Electronic Payment Clearinghouse

HUNTINGTON NATIONAL BANK Westerville OH 43081

56-1512 441

DRAFT NO. DRAFT DATE

261355899 06/29/2022

Meritain Health Electronic Payment Clearinghouse 1405 Xenium Lane North Suite 140 Echo Health. Inc Minneapolis, MN 55441

PAYABLE

THROUGH DRAFT

Eight Thousand Two Hundred Twenty-Five 60 / 100 DOLLARS

AMOUNT *********\$8,225.60

VOID AFTER 180 DAYS

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

NEWARK DE 19713

NON-NEGOTIABLE

" 26 1355B99"

1204411512612 #O1669508612#

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

Log on to http://Meritain.com/providers to view eligibility, benefit and claim information.

Tax ID: 8	814634900	EPC Draft ‡	#: 261355899	Pavm	ent Week: 20	6 Paymen	t Date: 0	6/29/2022		Pag	e 1 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF31	8060125				7/76262754	
Network:	COALITION AMI			Member Num					ice #: 1-80		
Patient Nar	ne: AUTUMN F	BAKER		Claim Num	her: F68X724		Adı	ministere	d Bv: Meri	tain	
06/01/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
06/01/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
06/01/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00	3	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF30	6960486	Group/C	heck Nun	nber: 1845	0/76104815	
Network:	COALITION AMI	ERICA		Member Num	ber: 10999487	22-2	Custo	mer Servi	ice #: 1-80	0-925-2272	
Patient Nar	ne: LA ONG FE	RGUSON	Claim Number: F56YZ38			Adı	ministere	d Bv: Meri	tain		
05/28/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/28/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/28/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 2200515	090123	Group/C	heck Nun	nber: 1597	5/76121004	
Network:	COALITION AMI	ERICA		Member Num	ber: 56273798	370-1		mer Serv		0-925-2272	
Patient Nar	ne: MICHAEL I	HURST		Claim Num	ber: F46SF84		Adı	ministere	l Bv: Meri	tain	
05/20/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/20/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/20/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Tax ID: 814634900 EPC Draft #: 261355899 Page 2 of 22 06/29/2022 Payment Week: 26 Payment Date: Service Code or Explanatio Total Provider Other Plan Other Patient Obligation Net Payment Adjustment Co -Pav Deductible Date Description n Charge Discount Payment DELAWARE DIAGNOSTIC LABS Rendering Provider: 1144757212 Patient Acct #: 22F7647270074 Group/Check Number: 16351/76268990 Billing NPI: **Customer Service #:** 1-800-925-2272 Member Number: 1567895388-1 Network: LERNIN PEREZ Claim Number: F69MH67 Administered By: Meritain **Patient Name:** 80.00 06/03/22 U0004 80.00 0.000.00 0.00 0.00 0.00 0.00 0.00 0.00 06/03/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 136 U0005 0.00 0.00 0.00 26.00 06/03/22 26.00 0.00 0.00 0.00 0.00 131.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 106.00 See NOTE-006 Total: DELAWARE DIAGNOSTIC LABS Rendering Provider: Group/Check Number: 17325/76031926 1144757212 22MF290370333 Billing NPI: Patient Acct #: **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Member Number: 0420277426 GRACE ABBEY Claim Number: F56YY48 Administered Bv: Meritain Patient Name: 80.0024.00 56.00 05/31/22 U0004 0.00 0.00 0.000.00 0.00 0.00 18.20 05/31/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 05/31/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 131.00See NOTE-002 Total: DELAWARE DIAGNOSTIC LABS Rendering Provider: 22MF250140259 Group/Check Number: 17325/76031927 1144757212 Billing NPI: Patient Acct #: **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Member Number: 0420277426 Administered Bv: Meritain GRACE ABBEY Claim Number: F56YY51 Patient Name: 0.00 05/24/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 136 05/24/22 24.00 0.00 0.00 0.00 56.00 U0004 80.00 0.00 0.00 0.00 05/24/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 18.20 0.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 131.00 See NOTE-002 Total: Rendering Provider: DELAWARE DIAGNOSTIC LABS Group/Check Number: 17325/76031928 Billing NPI: 1144757212 Patient Acct #: 22MF250210260 **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Member Number: 9623184254 Administered Bv: Meritain Patient Name: **EMMANUEL AKINDUTIRE** Claim Number: F56YY54 05/23/22 G2023 25.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 0.00136 05/23/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 0.0056.00 18.20 05/23/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31.80 0.00 25.00 0.00 0.00 0.00 74.20 See NOTE-002 131.00 **Total:** DELAWARE DIAGNOSTIC LABS Rendering Provider:

Billing NPI	: 1144757212			Patient Acct	#: 22MF29	0440335	Group/C	heck Nun	nber: 1732	25/76031929	
Network:	COALITION AM	ERICA]	Member Num	ber: 96231842	254	Custo	mer Servi	ce #: 1-80	0-925-2272	
Patient Nan	ne: EMMANU	EL AKINDUTIR	E	Claim Num	ber: F56YY56	5	Adı	ninistered	Bv: Meri	tain	
2000 7.00 0.00 0.00 0.00 0.00									18.20		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
	ndering Provider: DELAWARE DIAGNOSTIC LABS										

1144757212 **Group/Check Number:** 17325/76031930 Billing NPI: 22MF290470336 Patient Acct #: Network: COALITION AMERICA Customer Service #: 1-800-925-2272 Member Number: 4255219314 Administered By: Meritain ROSETTE ALCINDOR **Patient Name:** Claim Number: F56YY57 05/31/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 0.00 56.00 24.00 0.00 05/31/22 U0004 80.00 0.00 0.00 0.00 0.000.00 18.20 05/31/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 131.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 See NOTE-002 Total:

Tax ID: 8	814634900	EPC Draft	#: 261355899	Pavmo	ent Week: 20	S Payment	t Date: 0	6/29/2022	?	Pag	e 3 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAC	NOSTIC LABS		#• 22MF250	0240261			. 1727	25/7/021021	
Billing NPI		EDICA		Patient Acct						25/76031931 00-925-2272	
Network: Patient Nan	COALITION AMI ne: ROSETTE A			Member Numl	oer: 42332193 ber: F56YY59				d Bv: Mer		
05/23/22	G2023		25.00	0.00	0.00	25.00	0.00	0.00		0.00	0.00
	U0004	136	80.00		0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0004		26.00	24.00 7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		T. 4. I.	131.00	31.80	0.00	25.00	0.00	0.00		0.00	74.20
		Total:	NOSTIC LABS		0.00	23.00	0.00	0.00	0.00	0.00	74.20
Rendering l Billing NPI		AWARE DIAC	INOSTIC LABS	Patient Acct	#• 22MF290	0480337	Cwaum/C	hools Num	nhom 173′	25/76031932	
	COALITION AMI	FRICA		Member Num						00-925-2272	
Patient Nan		Side/1			ber: F56TK18				d Bv: Mer		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
			NOSTIC LABS	<u> </u>	7.77				7.77		,
Rendering Billing NPI:		AWARE DIAC	INOSTIC LABS	Patient Acct	#• 22MF250	0310262	Groun/C	heck Nun	nher: 1732	25/76031933	
	COALITION AMI	ERICA		Member Num						00-925-2272	
Patient Nan					ber: F56YY61				d Bv: Mer		
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF290	0540338	Group/C	heck Nun	nber: 1732	25/76031934	
Network:	COALITION AMI	ERICA		Member Num	ber: 81206597	'02	Custo	mer Servi	ice #: 1-80	00-925-2272	
Patient Nan	ne: BLANCA A	ROCHO		Claim Num	ber: F56YY63		Adı	ministere	d Bv: Mer	itain	
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 2200025	240012	Group/C	heck Nun	nber: 1732	25/76031936	
Network:	COALITION AMI	ERICA		Member Num	ber: 44499724	73				00-925-2272	
Patient Nan	ne: ENA ATILA	NO		Claim Num	her: F553H18		Adı	ministere	d Bv: Mer	itain	
01/03/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
01/03/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
01/03/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 2200091	900013				25/76031937	
Network:	COALITION AMI			Member Num						00-925-2272	
Patient Nan		NO	<u> </u>		her: F553H19			1	d Bv: Mer	1	
01/06/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00		0.00	0.00
01/06/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
01/06/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
			i e		I			1	1	1	

Total:

See NOTE-002

31.80

0.00

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Tax ID: 8	814634900	EPC Draft	4: 261355899	Pavm	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	je 4 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAG	NOSTIC LABS	D-44 A4	#• 2200139	710015	C/C	L L N	. L 1733	25/76031938	
Billing NPI	COALITION AM	FRICA		Patient Acct Mombor Num	#: 2200139 ber: 44499724					0-925-2272	
Patient Nar					ber: F553H21				Bv: Meri		
01/10/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
01/10/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
01/10/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL		NOSTIC LABS								
Billing NPI				Patient Acct	#: 2200191	190018	Group/C	heck Nun	nber: 1732	25/76031939	
Network:	COALITION AM	ERICA		Member Num	ber: 44499724	173				0-925-2272	
Patient Nar	me: ENA ATILA	NO		Claim Num	ber: F553H23		Ad	ministered	Bv: Mer	itain	
01/13/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
01/13/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
01/13/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22ME40	7910036	Group/C	heck Nun	ber: 1732	25/76031940	
Network:	COALITION AM	ERICA		Member Num	ber: 44499724	173				0-925-2272	
Patient Nar	me: ENA ATILA	NO		Claim Num	ber: F553H26		Ad	ministered	Bv: Mer	itain	
01/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
01/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
01/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering		AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct						25/76031941	
	COALITION AM				ber: 44499724				ce #: 1-80 l Bv: Meri	0-925-2272	
Patient Nar		1	25.00		ber: F553H27						0.00
01/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	
01/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00 18.20
01/31/22	U0005	75 ()	26.00 131.00	7.80	0.00	0.00 25.00	0.00	0.00	0.00	0.00	74.20
See NOTE-00		Total:		31.80	0.00	23.00	0.00	0.00	0.00	0.00	/4.20
Rendering		AWARE DIAC	NOSTIC LABS	D 41 4 4 4	" 22ME57	1860039	C (C		1.722	25/76031942	
Billing NPI	COALITION AM	FRICA		Patient Acct	#: 22ME37 ber: 44499724					0-925-2272	
Patient Nar					her: F553H29				Bv: Meri		
02/07/22	G2023	136	25.00	0.00	0.00	25.00		0.00	0.00	0.00	0.00
02/07/22	U0004	130	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
02/07/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering			NOSTIC LABS								
Billing NPI				Patient Acct	#: 22ME74	0290045	Group/C	heck Num	ber: 1732	25/76031943	
	COALITION AM	ERICA		Patient Acct #: 22ME740290045 Member Number: 4449972473		Group/Check Number: 17325/76031943 Customer Service #: 1-800-925-2272					
Patient Nar					ber: F553H31		Ad	ministered	Bv: Mer	itain	
02/28/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
02/28/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
02/28/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20

Total:

See NOTE-002

31.80

0.00

25.00

0.00

0.00

0.00

0.00

Tax ID: 8	314634900	EPC Draft	4: 261355899	Pavmo	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	e 5 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering 1		AWARE DIAC	NOSTIC LABS		22) (5.50	5500045			150		
Billing NPI		EDICA		Patient Acct						25/76031944	
	COALITION AMI			Member Number						0-925-2272	
Patient Nan 03/07/22	ne: ENA ATILA U0004	INO	80.00	24.00	her: F553H35	0.00		0.00	Bv: Mer	0.00	56.00
					0.00		0.00		0.00		
03/07/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
03/07/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF25	0330065				25/76031945	
Network:	COALITION AMI	ERICA		Member Num	ber: 44499724	173				0-925-2272	
Patient Nan	ne: ENA ATILA	NO		Claim Num	ber: F553H37		Adı	ministered	Bv: Mer	itain	
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Providor: DEL		NOSTIC LABS	•		•					
Billing NPI		iiiiiid biiic	Troblic Eribb	Patient Acct	#: 22MF29	0560067	Group/C	heck Nun	nher: 1732	25/76031946	
	COALITION AMI	ERICA		Member Num	·· -					0-925-2272	
Patient Nan					ber: F553H39				Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004	150	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
		70.4.1	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	
See NOTE-002		Total:		31.80	0.00	23.00	0.00	0.00	0.00	0.00	74.20
Rendering 1		AWARE DIAG	NOSTIC LABS		223 (522	0.570220	~ .~		. 172	25/5/021040	
Billing NPI	: 1144757212 COALITION AMI	EDICA		Patient Acct						25/76031948 0-925-2272	
Network: Patient Nan		BELANDRES		Member Num	ber: 5062064. ber: F56YY64				Bv: Mer		
05/31/22	U0005	BEERNORES	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI				Patient Acct						25/76031949	
Network:	COALITION AMI			Member Num						0-925-2272	
Patient Nan		BELANDRES			her: F56YY68			1	Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL		NOSTIC LABS								
Billing NPI			Labo	Patient Acct	#: 22MF25	0360264	Group/C	heck Nun	nber: 1732	25/76031950	
_	COALITION AMI	ERICA		Member Num						0-925-2272	
Patient Nan					her: F56YY7(Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
02142144	30007		121.00	21.00	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

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Tax ID: 8.	14634900	EPC Draft	#: 261355899	Pavm	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	e 6 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering P		AWARE DIAC	SNOSTIC LABS	D	" 22ME25	0290265	G 10		1722	05/76021051	
Billing NPI:		EDICA		Patient Acct			Group/C	heck Nun	1ber: 1/32	25/76031951 0-925-2272	
	COALITION AMI ne: DONNA BL				ber: 52696734				1 Bv: Mer		
Patient Nam 05/23/22	G2023		25.00	0.00	ber: F56YY72 0.00	25.00	0.00	0.00	0.00	0.00	0.00
		136									18.20
05/23/22	U0005		26.00 80.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22 See NOTE-002	U0004	T-4-1.	131.00	24.00	0.00	25.00	0.00	0.00	0.00	0.00	74.20
		Total:	NOSTIC LABS	31.00	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P Billing NPI:		AWAKE DIAC	INOSTIC LABS	Patient Acct	#: 22MF29	0630341	Croun/C	hook Nun	how 1733	25/76031952	
	COALITION AMI	ERICA			ber: 64994581					0-925-2272	
Patient Nam					ber: F56YY74				Bv: Mer		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
			NOSTIC LABS					0.00			, ,
Rendering P Billing NPI:		AWARE DIAC	INOSTIC LABS	Patient Acct	#• 22MF25	0400266	Croup/C	hook Nun	hor: 1732	25/76031953	
	COALITION AMI	FRICA			ber: 64994581					0-925-2272	
Patient Nam					ber: F56YY77				Bv: Mer		
05/23/22	U0005	, DEIX	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	Provident DEL		NOSTIC LABS			<u> </u>					
Billing NPI:		AWARL DIAC	INOSTIC LABS	Patient Acct	#: 22MF25	1990315	Groun/C	heck Nun	her: 1732	25/76032051	
	COALITION AMI	ERICA			ber: 72853919					0-925-2272	
Patient Nam		E VAN BUSK			ber: F56Z143				Bv: Mer		
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:				Patient Acct	#: 22MF29	2210382	Group/C	heck Nun	iber: 1732	25/76032052	
	COALITION AMI	ERICA			ber: 72853919	970				0-925-2272	
Patient Nam		E VAN BUSK			ber: F56Z148				Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF25	0440268				25/76031956	
Network: (COALITION AMI	ERICA		Member Num	ber: 35716739	973				0-925-2272	
Patient Nam	ne: MARIA CA	RTER		Claim Num	her: F56YY81	1	Ad	ministered	Bv: Mer	itain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

25.00

0.00

0.00

0.00

0.00

Tax ID: 814634900 Page 7 of 22 261355899 Payment Date: 06/29/2022 EPC Draft #: Pavment Week: 26 Service Code or Explanatio **Total** Provider Other Plan Other Patient Obligation Net Adjustment Co -Pav Deductible Payment Date Description n Charge Discount Co -Ins Non-Cov **Payment** DELAWARE DIAGNOSTIC LABS Rendering Provider: **Group/Check Number:** 17325/76031957 Billing NPI: Patient Acct #: 22MF250470270 1144757212 Network: COALITION AMERICA Member Number: 0743023552 Customer Service #: 1-800-925-2272 Administered By: Meritain Patient Name: ALEYKUTTY Claim Number: F56YY85 CHEERAMKUZHIYIL 05/23/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 0.0056.00 26.00 7.80 0.00 0.00 0.00 0.00 0.00 18.20 05/23/22 U0005 0.00 05/23/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 31.80 0.00 25.00 0.00 0.00 74.20 See NOTE-002 131.00 0.00 0.00 Total: DELAWARE DIAGNOSTIC LABS Rendering Provider: Patient Acct #: 22MF290700343 Group/Check Number: 17325/76031958 1144757212 Billing NPI: Network: COALITION AMERICA Member Number: 0743023552 **Customer Service #:** 1-800-925-2272 Claim Number: F56YY88 Administered By: Meritain Patient Name: ALEYKUTTY CHEERAMKUZHIYIL 25.00 0.00 0.00 05/31/22 G2023 25.00 0.00 0.00 0.00 0.00 0.00 136 0.00 56.00 05/31/22 80.00 24.00 0.00 0.00 0.00 0.00 U0004 0.00 05/31/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 18.20 74.20 0.00 25.00 0.00 0.00 See NOTE-002 131.00 31.80 0.00 0.00 **Total:** Rendering Provider: DELAWARE DIAGNOSTIC LABS Group/Check Number: 17325/76031959 1144757212 22MF290710344 Billing NPI: Patient Acct #: **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Member Number: 4699393389 Administered By: Meritain Patient Name: FRANTZES CHERY Claim Number: F56YY90 05/31/22 U0005 0.00 18.20 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 56.00 24.00 0.00 0.00 05/31/22 U0004 80.00 0.00 0.00 0.00 0.00 0.00 05/31/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 136 31.80 0.00 25.00 0.00 0.00 131.00 0.00 0.00 74.20 See NOTE-002 Total: DELAWARE DIAGNOSTIC LABS Rendering Provider: 22MF250480271 Billing NPI: 1144757212 Patient Acct #: Group/Check Number: 17325/76031960 Network: COALITION AMERICA Member Number: 4699393389 Customer Service #: 1-800-925-2272 Administered By: Meritain FRANTZES CHERY Claim Number: F56YY91 Patient Name: 05/24/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00136 05/24/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 0.00 56.00 0.00 18.20 05/24/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 131.0074.20 See NOTE-002 Total: Rendering Provider: DELAWARE DIAGNOSTIC LABS

Billing NPI: 1144757212 Patient Acct #: 22MF250500272 Group/Check Number: 17325/76031961 Member Number: 8152329644 Network: COALITION AMERICA Customer Service #: 1-800-925-2272 YOLAINE CLERVOIS Administered By: Meritain Claim Number: F56YY92 Patient Name: 0.00 05/23/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 136 0.00 56.00 05/23/22 U0004 24.00 0.00 0.00 0.00 0.00 80.00 0.00 0.00 18.20 05/23/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 131.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 See NOTE-002 Total:

DELAWARE DIAGNOSTIC LABS Rendering Provider: 1144757212 **Patient Acct #:** 22MF250520273 Group/Check Number: 17325/76031962 Billing NPI: **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Member Number: 6615979336 ELIZER CORREA Claim Number: F56YY94 Administered By: Meritain Patient Name: 05/23/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 0.00 56.00 18.20 05/23/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 0.00 G2023 25.00 0.000.00 25.00 0.00 0.00 0.000.00 05/23/22 136 31.80 0.00 0.00 0.00 74.20 131.00 25.00 0.00 0.00 See NOTE-002 Total:

<i>Tax ID</i> : 8	14634900	EPC Draft	#: 261355899	Pavm	ent Week: 20	6 Paymen	t Date: 0	6/29/2022		Page	e 8 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n AWA DE DAAG	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering l		AWARE DIAC	SNOSTIC LABS	Patient Acct	#• 22MF29	0750345	Crown/C	hook Num	.h 1730	25/76031963	
Billing NPI:	COALITION AMI	EDICA			#: 22MF29					0-925-2272	
Network: Patient Nan					ber: F56YY96				d By: Meri		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004	130	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS	•					•		
Billing NPI:		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	sivestic Libs	Patient Acct	#: 2200523	500086	Group/C	heck Nun	nber: 1597	75/	
	NSA ELIGIBLE C	LAIM CHECK	ζ		ber: 45271767	738-1				0-925-2272	
Patient Nan					ber: F56YZ48		Ad	ministere	d Bv: Mer	itain	
	GOLDSBO	ROUGH									
05/25/22	U0005		26.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00	0.00
05/25/22	G2023		25.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00
05/25/22	U0004		80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00
See NOTE-004	1	Total:	131.00	0.00	0.00	0.00	0.00	0.00	0.00	131.00	0.00
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:				Patient Acct						25/76031968	
Network:	COALITION AMI				ber: 38840110					0-925-2272	
Patient Nan	ne: AMIDA DE	EN		Claim Num	ber: F56YZ09)	Ad	ministere	d Bv: Mer		
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering l	Provider: DEL	AWARE DIAC	SNOSTIC LABS								
Billing NPI:				Patient Acct						25/76031969	
	COALITION AMI				ber: 38840110					0-925-2272	
Patient Nan		EN	26.00		ber: F56YZ11				d Bv: Meri		10.20
05/23/22	U0005	100	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/23/22	G2023 U0004	136	25.00 80.00	24.00	0.00	25.00 0.00	0.00	0.00	0.00	0.00	56.00
		Totale	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
See NOTE-002		Total:			0.00	23.00	0.00	0.00	0.00	0.00	74.20
Rendering l Billing NPI:		AWARE DIAC	SNOSTIC LABS	Patient Acct	#: 22MF25	0610277	C/C	l l. N	1722	25/76031970	
	COALITION AMI	ERICA			#: 22Mi 23					0-925-2272	
Patient Nan		TE DUNCAN			her: F56YZ20				d Bv: Meri		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0005	130	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1			NOSTIC LABS								
Billing NPI:		III DIAC		Patient Acct	#: 22MF25	0630278	Groun/C	heck Nun	nber: 1732	25/76031972	
_	COALITION AMI	ERICA			ber: 49197133					0-925-2272	
Patient Nan					her: F56YZ25				d Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
			1	1					l		

Total:

See NOTE-002

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<i>Tax ID</i> : 81	14634900	EPC Draft	4: 261355899	Pavm	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	e 9 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering P		AWARE DIAC	NOSTIC LABS	D	#• 22MF29	0060240	G (G		1722	05/76021074	
Billing NPI:	1144757212 COALITION AMI	EDICA		Patient Acct			Group/C	heck Nun	1ber: 1/32	25/76031974 0-925-2272	
				Member Num	ber: 5121/900 ber: F56YZ32				1 Bv: Mer		
Patient Nam 05/31/22	U0004	MILE	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0004		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P			NOSTIC LABS							1	
Billing NPI:	1144757212			Patient Acct	#: 22MF29	1270362	Group/C	heck Nun	ıber: 1732	25/76031975	
Network:	COALITION AMI	ERICA		Member Num	ber: 70421374	129				0-925-2272	
Patient Nam	e: KHAN EMM	MENCIA			ber: F56Z005		Adı	ministered	Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	rovider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF25	1050291				25/76031976	
Network: (COALITION AMI	ERICA		Member Num	ber: 70421374	129	Custo	mer Servi	ce #: 1-80	0-925-2272	
Patient Nam	e: KHAN EMN	MENCIA		Claim Num	ber: F56Z007		Adı	ministered	Bv: Mer	itain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P		AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct						25/76031977	
	COALITION AMI			Member Num						0-925-2272	
Patient Nam		ESTINFIL	26.00		ber: F56YZ33				Bv: Mer		10.20
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004	T . 1	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P		AWARE DIAC	NOSTIC LABS		" 22) (F2.5	0.660270	G 16		. 1720	NE /7 (02 1 0 7 0	
Billing NPI:		EDICA		Patient Acct						25/76031978 0-925-2272	
	COALITION AMI e: MAXIANA			Member Num	ber: 31199732 ber: F56YZ34				1 Bv: Mer		
Patient Nam	U0004	PRIMITE	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	G2023	126	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0005	136	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P			NOSTIC LABS	21.00	0.30	22.30	0.00		3.50		,20
Billing NPI:	1144757212			Patient Acct	#: 22MF25	1810311	Groun/C	heck Num	nber: 1732	25/76032043	
_	COALITION AMI	ERICA		Member Num	** =					0-925-2272	
Patient Nam		IMONIS FRAI			her: F56Z109				Bv: Mer		
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
		1	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

25.00

0.00

0.00

0.00

0.00

Tax ID: 8	814634900	EPC Draft	#: 261355899	Pavm	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	ge 10 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAG	NOSTIC LABS		" 22ME20	2020270	G (G		1727	05/76022044	
Billing NPI	: 1144757212 COALITION AMI	EDICA		Patient Acct	#: 22MF29 ber: 49841720					25/76032044 00-925-2272	
Network: Patient Nar		EKICA IMONIS FRAN			ber: 49841720 ber: F56Z115)33			d Bv: Mer		
05/31/22	U0005	INONISTRA	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
	U0004		80.00		0.00	0.00		0.00	0.00	0.00	56.00
05/31/22				24.00			0.00				
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF25	0750282				25/76031979	
Network:	COALITION AMI				ber: 49911334					0-925-2272	
Patient Nar	ne: TRACY FU	DGE		Claim Num	ber: F56YZ40)	Adı	ministere	Bv: Mer	itain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering			NOSTIC LABS		·						
Billing NPI		AWARL DIAC	NOSTIC LABS	Patient Acct	#• 22MF29	0970351	Groun/C	heck Nun	her: 1732	25/76031980	
	COALITION AMI	ERICA			ber: 49911334					0-925-2272	
Patient Nar					ber: F56YZ44				d Bv: Mer		
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	126	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
		136				0.00				0.00	56.00
05/31/22	U0004		80.00	24.00	0.00		0.00	0.00	0.00		
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering		AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct						15/76051844	
	COALITION AMI				ber: 5656392					0-925-2272	
Patient Nar		EESON	22.22		ber: F46SF76				d Bv: Mer		56.00
05/12/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/12/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/12/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF29	1090353	Group/C	heck Nun	nber: 1732	25/76031981	
Network:	COALITION AMI	ERICA		Member Num	ber: 76975033	394				0-925-2272	
Patient Nar	ne: NELLY GRI	USSGOTT			her: F56YZ53		Adı	ministered	d Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
		Totale	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
See NOTE-00		Total:			0.00	23.00	0.00	0.00	0.00	0.00	/4.20
Rendering		AWARE DIAG	NOSTIC LABS		# 22ME25	0070202	C /2		1720	05/76021002	
Billing NPI		EDICA		Patient Acct			Group/Check Number: 17325/76031982 Customer Service #: 1-800-925-2272				
	COALITION AMI				ber: 76975033						
Patient Nar		DSSGO11	00.00		her: F56YZ54				d Bv: Mer		56.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
			121.00	21.00	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

25.00

0.00

0.00

0.00

0.00

<i>Tax ID</i> : 81	14634900	EPC Draft	#: 261355899	Pavm	ent Week: 20	6 Paymen	t Date: 0	6/29/2022		Pag	e 11 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering P		AWARE DIAC	SNOSTIC LABS		22) (F25	0000204	~ .~		. 1720	5/7/02100/	
Billing NPI:	1144757212	EDICA		Patient Acct			Group/C	heck Nun	nber: 1/32	25/76031986 0-925-2272	
	COALITION AMI e: SONYA HA			Member Num	ber: 68/043/0 ber: F56YZ56				d Bv: Meri		
Patient Nam	U0005	INSEN	26.00	7.80	0.00	0.00	0.00	0.00		0.00	18.20
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	rovider: DEL	AWARE DIAC	SNOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF29	1120354				25/76031987	
Network: (COALITION AMI	ERICA		Member Num	ber: 68704370	084			ice #: 1-80		
Patient Nam	e: SONYA HA	NSEN		Claim Num	ber: F56YZ60	1	Adı	ministere	d Bv: Mer	tain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	rovider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF29	1160355	Group/C	heck Nun	nber: 1732	25/76031988	
Network: (COALITION AMI	ERICA		Member Num	ber: 96161777	75				0-925-2272	
Patient Nam		URTADO-GIL			ber: F56YZ65				d Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
			NOSTIC LABS								
Rendering P Billing NPI:	1144757212	AWARE DIAC	INOSTIC LABS	Patient Acct	#: 22MF25	0940285	Group/C	hock Nur	nhor: 1732	25/76031989	
	COALITION AMI	ERICA		Member Num						0-925-2272	
Patient Nam		URTADO-GIL			ber: F56YZ69				d Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004	150	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
		T. ()	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
See NOTE-002		Total:			0.00	23.00	0.00	0.00	0.00	0.00	74.20
Rendering P		AWARE DIAC	SNOSTIC LABS		223 FF20	1170256			. 1722		
Billing NPI:		EDICA		Patient Acct						25/76031990 0-925-2272	
	COALITION AMI			Member Num					d Bv: Meri		
Patient Nam	G2023	1	25.00	0.00	her: F56YZ74	25.00		0.00		0.00	0.00
05/31/22		136			0.00		0.00				
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering P	rovider: DEL	AWARE DIAC	SNOSTIC LABS								
Billing NPI:				Patient Acct						25/76031992	
Network: (COALITION AMI			Member Num						0-925-2272	
Patient Nam	e: EMMANUE	ELLA JEAN		Claim Num	ber: F56YZ76		Adı		d Bv: Mer		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
			121.00	21.90	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

25.00

0.00

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0.00

0.00

Tax ID: 8	314634900	EPC Draft	#: 261355899	Pavmo	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	e 12 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAC	SNOSTIC LABS								
Billing NPI		EDIC.		Patient Acct						25/76031995	
	COALITION AMI			Member Num						0-925-2272	
Patient Nar			25.00		her: F56YZ77				d Bv: Mer		0.00
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF29	2320385				25/76031996	
Network:	COALITION AMI	ERICA		Member Num	ber: 26185329	919	Custo	mer Servi	ice #: 1-80	0-925-2272	
Patient Nar	ne: VALENTIN	A JOSEPH		Claim Num	ber: F56YZ82	2	Adı	ministered	d Bv: Mer	itain	
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Duaridam DEI		NOSTIC LABS			<u>, </u>					
Rendering . Billing NPI		AWARL DIAC	INOSTIC LABS	Patient Acct	#• 22MF25	0990287	Groun/C	heck Nun	her: 1732	25/76031999	
	COALITION AMI	ERICA		Member Num						0-925-2272	
Patient Nar		U KABINEH			ber: F56YZ86				d Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004	130	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1		AWARE DIAC	SNOSTIC LABS								
Billing NPI		EDICA		Patient Acct						25/76032000 0-925-2272	
Network: Patient Nar	COALITION AMI	U KABINEH		Member Num	ber: 5203691 ber: F56YZ88				d Bv: Mer		
05/31/22	U0005	KADINEII	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
		126		0.00						0.00	0.00
05/31/22	G2023	136	25.00		0.00	25.00	0.00	0.00	0.00		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	SNOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF29	1230359				25/76032001	
Network:	COALITION AMI			Member Num						0-925-2272	
Patient Nar		A KAMARA			her: F56YZ91				d Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	1010288	Group/C	heck Nun	aber: 1732	25/76032002	
_	COALITION AMI	ERICA		Member Num						0-925-2272	
Patient Nar		A KAMARA			her: F56YZ95				d Bv: Mer		
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
00.20,22	50004		121.00	21.00	0.00		0.00	0.00	0.00	0.00	74.20

Total:

See NOTE-002

31.80

0.00

25.00

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Tax ID: 8	814634900	EPC Draft	#: 261355899	Pavme	ent Week: 2		t Date: 0	6/29/2022		Pag	e 13 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date Date	Description DEL	AWADE DIAC	Charge SNOSTIC LABS	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering Billing NPI		AWAKE DIAC	INOSTIC LABS	Patient Acct	#• 22MF15	3410317	Croup/C	hook Nun	hor. 1818	39/75749978	
	COALITION AM	ERICA		Member Numl						0-925-2272	
Patient Nar					her: F37AI34				Bv: Mer		
05/05/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/05/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/05/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	3	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	1020289	Group/C	heck Nun	iber: 1732	25/76032003	
Network:	COALITION AM	ERICA		Member Num	ber: 38864493	393				0-925-2272	
Patient Nar	me: JATINDER	KAUR		Claim Num	ber: F56YZ98	;	Ad	ministered	Bv: Mer	itain	
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF29	1240360				25/76032004	
Network:	COALITION AM	ERICA		Member Num	ber: 38864493	393				0-925-2272	
Patient Nar	me: JATINDER	KAUR		Claim Num	ber: F56Z001		Ad	ministered	Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	SNOSTIC LABS								
Billing NPI				Patient Acct						25/76032005	
	COALITION AM			Member Num		552				0-925-2272	
Patient Nar		OLADE-ADEY			ber: F56Z011	2.22			Bv: Mer		10.20
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering		AWARE DIAC	SNOSTIC LABS								
Billing NPI		EDIC		Patient Acct						25/76032006	
	COALITION AM	ERICA DLADE-ADEY		Member Numl					ce #: 1-80	0-925-2272	
Patient Nar	U0005	JLADE-ADE I		7.80	her: F56Z016 0.00	0.00		0.00		0.00	18.20
05/31/22			26.00				0.00	0.00	0.00	0.00	56.00
05/31/22	U0004	126	80.00	24.00	0.00	0.00	0.00		0.00		0.00
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	
See NOTE-00		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering		AWARE DIAC	NOSTIC LABS		" 221 (F2.5	0560274	a 10		. 1720	05/7/0210/4	
Billing NPI	: 1144757212 COALITION AM	EDICA		Patient Acct						25/76031964 0-925-2272	
Network: Patient Nar				Member Numl	ber: 03303130 ber: F56YZ04				1 Bv: Mer		
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/24/22	U0005	150	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
33127122	C 0000 1		50.00	27.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00

Total:

See NOTE-002

31.80

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0.00

Tax ID: 8146	34900	EPC Draft	#: 261355899	Pavm	ent Week: 2	6 Paymen	t Date: 0	6/29/2022		Pag	e 14 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
-	<u>Description</u>	AWADE DIAC	Charge SNOSTIC LABS	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering Prov	vider: DEL 1144757212	AWAKE DIAC	INOSTIC LABS	Patient Acct	#• 22MF29	0780346	Crown/C	hools Num	.h 1733	25/76031965	
Billing NPI: Network: CO.		FRICA			her: 05505130					0-925-2272	
Patient Name:	LINDA DE				iber: 05505150 iber: F56YZ07				d Bv: Mer		
05/31/22	U0004	Lech	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002	G2023	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
	ridam DEI		NOSTIC LABS								, ,
Rendering Pro Billing NPI:	vider: DEL 1144757212	AWAKE DIAC	INOSTIC LABS	Patient Acct	#• 2200205	770014	Croun/C	hoek Nun	nhor: 1593	75/76120927	
Metwork: CO.		ERICA			iber: 35663582					0-925-2272	
Patient Name:	AARON M				iber: F62JC36	-501			d Bv: Mer		
01/14/22	U0004		80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00
01/14/22	U0005		26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00
01/14/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-005		Total:	131.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	106.00
Dandaring Dua	ridam DEI									1	
Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Patient Acct #: 22MF291460364 Group/Check Number: 17325/76032014											
Network: COALITION AMERICA					ber: 41143957					0-925-2272	
Patient Name:	BHAVIK M				ber: F56Z028				d Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro	vider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF25	1240293	Group/C	heck Nun	nber: 1732	25/76032015	
Network: CO.	ALITION AM	ERICA		Member Number: 4114395704			Customer Service #: 1-800-925-2272				
Patient Name:	BHAVIK M	EHTA		Claim Num	nber: F56Z030		Adı	ministere	d Bv: Mer	itain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro	vider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF25	1250294	Group/C	heck Nun	nber: 1732	25/76032016	
Network: CO.	ALITION AM	ERICA		Member Num	ıber: 44111991	192	Custo	mer Servi	ice #: 1-80	0-925-2272	
Patient Name:	SNOOKY N	MENDOZA		Claim Num	her: F56Z034		Adı	ministere	d Bv: Mer	itain	
05/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro	vider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct			-			25/76032017	
Network: CO					iber: 44111991					0-925-2272	
Patient Name:	SNOOKY N	MENDOZA		Claim Num	her: F56Z036		Adı	1	d Bv: Mer		
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
					4						

131.00

Total:

See NOTE-002

0.00

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Tax ID: 8	314634900	EPC Draft	#: 261355899	Pavme	ent Week: 20	6 Paymen	t Date: 0	6/29/2022		Pag	e 15 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering l		AWARE DIAC	NOSTIC LABS		" 22ME20	1500266	a 10		. 172	25/7/022019	
Billing NPI	•	EDICA		Patient Acct						25/76032018 00-925-2272	
	COALITION AMI	EKICA /IICHALOWSI		Member Num	ber: 82307706 her: F56Z040	599			d Bv: Mer		
Patient Nan 05/31/22	G2023		25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
		136									
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22 See NOTE-002	U0005	Total:	26.00 131.00	7.80	0.00	0.00 25.00	0.00	0.00	0.00	0.00	74.20
Rendering Provider: DELAWARE DIAGNOSTIC LABS										74.20	
_		AWARE DIAC	iNOSTIC LABS		22ME25	1200205	a 10		. 172	25/7/022010	
Billing NPI:	: 1144757212 COALITION AMI	EDICA		Patient Acct						25/76032019 00-925-2272	
Network: Patient Nan		EKICA /IICHALOWSI		Member Num	ber: 82307706 ber: F56Z043	599			d Bv: Mer		
05/23/22	G2023		25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
		136		0.00						0.00	56.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00		
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct				25/76032020			
			Member Num	Custo							
Patient Nan	1	RANDA			ber: F56Z047				d Bv: Mer		
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	1470298	Group/C	heck Nun	nber: 1732	25/76032021	
Network:	COALITION AMI	ERICA		Member Number: 1911191171			Customer Service #: 1-800-925-2272				
Patient Nan	ne: JANETTE P	AGAN		Claim Num	ber: F56Z052		Ad	ministered	d Bv: Mer	ritain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
			NOSTIC LABS								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Rendering l Billing NPI		AWARE DIAC	INOSTIC LABS	Patient Acct	#: 22MF29	1690367	Group/C	hock Nun	nhor: 173	25/76032022	
	COALITION AMI	ERICA		Member Number: 1911191171						00-925-2272	
Patient Nan					her: F56Z054				d Bv: Mer		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0005	150	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering 1	Providor: DFI		NOSTIC LABS								
Billing NPI		TWINE DITE	JIVOSTIC LANDS	Patient Acct	#: 22MF29	1770369	Groun/C	heck Nun	nber: 1733	25/76032024	
Billing NPI: 1144757212 Patient Acct #: 22MF291770369 Group/Check Number: 17325/76032024 Network: COALITION AMERICA Member Number: 2670135028 Customer Service #: 1-800-925-2272											
Patient Name: BONNA PETERS Claim Number: F56Z059 Administered Bv: Meritain											
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20

Total:

See NOTE-002

31.80

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Tax ID: 814634900 Page 16 of 22 261355899 06/29/2022 EPC Draft #: Pavment Week: 26 Payment Date: Service Code or Explanatio **Total** Provider Other Plan Other **Patient Obligation** Payment Adjustment Co -Pay Deductible Date Co -Ins

Date	Description	- 11	Charge	Discount	- 11,		CO-IIIS	CU-I av	Deductible	TOH-COV	1 ayıncın
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251550301			Group/C	Group/Check Number: 17325/76032025			
Network:	COALITION AMI		Member Number: 2670135028				Customer Service #: 1-800-925-2272				
Patient Name: BONNA PETERS			Claim Number: F56Z064				Administered Bv: Meritain				
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002	2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS **Group/Check Number:** 17325/76032028 Billing NPI: 1144757212 Patient Acct #: 22MF251620303 Member Number: 9700274136 **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Administered By: Meritain PRISCILLA REYES Claim Number: F56Z067 Patient Name: U0004 24.00 0.00 56.00 05/23/22 80.00 0.00 0.00 0.00 0.00 0.00 0.00 05/23/22 7.80 0.00 18.20 U0005 26.00 0.00 0.00 0.00 0.000.00 0.00 G2023 25.00 0.00 0.00 25.00 0.00 0.00 05/23/22 136 0.00 31.80 0.00 25.00 0.00 0.00 131.00 0.00 74.20 See NOTE-002

Total:

Total:

See NOTE-002

DELAWARE DIAGNOSTIC LABS Rendering Provider: 1144757212 22MF251630304 Group/Check Number: 17325/76032029 Billing NPI: Patient Acct #: Network: COALITION AMERICA Member Number: 2216029174 Customer Service #: 1-800-925-2272 Administered By: Meritain VIERA RINKOVSKA Claim Number: F56Z073 Patient Name: 18.20 05/23/22 U0005 26.00 7.80 0.000.00 0.00 0.00 0.00 0.0005/23/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 24.00 0.00 0.0056.00 05/23/22 U0004 80.00 0.00 0.00 0.00 0.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 See NOTE-002 131.00Total:

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Patient Acct #: 22MF291850372 Group/Check Number: 17325/76032030 Member Number: 2216029174 **Customer Service #:** 1-800-925-2272 Network: COALITION AMERICA Claim Number: F56Z074 Administered By: Meritain Patient Name: VIERA RINKOVSKA 05/31/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 56.00 05/31/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 0.00 18.20 0.00 0.00 05/31/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00

31.80

131.00

DELAWARE DIAGNOSTIC LABS Rendering Provider: **Patient Acct #:** 22MF291860373 Group/Check Number: 17325/76032031 1144757212 Billing NPI: Network: COALITION AMERICA Member Number: 8902740773 Customer Service #: 1-800-925-2272 ANGEL RODRIGUEZ Claim Number: F56Z079 Administered Bv: Meritain Patient Name: 0.00 05/31/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 136 05/31/22 U0004 80.00 24.00 0.00 0.00 0.00 0.00 56.00 0.00 0.00 18.20 05/31/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.000.00 31.80 25.00 0.00 0.00 131.00 0.00 0.00 0.00 74.20 See NOTE-002 Total:

0.00

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74.20

DELAWARE DIAGNOSTIC LABS Rendering Provider: 1144757212 22MF251640305 Group/Check Number: 17325/76032032 Billing NPI: Patient Acct #: Network: COALITION AMERICA Member Number: 8902740773 Customer Service #: 1-800-925-2272 Claim Number: F56Z081 ANGEL RODRIGUEZ Administered By: Meritain **Patient Name:** 05/23/22 U0005 26.00 7.80 0.00 0.00 0.00 0.00 0.00 0.00 18.20 05/23/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 56.00 U0004 24.00 0.00 0.00 05/23/22 80.00 0.00 0.00 0.00 0.00 131.00 31.80 0.00 25.00 0.00 0.00 0.00 0.00 74.20 See NOTE-002 Total:

Tax ID: 814	634900	EPC Draft	4: 261355899	Pavm	ent Week: 20	6 Paymen	t Date: 0	6/29/2022	,	Pag	e 17 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O	bligation		Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering Pro		AWARE DIAC	NOSTIC LABS	D	" 22ME25	1660206	6 (6		1722	05/76022022	
Billing NPI:	1144757212 DALITION AM	EDICA	,	Patient Acct						25/76032033 0-925-2272	
		EKICA ROMANIELLO			ber: 45741258 ber: F56Z083	943			d Bv: Mer		
Patient Name: 05/24/22	G2023		25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/24/22	U0004	136	80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	U0004		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00		0.00	74.20
Rendering Provider: DELAWARE DIAGNOSTIC LABS										74.20	
Kenaering Pro Billing NPI:	ovider: DEL 1144757212	AWAKE DIAC	INOSTIC LABS	Patient Acct	#• 22MF29	1880374	Group/C	hock Nur	nher: 1732	25/76032034	
	DALITION AM	ERICA	1		ber: 45741258					0-925-2272	
Patient Name:		ROMANIELLO			ber: F56Z085				d Bv: Mer		
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Dandaring Pre	ovidor: DEL		NOSTIC LABS		<u>, </u>						
Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Patient Acct #: 22MF291960376 Group/Check Number: 17325/76032035											
Network: COALITION AMERICA			Member Number: 0013550934			Customer Service #: 1-800-925-2272					
Patient Name:	: WILSON S.	ANTIAGO			ber: F56Z088		Adı	ministere	d Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro	ovider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct	#: 22MF25	1740308				25/76032036	
Network: CO	DALITION AM]	Member Number: 0013550934			Customer Service #: 1-800-925-2272				
Patient Name:	: WILSON S.	ANTIAGO	-	Claim Num	ber: F56Z093	-	Adı	ministere	d Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro	ovider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI:	1144757212			Patient Acct						25/76031966	
	DALITION AM		1		ber: 54262820					0-925-2272	
Patient Name:		DE SANTIS	2600	-	her: F56YZ14			1	d Bv: Mer	1	10.20
05/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00		0.00	18.20
05/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-002		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering Pro		AWARE DIAC	NOSTIC LABS		221 FE20	0010240	~ .~		. 172	25/26021062	
Billing NPI: 1144757212 Patient Acct #: 22MF290810348 Group/Check Number: 17325/76031967 Network: COALITION AMERICA Member Number: 5426282016 Customer Service #: 1-800-925-2272											
Network:				Member Number: 5426282016 Claim Number: F56YZ17			Customer Service #: 1-800-925-2272 Administered Bv: Meritain				
05/31/22	U0005	L DINITIO	26.00	7.80	0.00	0.00	0.00	0.00		0.00	18.20
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00		0.00	0.00
03/31/44	02023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00

Total:

See NOTE-002

131.00

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Tax ID:	814634900	EPC Draft	#: 261355899	Pavm	ent Week: 20	6 Payment	t Date: 0	6/29/2022		Pag	e 18 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n AWADE DIAG	Charge NOCTIC LADG	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAC	SNOSTIC LABS		" 22ME25	1770200	C 10	0 1 N	1722	05/76022027	
Billing NPI	COALITION AMI	EDICA	Patient Acct #: 22MF251770309 Member Number: 5175518464				Group/Check Number: 17325/76032037 Customer Service #: 1-800-925-2272				
Network: Patient Nai					ber: 51755162 ber: F56Z097	+04			Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0005	130	26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
											56.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	110/14011	AWARE DIAC	SNOSTIC LABS								
Billing NPI				Patient Acct						25/76032038	
	COALITION AMI				ber: 51755184	164				0-925-2272	
Patient Na	1	AH	26.00		ber: F56Z100	0.00			Bv: Mer		10.20
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI	i: 1144757212			Patient Acct	#: 22MF29	2000378				25/76032039	
Network:	Network: COALITION AMERICA			Member Num	ber: 32907553	350	Custo	mer Servi	ce #: 1-80	0-925-2272	
Patient Nai	me: ALDINE SH	IAW		Claim Num	ber: F56Z103		Ad	ministered	Bv: Mer	itain	
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	1780310	Group/C	heck Nun	nber: 1732	25/76032040	
Network:	COALITION AMI	ERICA	Member Number: 3290755350				Customer Service #: 1-800-925-2272				
Patient Na	me: ALDINE SH	IAW	Claim Number: F56Z106				Administered By: Meritain				
05/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/24/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
				31.00	0.00	20.00	0.00	0.00	0.00		,20
Rendering Billing NPI	Provider: DEL. [: 1144757212	AWAKE DIAC	INOSTIC LABS	Dationt A aut	#: 2102348	760148	Cwayn/C	hook Num	nber: 1663	25/	
	MULITPLAN DIR	FCT NEGOTI	AT	Patient Acct	#: 2102348 ber: 13449930					0-925-2272	
Patient Nai					her: ES0FR28				Bv: Mer		
12/23/21	G2023		25.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00
12/23/21	U0004		80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00
12/23/21	U0005		26.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00	0.00
See NOTE-00		Total:	131.00	0.00	0.00	0.00	0.00	0.00	0.00	131.00	0.00
Rendering		AWARE DIAC	SNOSTIC LABS								
Billing NPI		EDIC A		Patient Acct						25/76032045	
Network: COALITION AMERICA Member Number: 6983761864 Customer Service #: 1-800-925-2272 Patient Name: DAWN SOUZA Claim Number: F56Z121 Administered By: Meritain											
Patient Nai		LA	26.00			0.00		1 1		1	18.20
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00

Total:

See NOTE-002

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Tax ID: 8	814634900	EPC Draft	#: 261355899	Pavm	ent Week: 20	6 Payment	t Date: 0	6/29/2022		Pag	e 19 of 22
Service	Code or	Explanatio	Total	Provider	Other Plan	Other		Patient O			Net
Date	Description	n	Charge	Discount	Payment	Adjustment	Co -Ins	Co -Pav	Deductible	Non-Cov	Payment
Rendering		AWARE DIAG	NOSTIC LABS		22) (F25	1040212	~		- 1720	NE /7/02204/	
Billing NPI		EDICA		Patient Acct						25/76032046 0-925-2272	
	COALITION AMI me: DAWN SOU				ber: 69837618	564			1 Bv: Mer		
Patient Nat 05/24/22	U0004	ZA	80.00	24.00	her: F56Z126	0.00	0.00	0.00	0.00	0.00	56.00
05/24/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/24/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	110114611	AWARE DIAC	NOSTIC LABS								
Billing NPI				Patient Acct						25/76032047	
	COALITION AMI				ber: 98424313	390				0-925-2272	
Patient Nai	1	AN			ber: F56Z129				Bv: Mer		
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL.	AWARE DIAG	NOSTIC LABS								
Billing NPI	: 1144757212			Patient Acct	#: 22MF29	2100381	Group/C	heck Nun	nber: 1732	25/76032048	
Network:	COALITION AMI	ERICA		Member Num	ber: 98424313	390	Custo	mer Servi	ce #: 1-80	0-925-2272	
Patient Naı	me: GERLEY TA	AN		Claim Num	ber: F56Z134		Ad	ministered	Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	1910314	Group/C	heck Nun	iber: 1732	25/76032049	
Network:	COALITION AMI	ERICA	Member Number: 0100375989				Customer Service #: 1-800-925-2272				
Patient Nai	me: CAROL TH	OMPSON		Claim Num	ber: F56Z138		Ad	ministered	Bv: Mer	itain	
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF29	2260383	Group/C	heck Nun	ıber: 1732	25/76032053	
	COALITION AMI	ERICA			ber: 23130766	556				0-925-2272	
Patient Nai	me: VERA YAR	MOLIOUK			her: F56Z155		Ad	ministered	Bv: Mer	itain	
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/31/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/31/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
See NOTE-00)2	Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20
Rendering	Provider: DEL	AWARE DIAG	NOSTIC LABS								
Billing NPI				Patient Acct	#: 22MF25	2040316	Group/C	heck Nun	iber: 1732	25/76032054	
Network: COALITION AMERICA Member Number: 2313076656 Customer Service #: 1-800-925-2272											
Patient Name: VERA YARMOLIOUK Claim Number: F56Z158 Administered Bv: Meritain					itain						
05/23/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
05/23/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
05/23/22	U0005		26.00	7.80	0.00	0.00	0.00	0.00	0.00	0.00	18.20
	1	I									

Total:

See NOTE-002

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Tax ID: 814634900 261355899 Payment Date: 06/29/2022 Page 20 of 22 EPC Draft #: 26 Pavment Week: Service Code or Explanatio Total Provider Other Plan Other **Patient Obligation** Adjustment Payment Co -Pav Deductible Co -Ins Non-Cov Date Description n Charge Discount Payment Rendering Provider: DELAWARE DIAGNOSTIC LABS **Group/Check Number:** 16404/76058434 1144757212 Patient Acct #: 22MF101790157 Billing NPI: **Customer Service #:** 1-866-761-3018 Network: COALITION AMERICA Member Number: 5134425540 PHILLIP YOON Administered Bv: Meritain Patient Name: Claim Number: F22I082 04/26/22 G2023 25.00 0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00 136 56.00 U0004 80.00 24.00 0.00 0.00 0.00 0.00 0.00 04/26/22 0.00U0005 26.00 7.80 0.000.00 0.00 0.000.00 0.00 18.20 04/26/22 0.00 25.00 0.00 74.20 131.00 31.80 0.00 0.00 0.00 See NOTE-002 Total:

Statement Summary Administered By	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone
Meritain	14,672.00	3,434.40	0.00	2,750.00	262.00	8,225.60	See Individual Claim
Statement Totals	Total	Provider	Other Plan	Other	Patient	Net Payment	
	Charge	Discount	Payment	Adjustment	Obligation	Amount	
	14,672.00	3,434.40	0.00	2,750.00	262.00	8,225.60	

Explanations		
Administered by	Code	Description
Meritain	136	Separate benefits are not available for this procedure since it is a part of another procedure performed on the same day. We are unable to provide additional benefits for this charge.
NOTE-001		In order for the above referenced charge(s) to be considered, we need verification of other Medical, Dental, Prescription, or Vision insurance coverage for you or your family. Please complete the annual update of other insurance, if received, and return to the address listed above. If you did not receive a form letter, please contact our Service Center at 1-800-925-2272 and they will update your record.
		*** FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE NON-PAYMENT OF THIS CLAIM ***
		Separate benefits are not available for this procedure since it is a part of another procedure performed on the same day. We are unable to provide additional benefits for this charge. The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly. Paid in accordance with the Multiplan/Viant agreement. Patient not responsible for this amount.
		This is a THIRD REMINDER of the original request for information sent 03-24-22.
NOTE-002		The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly. Charges reduced by insurance company and/or provider's negotiated discount.
		Paid according to the negotiated arrangement with PHX agreement / . Zelis (888) 346-8488.
NOTE-003		The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly. Charges reduced by insurance company and/or provider's negotiated discount.
		Paid according to the negotiated arrangement with . Zelis (888) 346-8488.
		Paid according to the negotiated arrangement with . Zelis (888) 346-8488.
NOTE-004		In order for the above referenced charge(s) to be considered, we need verification of other Medical, Dental, Prescription, or Vision insurance coverage for you or your family. Please complete the annual update of other insurance, if received, and return to the address listed above. If you did not receive a form letter, please contact our Service Center at 1-800-925-2272 and they will update your record.
		*** FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE NON-PAYMENT OF THIS CLAIM ***

NOTE-005

NOTE-006

The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly.

The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly. Paid according to the negotiated arrangement with . Zelis (888) 346-8488.

The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly.