0.00   CO216 C	5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
Total for Claim	5/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Patient:         PAIGE A JOHNSON         Insured:         330191707 PAIGE A JOHNSON         Paver Claim #         2022060800095           Pat. Acct #:         22MF245740212         Provider:         Delaware Diagnostic Labs, Llc         Group/Check Number         01/1944952           DRG Code:           5/19/22         5/19/22         U0004         1         80.00         80.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         CO275	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
Pat. Acct #:         22MF245740212         Provider:         Delaware Diagnostic Labs, Llc         Group/Check Number         01/1944952           DRG Code:         DRG Otv:           5/19/22         5/19/22         U0004         1         80.00         80.00         0.00         0.00         0.00         0.00         0.00         CO275	Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
5/19/22 5/19/22 U0004 1 80.00 80.00 0.00 0.00 0.00 CO275	Pat. Acct #: 22Ml		Provider	: Delaware Diag							
		U0004			80.00	80.00	0.00	0.00	0.00	0.00	CO279
5/19/22  $ 5/19/22 $ $ 5/1$	5/19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45

Payment Date: 06/17/2022

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Tax ID: 814634900

**EPC Draft** #: 260266937

Service Dates	DuoJ	No. of	Amount Billed	Allowed	Week: 24 Payment	Patient	Other	Not	Sequest	Adjustment
From To	Procedures (Modifier)	Units	Amount Billeu	Allowed	rayment	Responsibili	Ins.Paid	Covered	-ration	Reason
19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9
			121.00	105.00	105.00	0.00	0.00	26.00	0.00	M15
tal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
ntient: HUOHUI			130494348 HU0 Delaware Diagr				Paver Claim # Group/Check Nu	20220608000 mber 01/1	97 944952	
RG Code:	26415			0.00	0.00	0.00	0.00	2.00	0.00	
16/22 5/16/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 M15 CO97 N216 PI96
16/22 5/16/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB N216
16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9° M15
16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	
atient: KIMBERL at. Acct #: 220050		Insured: Provider: DRG Otv	Delaware Diagr	MBERLY SHER nostic Labs, Llc	MAN		aver Claim # Group/Check Nu	20220608000 mber 01/1	98 944952	
/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
/17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9°
/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Pat. Acct #: 220050 PRG Code:		DRG Qty					Group/Check Nu			
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9° M15
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
atient: BREONNA at. Acct #: 220050			820163497 BRI Delaware Diagr		AMS		Paver Claim # Group/Check Nu	20220608001 mber 01/1	00 944952	
/14/22 5/14/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
/14/22 5/14/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9 M15
/14/22 5/14/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
otal for Claim		·	131.00	105.00	105.00	0.00	0.00	26.00	0.00	
ratient: ILEANA I rat. Acct #: 220050			220146227 ILE Delaware Diagr		UEZ		aver Claim # Group/Check Nu	20220608001 mber 01/1	02 944952	
/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim		'	131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: SASKIA M	1 DOWELL 00220238		970184580 SAS Delaware Diagr		LL		aver Claim # Group/Check Nu	20220608001	03 944952	

Tax ID: 8140	634900 <b>EP</b>	C Draft #:	260266937	Pavmen	t Week: 24	Payment Dat	e: 06/17/2022	Page 6 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
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 Pat. Acct #: 22MF2			460171243 KA				Paver Claim # Group/Check Nu	20220608001 mber 01/1	04 944952	
DRG Code:		DRG Ot	v:							
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 26.00	0.00	CO279 CO45
Total for Claim  Patient: MARKEL  Pat. Acct #: 22MF.			131.00   720181933 MA: Delaware Diag			1	0.00 Paver Claim # Group/Check Nu	20220608001		
<b>DRG Code:</b> 5/19/22 5/19/22	G2023	DRG Ot	v: 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	
Pat. Acct #: 22005 DRG Code: 5/13/22 5/13/22	02610367 G2023	Provider DRG Qt	: Delaware Diag	nostic Labs, Llc	0.00	0.00	Group/Check Nu	01/1 25.00	944952	CO216 CO97
										M15
5/13/22 5/13/22 5/13/22 5/13/22	U0004 U0005	1	80.00 26.00	80.00 25.00	80.00 25.00	0.00	0.00	0.00 1.00	0.00	CO279 CO279 CO45
5/13/22 5/13/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	
5/13/22 5/13/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO216 M15 CO97 N216 PI96 CO204 COB7
										N216
Total for Claim		·	242.00	105.00	105.00	0.00	0.00	137.00	0.00	
Patient: YAZHEN Pat. Acct #: 220050 DRG Code:			019398026 YA : Delaware Diag				Paver Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	07 944952	
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 MI Pat. Acct #: 22MF DRG Code:			140344218 CF : Delaware Diag				Payer Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	08 944952	
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 Paver Claim # 2022060800109 Insured: 340256233 JIAN ZHU YOU Pat. Acct #: 2200509330375 Provider: Delaware Diagnostic Labs, Llc **Group/Check Number** 01/1944952

Tux ID. 0170	EI C	Diun #.		1 avmen	i meen.					
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:	(Modifier)	DRG Ot	v:			Responsibili	ilis.i alu	Covereu	Tation	Reason
	26415			0.00	0.00	0.00	0.00	2.00	0.00	~~~~
5/16/22 5/16/22	36415	1	3.00	0.00	0.00	0.00	0.00	3.00	0.00	CO216 M15 CO97 N216
- /4 C/20 /4 C/20	0.5400		400.00			0.00		400.00	0.00	PI96
5/16/22 5/16/22	86409	1	108.00	0.00	0.00	0.00	0.00	108.00	0.00	CO204 COB7 N216
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		l.	242.00	105.00	105.00	0.00	0.00	137.00	0.00	
Patient: TIKEYA N Pat. Acct #: 22005 DRG Code:			090182484 TII : Delaware Diag				Paver Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	10 944952	
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
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
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: JAHARA A Pat. Acct #: 22004 DRG Code:			690161390 JA : Delaware Diag				Paver Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	11 944952	
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: NAKIA Y Pat. Acct #: 22005  DRG Code:  5/16/22 5/16/22		Insured: Provider DRG Ot	001823063 NA Delaware Diag	AKIA YOUNG gnostic Labs, Llc	0.00		Paver Claim # Group/Check Nu 0.00	20220608001 <b>mber</b> 01/1	13 944952 0.00	00217 0002
3/10/22 3/10/22	G2023	1	23.00	0.00	0.00	0.00	0.00	23.00		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: TITYANA Pat. Acct #: 22005 DRG Code:			950135916 TIT : Delaware Diag				Paver Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	14 944952	
5/18/22 5/18/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 M15 CO97 PI22
5/18/22 5/18/22	U0004	1	80.00	0.00	0.00	0.00	0.00	80.00	0.00	PI22
5/18/22 5/18/22	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: YUEN CF Pat. Acct #: 22004 DRG Code:			770459080 YU : Delaware Diag				Paver Claim # Group/Check Nu	20220608001 <b>mber</b> 01/1	15 944952	
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	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
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

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**Payment Date:** 06/17/2022

Tax ID: 814634900

**EPC Draft** #: 260266937

Tax ID: 8140	534900 <b>EP</b> (	C Draft #:	260266937	Pavmen	t Week: 24	Payment Date	e: 06/17/2022	Page 8 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
5/11/22 5/11/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9
-										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	J	Insured:	690524451 WI	LL LIU		F	Paver Claim #	20220608001	16	
Pat. Acct #: 22005	02520365	Provider	: Delaware Diag	nostic Labs, Llc		(	Group/Check Nu	mber 01/1	944952	
DRG Code:		DRG Ot	v:							
5/13/22 5/13/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9 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 CO4
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 COB N216
Total for Claim			242.00	105.00	105.00	0.00	0.00	137.00	0.00	
DRG Code:		DRG Ot		1		1				
5/19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9 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 CO4
Total for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: HAWA GU Pat. Acct #: 22004 DRG Code:		Insured: Provider DRG Qt		WA GUISSE mostic Labs, Llc			Paver Claim # Group/Check Nu	20220608103 mber 01/1	26 944952	
5/12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9 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 CO4
Total for Claim		'	131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: KIAYA B ( Pat. Acct #: 22005)  DRG Code:		Insured: Provider DRG Ot	270106265 KL : Delaware Diag	AYA B CLARK mostic Labs, Llc			Paver Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	27 944952	
5/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO9
5/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279

Patient: KIAYA B Pat. Acct #: 22005		Insured: Provider	270106265 KI : Delaware Diag			_	Paver Claim # Group/Check Nu	20220608103 mber 01/1	27 944952	
DRG Code:		DRG Otv	v:							
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 L Pat. Acct #: 22005 DRG Code:		Insured: Provide DRG Ot	: Delaware Diag	ARIN LINDE gnostic Labs, Llc	;	_	Paver Claim # Group/Check Nu	20220608103 mber 01/1	28 944952	
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 Otv:

Paver Claim # 2022060810329 **Group/Check Number** 01/1944952

Service Dates	634900	EPC Draft #:	260266937	1 avmen	t Week: 24	1 ayment Date	: 06/17/2022	Page 9 of		
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 Pat. Acct #: 22005 DRG Code:			810537991 AH : Delaware Diag				aver Claim # Froup/Check Nui	20220608103 nber 01/1	30 944952	
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 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
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		ı	242.00	105.00	105.00	0.00	0.00	137.00	0.00	· ·
Patient: ROSE GU Pat. Acct #: 22005 DRG Code:			420167861 RO : Delaware Diag		X		aver Claim # Group/Check Nui	20220608103 nber 01/1	31 944952	
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			002550352 TR : Delaware Diag		HENS		ayer Claim # Froup/Check Nur	20220608103 <b>nber</b> 01/1	32 944952	
Pat. Acct #: 22MF	207760429	Provider DRG Ot		nostic Labs, Lic						
Pat. Acct #: 22MF DRG Code:	G207760429 G2023			0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22	T	DRG Ot	v:		0.00	0.00	0.00	25.00 0.00	0.00	
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22	G2023	DRG Ot	25.00 80.00 26.00	0.00 80.00 25.00	80.00 25.00	0.00	0.00	0.00 1.00	0.00	M15
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim	G2023 U0004 U0005	1 1 1	25.00 80.00 26.00 131.00	0.00 80.00 25.00 105.00	80.00 25.00 105.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00	0.00 0.00 0.00	M15 CO279
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF	G2023  U0004  U0005  AN J ROBERTS	DRG Or	25.00 80.00 26.00 131.00 800124532 CH Delaware Diag	0.00 80.00 25.00 105.00 RISTIAN J RO	80.00 25.00 105.00	0.00 0.00 0.00	0.00	0.00 1.00 26.00 20220608103	0.00 0.00 0.00	M15 CO279
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code:	G2023  U0004  U0005  AN J ROBERTS	DRG Or	25.00 80.00 26.00 131.00 800124532 CH Delaware Diag	0.00 80.00 25.00 105.00 RISTIAN J RO	80.00 25.00 105.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 1.00 26.00 20220608103	0.00 0.00 0.00	M15 CO279
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22	G2023  U0004  U0005  AN J ROBERTS 254410235	DRG Or	25.00 80.00 26.00 131.00 800124532 CH 20124532 CH 20124532 CH 20124532 CH	0.00 80.00 25.00 105.00 RISTIAN J RO nostic Labs, Llc	80.00 25.00 105.00 BERTS	0.00 0.00 0.00	0.00 0.00 0.00 aver Claim #	0.00 1.00 26.00 20220608103 nber 01/1	0.00 0.00 0.00 0.00	M15 CO279 CO279 CO45
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22 5/20/22 5/20/22	G2023  U0004  U0005  AN J ROBERTS 254410235  U0004	DRG Or	80.00 80.00 26.00 131.00 800124532 CH Delaware Diag	0.00 80.00 25.00 105.00 RISTIAN J RO nostic Labs, Llc	80.00 25.00 105.00 BERTS	0.00 0.00 0.00 P G	0.00 0.00 0.00 aver Claim # Group/Check Nui	0.00 1.00 26.00 20220608103 <b>nber</b> 01/1	0.00 0.00 0.00 34 944952	M15 CO279 CO279 CO45
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22 5/20/22 5/20/22 5/20/22 5/20/22	G2023  U0004  U0005  AN J ROBERTS '254410235  U0004  U0005	DRG Or	80.00 80.00 26.00 131.00 800124532 CH 26.00 80.00 26.00	0.00 80.00 25.00 105.00 RISTIAN J RO nostic Labs, Llc 80.00 25.00	80.00 25.00 105.00 BERTS 80.00 25.00	0.00 0.00 0.00 P G	0.00 0.00 0.00 aver Claim # Group/Check Nur	0.00 1.00 26.00 20220608103 <b>nber</b> 01/1 0.00 1.00	0.00 0.00 0.00 34 944952 0.00 0.00	M15 CO279 CO279 CO45 CO279 CO45 CO279 CO45 CO216 CO97
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22 5/20/22 5/20/22 Total for Claim  Patient: YUE JIAC Pat. Acct #: 22MF	G2023  U0004  U0005  AN J ROBERTS 254410235  U0004  U0005  G2023	Insured:  Insured:  Insured:  Insured:  Insured:  Insured:	80.00 26.00 131.00 800124532 CH Plaware Diag v: 80.00 25.00 131.00 25.00	0.00  80.00  25.00  105.00  RISTIAN J RO nostic Labs, Llc  80.00  25.00  0.00  105.00  E JIAO LIN	80.00 25.00 105.00 BERTS 80.00 25.00 0.00	0.00 0.00 0.00 P G 0.00 0.00 0.00	0.00 0.00 0.00 aver Claim # broup/Check Num 0.00 0.00	0.00 1.00 26.00 20220608103 <b>nber</b> 01/1 0.00 1.00 25.00 26.00	0.00 0.00 0.00 34 944952 0.00 0.00 0.00	M15 CO279 CO279 CO45 CO279 CO45 CO279 CO45 CO216 CO97
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22 5/20/22 5/20/22 Total for Claim  Patient: YUE JIAC Pat. Acct #: 22MF DRG Code:	G2023  U0004  U0005  AN J ROBERTS 254410235  U0004  U0005  G2023	Insured: Provider DRG Ot  Insured: Provider PRG Ot  Insured: Provider	80.00 26.00 131.00 800124532 CH Plaware Diag v: 80.00 25.00 131.00 25.00	0.00  80.00  25.00  105.00  RISTIAN J RO nostic Labs, Llc  80.00  25.00  0.00  105.00  E JIAO LIN	80.00 25.00 105.00 BERTS 80.00 25.00 0.00	0.00 0.00 0.00 P G 0.00 0.00 0.00	0.00 0.00 0.00 aver Claim # Group/Check Nur 0.00 0.00 0.00	0.00 1.00 26.00 20220608103 <b>nber</b> 01/1 0.00 1.00 25.00 26.00	0.00 0.00 0.00 34 944952 0.00 0.00 0.00	M15 CO279 CO279 CO45 CO279 CO45 CO279 CO45 CO216 CO97
Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 5/13/22 Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code: 5/20/22 5/20/22 5/20/22 5/20/22 Total for Claim  Patient: YUE JIAC Pat. Acct #: 22MF DRG Code: 5/13/22 5/13/22	G2023  U0004  U0005  AN J ROBERTS 254410235  U0004  U0005  G2023  D LIN 208680157	DRG Or	80.00 26.00 131.00 800124532 CH Delaware Diag v: 80.00 25.00 131.00 700644266 YU Delaware Diag v:	80.00 25.00 105.00  RISTIAN J RO nostic Labs, Llc  80.00 25.00 0.00  105.00  E JIAO LIN nostic Labs, Llc	80.00 25.00 105.00 BERTS 80.00 25.00 0.00	0.00 0.00 0.00 P G 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 aver Claim # Group/Check Nui 0.00 0.00 0.00 0.00 aver Claim # Group/Check Nui	0.00 1.00 26.00  20220608103 nber 01/1  0.00 1.00 25.00 26.00  20220608103 nber 01/1	0.00 0.00 0.00 34 944952 0.00 0.00 0.00 0.00 35 944952	CO279 CO279 CO45  CO279 CO45  CO279 CO279 CO45  CO216 CO97 M15
Pat. Acct #: 22MF DRG Code:  5/13/22 5/13/22  5/13/22 5/13/22  5/13/22 5/13/22  Total for Claim  Patient: CHRISTL Pat. Acct #: 22MF DRG Code:  5/20/22 5/20/22  5/20/22 5/20/22  Total for Claim  Patient: YUE JIAC Pat. Acct #: 22MF DRG Code:  5/13/22 5/13/22  5/13/22 5/13/22  5/13/22 5/13/22	G2023  U0004  U0005  AN J ROBERTS '254410235  U0004  U0005  G2023  D LIN '208680157  U0004	DRG Or	80.00   25.00   31.00   26.00   25.00	80.00 25.00 105.00  RISTIAN J RO nostic Labs, Llc  80.00 25.00 0.00 105.00  E JIAO LIN nostic Labs, Llc	80.00 25.00 105.00 BERTS 80.00 25.00 0.00	0.00 0.00 0.00 P G 0.00 0.00 0.00	0.00 0.00 0.00 aver Claim # croup/Check Num 0.00 0.00 0.00 0.00 aver Claim # croup/Check Num 0.00	0.00 1.00 26.00 20220608103 nber 01/1 0.00 25.00 26.00 20220608103 nber 01/1 0.00	0.00 0.00 0.00 34 944952 0.00 0.00 0.00 0.00 35 944952	CO279 CO279 CO45  CO279 CO45  CO279 CO45  CO279 CO45  CO279 CO45  CO279 CO45

Insured: 810533727 SHAWN M RESPES

Provider: Delaware Diagnostic Labs, Llc

Pavment Week: 24

Payment Date: 06/17/2022

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2022060810336

01/1944952

Paver Claim #

Group/Check Number

Tax ID: 814634900

Patient: SHAWN M RESPES

Pat. Acct #: 22MF245840218

**EPC Draft** #: 260266937

Tax ID: 814		C Draft #:	260266937		t Week: 24	Payment Date	1	Page 10 c		
Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
RG Code:	(Wiodifier)	DRG Oty	/:			responsion	1113.1 414	Covered	,	Reason
19/22 5/19/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97
										M15
19/22 5/19/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
19/22 5/19/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
Patient: MARDIA Pat. Acct #: 22005 DRG Code:			240257194 MA: Delaware Diag				Paver Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	37 944952	
17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
/17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
/17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97
										M15
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
atient: AYODEJI at. Acct #: 22005			030439866 AY : Delaware Diag				Paver Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	38 944952	
/15/22 5/15/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
15/22 5/15/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
15/22 5/15/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97
			121.00	105.00	105.00	0.00	0.00	26.00	0.00	M15
Ootal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
atient: MAMIE 3 at. Acct #: 22005 PRG Code:			900181132 MA : Delaware Diag				Paver Claim # Group/Check Nu	20220608103 mber 01/1	944952	
/17/22 5/17/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
17/22 5/17/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
17/22 5/17/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	WIIS
Patient: TYLER A Pat. Acct #: 22004 ORG Code:			061889176 TY : Delaware Diag		ENSKI		Payer Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	40 944952	
/12/22 5/12/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
12/22 5/12/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
12/22 5/12/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	M15
Patient: LAURA A Pat. Acct #: 22005 DRG Code:			290219257 LA : Delaware Diag				Paver Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	41 944952	
/16/22 5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO216 CO97 M15
/16/22 5/16/22	U0004	1	80.00	80.00	80.00	0.00	0.00	0.00	0.00	CO279
16/22 5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	
	ENG LIN		120554387 XIA : Delaware Diag	ANGTENG LII nostic Labs, Llc			Paver Claim # Group/Check Nu	20220608103 mber 01/1	42 944952	
at. Acct #: 22005		Provider DRG Qty			<u>,</u>					
at. Acct #: 22005 PRG Code:				80.00	80.00	0.00	0.00	0.00	0.00	CO279
Patient: XIANGTI Pat. Acct #: 22005 DRG Code: 5/16/22 5/16/22 5/16/22 5/16/22	509220373	DRG Qty	<b>7:</b>	80.00 25.00	80.00 25.00	0.00	0.00	0.00	0.00	CO279 CO279 CO

Tax ID: 814	634900 <b>EP</b> 6	C Draft #:	200200937	Pavmen	t Week: 24	Payment Date	e: 06/1//2022	Page 11 C	)	
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
otal for Claim			131.00	105.00	105.00	0.00	0.00	26.00	0.00	1113
Patient: ELIJAH I Pat. Acct #: 22004 DRG Code:			660174225 EL .: Delaware Diaş		;		Paver Claim # Group/Check Nu	20220608103 <b>mber</b> 01/1	143 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 Pat. Acct #: 22004 DRG Code:			480465422 KA		;		Paver Claim # Group/Check Nu	20220608103 mber 01/1	.45 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
/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	
Pat. Acct #: 22004 DRG Code:	199490094	Provider DRG Ot	: Delaware Diag	gnostic Labs, Llo	;	(	Group/Check Nu	mber 01/1	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 Pat. Acct #: 22005 DRG Code:			100153206 Al : Delaware Diag				Paver Claim # Group/Check Nu	20220608103 mber 01/1	147 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: KATHLEI Pat. Acct #: 22ME DRG Code:			002807469 KA : Delaware Diaş				Payer Claim # Group/Check Nu	20220613220 <b>mber</b> 01/1	992 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
	1						i			

**Payment Date:** 06/17/2022

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Tax ID: 814634900

2/23/22 2/23/22

Total for Claim

U0005

**EPC Draft** #: 260266937

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

25.00

105.00

0.00

0.00

0.00

0.00

1.00

26.00

0.00

0.00

CO279 CO45

26.00

131.00

25.00

105.00

anations	

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.
		p. coon.

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