



05/31/22-05/31/22	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

<b>Statement Totals</b>	<b>Charged</b>	<b>Allowed Amount</b>	<b>OIC</b>	<b>Coins</b>	<b>COB</b>	<b>Deductible</b>	<b>Interest Payment</b>	<b>Co Pay</b>	<b>Amount Paid</b>	<b>Claim Count</b>
	393.00	386.97	0.00	0.00	0.00	0.00	0.00	0.00	386.97	3
	<b>Claims Reversed</b>								0.00	0
	<b>Net General Claims Total</b>								386.97	3
	<b>Less Other Transactions</b>								0.00	
<b>Total Paid to Payee</b>								386.97		

**Coordination of Benefits**

Member Name	Claim Number	Other Insurance	Address	City	State	Zip	Group No.	Policy No.
GROOMS, SHANTELL	221226083800	DELTA DENTAL OF DE	1 DELTA DR	MECHANICSBURG	PA	170550000	01212	1145834498

**Messages**

Code	Description
PXN	NetworX Std Fee Schedule

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.**

260280851

**DRAFT DATE**

06/17/2022

Electronic Payment Clearinghouse  
Echo Health, Inc.

**PAYABLE  
THROUGH  
DRAFT**

Three Hundred Eighty-Six & 97 / 100 DOLLARS

**TO THE  
ORDER OF**

DELAWARE DIAGNOSTIC LABS  
ONE CENTURIAN DR SUITE 103  
NEWARK DE 19713

**AMOUNT**

\*\*\*\*\*\$386.97

VOID AFTER 180 DAYS

**NON-NEGOTIABLE**

⑈ 260 280851 ⑈

⑆043301627⑆ 1069954659⑈