

Electronic Payment Clearinghouse

Meritain Health
1405 Xenium Lane North Suite 140
Minneapolis, MN 55441

HUNTINGTON NATIONAL BANK
Westerville OH 43081

Electronic Payment Clearinghouse
Echo Health, Inc.

56-1512
441

DRAFT NO.
DRAFT DATE

261355899
06/29/2022

**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 LABS
1 CENTURIAN DR STE 103

NEWARK DE 19713

NON-NEGOTIABLE

⑈ 261355899 ⑈

⑆044115126⑆ ⑈01669508612⑈

Your name, DELAWARE DIAGNOSTIC LABS, 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: 814634900

EPC Draft #: 261355899

Payment Week: 26

Payment Date: 06/29/2022

Page 1 of 22

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pay	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF318060125				Group/Check Number: 15007/76262754			
Network: COALITION AMERICA				Member Number: 1266399802-1				Customer Service #: 1-800-925-2272			
Patient Name: AUTUMN BAKER				Claim Number: F68X724				Administered By: Meritain			
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-003		Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Patient Acct #: 22MF306960486 Group/Check Number: 18450/76104815 Network: COALITION AMERICA Member Number: 1099948722-2 Customer Service #: 1-800-925-2272 Patient Name: LA ONG FERGUSON Claim Number: F56YZ38 Administered By: Meritain											
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Patient Acct #: 2200515090123 Group/Check Number: 15975/76121004 Network: COALITION AMERICA Member Number: 5627379870-1 Customer Service #: 1-800-925-2272 Patient Name: MICHAEL HURST Claim Number: F46SF84 Administered By: Meritain											
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22F7647270074			Group/Check Number: 16351/76268990				
Network:				Member Number: 1567895388-1			Customer Service #: 1-800-925-2272				
Patient Name: LERNIN PEREZ				Claim Number: F69MH67			Administered By: Meritain				
06/03/22	U0004		80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00
06/03/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
06/03/22	U0005		26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00
See NOTE-006			Total:	131.00	0.00	0.00	25.00	0.00	0.00	0.00	106.00

See NOTE-006

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290370333			Group/Check Number: 17325/76031926				
Network: COALITION AMERICA				Member Number: 0420277426			Customer Service #: 1-800-925-2272				
Patient Name: GRACE ABBEY				Claim Number: F56YY48			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250140259			Group/Check Number: 17325/76031927				
Network: COALITION AMERICA				Member Number: 0420277426			Customer Service #: 1-800-925-2272				
Patient Name: GRACE ABBEY				Claim Number: F56YY51			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250210260			Group/Check Number: 17325/76031928				
Network: COALITION AMERICA				Member Number: 9623184254			Customer Service #: 1-800-925-2272				
Patient Name: EMMANUEL AKINDUTIRE				Claim Number: F56YY54			Administered By: 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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290440335			Group/Check Number: 17325/76031929				
Network: COALITION AMERICA				Member Number: 9623184254			Customer Service #: 1-800-925-2272				
Patient Name: EMMANUEL AKINDUTIRE				Claim Number: F56YY56			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290470336			Group/Check Number: 17325/76031930				
Network: COALITION AMERICA				Member Number: 4255219314			Customer Service #: 1-800-925-2272				
Patient Name: ROSETTE ALCINDOR				Claim Number: F56YY57			Administered By: 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:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250240261			Group/Check Number: 17325/76031931				
Network: COALITION AMERICA				Member Number: 4255219314			Customer Service #: 1-800-925-2272				
Patient Name: ROSETTE ALCINDOR				Claim Number: F56YY59			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290480337			Group/Check Number: 17325/76031932				
Network: COALITION AMERICA				Member Number: 9781797131			Customer Service #: 1-800-925-2272				
Patient Name: TAJE ALI				Claim Number: F56TK18			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250310262			Group/Check Number: 17325/76031933				
Network: COALITION AMERICA				Member Number: 8120659702			Customer Service #: 1-800-925-2272				
Patient Name: BLANCA AROCHO				Claim Number: F56YY61			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290540338			Group/Check Number: 17325/76031934				
Network: COALITION AMERICA				Member Number: 8120659702			Customer Service #: 1-800-925-2272				
Patient Name: BLANCA AROCHO				Claim Number: F56YY63			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200025240012			Group/Check Number: 17325/76031936				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H18			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200091900013			Group/Check Number: 17325/76031937				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H19			Administered By: Meritain				
01/06/22	G2023	136	25.00	0.00	0.00	25.00	0.00	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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200139710015		Group/Check Number: 17325/76031938					
Network: COALITION AMERICA				Member Number: 4449972473		Customer Service #: 1-800-925-2272					
Patient Name: ENA ATILANO				Claim Number: F553H21		Administered By: Meritain					
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200191190018			Group/Check Number: 17325/76031939				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H23			Administered By: Meritain				
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22ME407910036			Group/Check Number: 17325/76031940				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H26			Administered By: Meritain				
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22ME409970037			Group/Check Number: 17325/76031941				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H27			Administered By: Meritain				
01/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	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
01/31/22	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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22ME571860039			Group/Check Number: 17325/76031942				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H29			Administered By: Meritain				
02/07/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
02/07/22	U0004		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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22ME740290045			Group/Check Number: 17325/76031943				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H31			Administered By: Meritain				
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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22ME797580047		Group/Check Number: 17325/76031944					
Network: COALITION AMERICA				Member Number: 4449972473		Customer Service #: 1-800-925-2272					
Patient Name: ENA ATILANO				Claim Number: F553H35		Administered By: Meritain					
03/07/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250330065			Group/Check Number: 17325/76031945				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H37			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290560067			Group/Check Number: 17325/76031946				
Network: COALITION AMERICA				Member Number: 4449972473			Customer Service #: 1-800-925-2272				
Patient Name: ENA ATILANO				Claim Number: F553H39			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF290570339			Group/Check Number: 17325/76031948				
Network: COALITION AMERICA				Member Number: 3682084302			Customer Service #: 1-800-925-2272				
Patient Name: JENNIFER BELANDRES				Claim Number: F56YY64			Administered By: Meritain				
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
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250340263			Group/Check Number: 17325/76031949				
Network: COALITION AMERICA				Member Number: 3682084302			Customer Service #: 1-800-925-2272				
Patient Name: JENNIFER BELANDRES				Claim Number: F56YY68			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250360264			Group/Check Number: 17325/76031950				
Network: COALITION AMERICA				Member Number: 5176106530			Customer Service #: 1-800-925-2272				
Patient Name: GEORGE BENEDICT				Claim Number: F56YY70			Administered By: 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	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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250380265			Group/Check Number: 17325/76031951				
Network: COALITION AMERICA				Member Number: 5269673400			Customer Service #: 1-800-925-2272				
Patient Name: DONNA BLACK				Claim Number: F56YY72			Administered By: 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	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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF290630341			Group/Check Number: 17325/76031952				
Network: COALITION AMERICA				Member Number: 6499458165			Customer Service #: 1-800-925-2272				
Patient Name: RUBY BOWDEN				Claim Number: F56YY74			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250400266			Group/Check Number: 17325/76031953				
Network: COALITION AMERICA				Member Number: 6499458165			Customer Service #: 1-800-925-2272				
Patient Name: RUBY BOWDEN				Claim Number: F56YY77			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251990315			Group/Check Number: 17325/76032051				
Network: COALITION AMERICA				Member Number: 7285391970			Customer Service #: 1-800-925-2272				
Patient Name: KATHERINE VAN BUSKIRK				Claim Number: F56Z143			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292210382			Group/Check Number: 17325/76032052				
Network: COALITION AMERICA				Member Number: 7285391970			Customer Service #: 1-800-925-2272				
Patient Name: KATHERINE VAN BUSKIRK				Claim Number: F56Z148			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF250440268			Group/Check Number: 17325/76031956				
Network: COALITION AMERICA				Member Number: 3571673973			Customer Service #: 1-800-925-2272				
Patient Name: MARIA CARTER				Claim Number: F56YY81			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co-Ins	Co-Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250470270				Group/Check Number: 17325/76031957			
Network: COALITION AMERICA				Member Number: 0743023552				Customer Service #: 1-800-925-2272			
Patient Name: ALEYKUTTY				Claim Number: F56YY85				Administered By: Meritain			
CHEERAMKUZHIYIL											
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
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 Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: ALEYKUTTY CHEERAMKUZHYYIL Patient Acct #: 22MF290700343 Member Number: 0743023552 Claim Number: F56YY85 Group/Check Number: 17325/76031958 Customer Service #: 1-800-925-2272 Administered By: 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
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 Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: FRANTZES CHERY Patient Acct #: 22MF290710344 Member Number: 4699393389 Claim Number: F56YY90 Group/Check Number: 17325/76031959 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: FRANTZES CHERY Patient Acct #: 22MF250480271 Member Number: 4699393389 Claim Number: F56YY91 Group/Check Number: 17325/76031960 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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
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 Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: YOLAINE CLERVOIS Patient Acct #: 22MF250500272 Member Number: 8152329644 Claim Number: F56YY92 Group/Check Number: 17325/76031961 Customer Service #: 1-800-925-2272 Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: ELIZER CORREA Patient Acct #: 22MF250520273 Member Number: 6615979336 Claim Number: F56YY94 Group/Check Number: 17325/76031962 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290750345			Group/Check Number: 17325/76031963				
Network: COALITION AMERICA				Member Number: 6615979336			Customer Service #: 1-800-925-2272				
Patient Name: ELIZER CORREA				Claim Number: F56YY96			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 2200523500086			Group/Check Number: 15975/				
Network: NSA ELIGIBLE CLAIM CHECK				Member Number: 4527176738-1			Customer Service #: 1-800-925-2272				
Patient Name: JACQUELINE D GOLDSBOROUGH				Claim Number: F56YZ48			Administered By: Meritain				
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			Total:	131.00	0.00	0.00	0.00	0.00	0.00	131.00	0.00

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290800347			Group/Check Number: 17325/76031968				
Network: COALITION AMERICA				Member Number: 3884011049			Customer Service #: 1-800-925-2272				
Patient Name: AMIDA DEEN				Claim Number: F56YZ09			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250580275			Group/Check Number: 17325/76031969				
Network: COALITION AMERICA				Member Number: 3884011049			Customer Service #: 1-800-925-2272				
Patient Name: AMIDA DEEN				Claim Number: F56YZ11			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250610277			Group/Check Number: 17325/76031970				
Network: COALITION AMERICA				Member Number: 2096963010			Customer Service #: 1-800-925-2272				
Patient Name: CHARLOTTE DUNCAN				Claim Number: F56YZ20			Administered By: 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	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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF250630278			Group/Check Number: 17325/76031972				
Network: COALITION AMERICA				Member Number: 4919713341			Customer Service #: 1-800-925-2272				
Patient Name: VICTORIA DZORKPE				Claim Number: F56YZ25			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290860349			Group/Check Number: 17325/76031974				
Network: COALITION AMERICA				Member Number: 3121796633			Customer Service #: 1-800-925-2272				
Patient Name: SERVITA EMILE				Claim Number: F56YZ32			Administered By: Meritain				
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

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291270362			Group/Check Number: 17325/76031975				
Network: COALITION AMERICA				Member Number: 7042137429			Customer Service #: 1-800-925-2272				
Patient Name: KHAN EMMENCIA				Claim Number: F56Z005			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF251050291			Group/Check Number: 17325/76031976				
Network: COALITION AMERICA				Member Number: 7042137429			Customer Service #: 1-800-925-2272				
Patient Name: KHAN EMMENCIA				Claim Number: F56Z007			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290880350			Group/Check Number: 17325/76031977				
Network: COALITION AMERICA				Member Number: 3119975486			Customer Service #: 1-800-925-2272				
Patient Name: MAXIANA ESTINFIL				Claim Number: F56YZ33			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250660279			Group/Check Number: 17325/76031978				
Network: COALITION AMERICA				Member Number: 3119975486			Customer Service #: 1-800-925-2272				
Patient Name: MAXIANA ESTINFIL				Claim Number: F56YZ34			Administered By: Meritain				
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
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251810311			Group/Check Number: 17325/76032043				
Network: COALITION AMERICA				Member Number: 4984172633			Customer Service #: 1-800-925-2272				
Patient Name: NADEGE SIMONIS FRANCOIS				Claim Number: F56Z109			Administered By: Meritain				
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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292030379			Group/Check Number: 17325/76032044				
Network: COALITION AMERICA				Member Number: 4984172633			Customer Service #: 1-800-925-2272				
Patient Name: NADEGE SIMONIS FRANCOIS				Claim Number: F56Z115			Administered By: Meritain				
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
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 Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250750282			Group/Check Number: 17325/76031979				
Network: COALITION AMERICA				Member Number: 4991133488			Customer Service #: 1-800-925-2272				
Patient Name: TRACY FUDGE				Claim Number: F56YZ40			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290970351			Group/Check Number: 17325/76031980				
Network: COALITION AMERICA				Member Number: 4991133488			Customer Service #: 1-800-925-2272				
Patient Name: TRACY FUDGE				Claim Number: F56YZ44			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200499780098			Group/Check Number: 16115/76051844				
Network: COALITION AMERICA				Member Number: 5656392750			Customer Service #: 1-800-925-2272				
Patient Name: HALEY GLEESON				Claim Number: F46SF76			Administered By: Meritain				
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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291090353			Group/Check Number: 17325/76031981				
Network: COALITION AMERICA				Member Number: 7697503394			Customer Service #: 1-800-925-2272				
Patient Name: NELLY GRUSSGOTT				Claim Number: F56YZ53			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF250870283			Group/Check Number: 17325/76031982				
Network: COALITION AMERICA				Member Number: 7697503394			Customer Service #: 1-800-925-2272				
Patient Name: NELLY GRUSSGOTT				Claim Number: F56YZ54			Administered By: Meritain				
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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250900284				Group/Check Number: 17325/76031986			
Network: COALITION AMERICA				Member Number: 6870437084				Customer Service #: 1-800-925-2272			
Patient Name: SONYA HANSEN				Claim Number: F56YZ56				Administered By: Meritain			
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291120354			Group/Check Number: 17325/76031987				
Network: COALITION AMERICA				Member Number: 6870437084			Customer Service #: 1-800-925-2272				
Patient Name: SONYA HANSEN				Claim Number: F56YZ60			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF291160355			Group/Check Number: 17325/76031988				
Network: COALITION AMERICA				Member Number: 9616177775			Customer Service #: 1-800-925-2272				
Patient Name: RAQUEL HURTADO-GIL				Claim Number: F56YZ65			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF250940285			Group/Check Number: 17325/76031989				
Network: COALITION AMERICA				Member Number: 9616177775			Customer Service #: 1-800-925-2272				
Patient Name: RAQUEL HURTADO-GIL				Claim Number: F56YZ69			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291170356			Group/Check Number: 17325/76031990				
Network: COALITION AMERICA				Member Number: 6148696382			Customer Service #: 1-800-925-2272				
Patient Name: AIMEE HYLAND				Claim Number: F56YZ74			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF291190357			Group/Check Number: 17325/76031992				
Network: COALITION AMERICA				Member Number: 4849124328			Customer Service #: 1-800-925-2272				
Patient Name: EMMANUELLA JEAN				Claim Number: F56YZ76			Administered By: Meritain				
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	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF252100317		Group/Check Number: 17325/76031995					
Network: COALITION AMERICA				Member Number: 2618532919		Customer Service #: 1-800-925-2272					
Patient Name: VALENTINA JOSEPH				Claim Number: F56YZ77		Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292320385			Group/Check Number: 17325/76031996				
Network: COALITION AMERICA				Member Number: 2618532919			Customer Service #: 1-800-925-2272				
Patient Name: VALENTINA JOSEPH				Claim Number: F56YZ82			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250990287			Group/Check Number: 17325/76031999				
Network: COALITION AMERICA				Member Number: 3263891787			Customer Service #: 1-800-925-2272				
Patient Name: SALAMATU KABINEH				Claim Number: F56YZ86			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291210358			Group/Check Number: 17325/76032000				
Network: COALITION AMERICA				Member Number: 3263891787			Customer Service #: 1-800-925-2272				
Patient Name: SALAMATU KABINEH				Claim Number: F56YZ88			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291230359			Group/Check Number: 17325/76032001				
Network: COALITION AMERICA				Member Number: 0487234512			Customer Service #: 1-800-925-2272				
Patient Name: HENRIETTA KAMARA				Claim Number: F56YZ91			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF251010288			Group/Check Number: 17325/76032002				
Network: COALITION AMERICA				Member Number: 0487234512			Customer Service #: 1-800-925-2272				
Patient Name: HENRIETTA KAMARA				Claim Number: F56YZ95			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF153410317				Group/Check Number: 18189/75749978			
Network: COALITION AMERICA				Member Number: 4102431366				Customer Service #: 1-800-925-2272			
Patient Name: STEPHANIE KATZEN				Claim Number: F37AI34				Administered Bv: Meritain			
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-003			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: JATINDER KAUR Patient Acct #: 22MF251020289 Member Number: 3886449393 Claim Number: F56YZ98 Group/Check Number: 17325/76032003 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: JATINDER KAUR Patient Acct #: 22MF291240360 Member Number: 3886449393 Claim Number: F56Z001 Group/Check Number: 17325/76032004 Customer Service #: 1-800-925-2272 Administered By: 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
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 Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: FATIMA KOLADE-ADEYEMO Patient Acct #: 22MF251080292 Member Number: 5421890652 Claim Number: F56Z011 Group/Check Number: 17325/76032005 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: FATIMA KOLADE-ADEYEMO Patient Acct #: 22MF291300363 Member Number: 5421890652 Claim Number: F56Z016 Group/Check Number: 17325/76032006 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS Billing NPI: 1144757212 Network: COALITION AMERICA Patient Name: LINDA DE LUCA Patient Acct #: 22MF250560274 Member Number: 0550513017 Claim Number: F56YZ04 Group/Check Number: 17325/76031964 Customer Service #: 1-800-925-2272 Administered By: Meritain											
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		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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290780346			Group/Check Number: 17325/76031965				
Network: COALITION AMERICA				Member Number: 0550513017			Customer Service #: 1-800-925-2272				
Patient Name: LINDA DE LUCA				Claim Number: F56YZ07			Administered By: Meritain				
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

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2200205770014			Group/Check Number: 15975/76120927				
Network: COALITION AMERICA				Member Number: 3566358236-1			Customer Service #: 1-800-925-2272				
Patient Name: AARON M BOWERS				Claim Number: F62JC36			Administered By: Meritain				
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	106.00

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291460364			Group/Check Number: 17325/76032014				
Network: COALITION AMERICA				Member Number: 4114395704			Customer Service #: 1-800-925-2272				
Patient Name: BHAVIK MEHTA				Claim Number: F56Z028			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF251240293			Group/Check Number: 17325/76032015				
Network: COALITION AMERICA				Member Number: 4114395704			Customer Service #: 1-800-925-2272				
Patient Name: BHAVIK MEHTA				Claim Number: F56Z030			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251250294			Group/Check Number: 17325/76032016				
Network: COALITION AMERICA				Member Number: 4411199192			Customer Service #: 1-800-925-2272				
Patient Name: SNOOKY MENDOZA				Claim Number: F56Z034			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291470365			Group/Check Number: 17325/76032017				
Network: COALITION AMERICA				Member Number: 4411199192			Customer Service #: 1-800-925-2272				
Patient Name: SNOOKY MENDOZA				Claim Number: F56Z036			Administered By: 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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291500366			Group/Check Number: 17325/76032018				
Network: COALITION AMERICA				Member Number: 8236770899			Customer Service #: 1-800-925-2272				
Patient Name: KRISTEN MICHALOWSKI				Claim Number: F56Z040			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF251280295			Group/Check Number: 17325/76032019				
Network: COALITION AMERICA				Member Number: 8236770899			Customer Service #: 1-800-925-2272				
Patient Name: KRISTEN MICHALOWSKI				Claim Number: F56Z043			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251310296			Group/Check Number: 17325/76032020				
Network: COALITION AMERICA				Member Number: 1618545707			Customer Service #: 1-800-925-2272				
Patient Name: JOVITA MIRANDA				Claim Number: F56Z047			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251470298			Group/Check Number: 17325/76032021				
Network: COALITION AMERICA				Member Number: 1911191171			Customer Service #: 1-800-925-2272				
Patient Name: JANETTE PAGAN				Claim Number: F56Z052			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291690367			Group/Check Number: 17325/76032022				
Network: COALITION AMERICA				Member Number: 1911191171			Customer Service #: 1-800-925-2272				
Patient Name: JANETTE PAGAN				Claim Number: F56Z054			Administered By: Meritain				
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		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											
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 By: 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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co-Ins	Co-Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251550301			Group/Check Number: 17325/76032025				
Network: COALITION AMERICA				Member Number: 2670135028			Customer Service #: 1-800-925-2272				
Patient Name: BONNA PETERS				Claim Number: F56Z064			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251620303			Group/Check Number: 17325/76032028				
Network: COALITION AMERICA				Member Number: 9700274136			Customer Service #: 1-800-925-2272				
Patient Name: PRISCILLA REYES				Claim Number: F56Z067			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251630304			Group/Check Number: 17325/76032029				
Network: COALITION AMERICA				Member Number: 2216029174			Customer Service #: 1-800-925-2272				
Patient Name: VIERA RINKOVSKA				Claim Number: F56Z073			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291850372			Group/Check Number: 17325/76032030				
Network: COALITION AMERICA				Member Number: 2216029174			Customer Service #: 1-800-925-2272				
Patient Name: VIERA RINKOVSKA				Claim Number: F56Z074			Administered By: 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:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291860373			Group/Check Number: 17325/76032031				
Network: COALITION AMERICA				Member Number: 8902740773			Customer Service #: 1-800-925-2272				
Patient Name: ANGEL RODRIGUEZ				Claim Number: F56Z079			Administered By: 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:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251640305			Group/Check Number: 17325/76032032				
Network: COALITION AMERICA				Member Number: 8902740773			Customer Service #: 1-800-925-2272				
Patient Name: ANGEL RODRIGUEZ				Claim Number: F56Z081			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251660306			Group/Check Number: 17325/76032033				
Network: COALITION AMERICA				Member Number: 4574125843			Customer Service #: 1-800-925-2272				
Patient Name: ALBERTA ROMANIELLO				Claim Number: F56Z083			Administered By: Meritain				
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
See NOTE-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF291880374			Group/Check Number: 17325/76032034				
Network: COALITION AMERICA				Member Number: 4574125843			Customer Service #: 1-800-925-2272				
Patient Name: ALBERTA ROMANIELLO				Claim Number: F56Z085			Administered By: Meritain				
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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

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 SANTIAGO				Claim Number: F56Z088			Administered By: 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:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251740308			Group/Check Number: 17325/76032036				
Network: COALITION AMERICA				Member Number: 0013550934			Customer Service #: 1-800-925-2272				
Patient Name: WILSON SANTIAGO				Claim Number: F56Z093			Administered By: 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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF250590276			Group/Check Number: 17325/76031966				
Network: COALITION AMERICA				Member Number: 5426282016			Customer Service #: 1-800-925-2272				
Patient Name: ANGELA DE SANTIS				Claim Number: F56YZ14			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
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF290810348			Group/Check Number: 17325/76031967				
Network: COALITION AMERICA				Member Number: 5426282016			Customer Service #: 1-800-925-2272				
Patient Name: ANGELA DE SANTIS				Claim Number: F56YZ17			Administered By: Meritain				
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
05/31/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
Total:			131.00	31.80	0.00	25.00	0.00	0.00	0.00	0.00	74.20

See NOTE-002

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251770309			Group/Check Number: 17325/76032037				
Network: COALITION AMERICA				Member Number: 5175518464			Customer Service #: 1-800-925-2272				
Patient Name: NILIMA SHAH				Claim Number: F56Z097			Administered By: 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	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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF291990377			Group/Check Number: 17325/76032038				
Network: COALITION AMERICA				Member Number: 5175518464			Customer Service #: 1-800-925-2272				
Patient Name: NILIMA SHAH				Claim Number: F56Z100			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292000378			Group/Check Number: 17325/76032039				
Network: COALITION AMERICA				Member Number: 3290755350			Customer Service #: 1-800-925-2272				
Patient Name: ALDINE SHAW				Claim Number: F56Z103			Administered By: Meritain				
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	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251780310			Group/Check Number: 17325/76032040				
Network: COALITION AMERICA				Member Number: 3290755350			Customer Service #: 1-800-925-2272				
Patient Name: ALDINE SHAW				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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 2102348760148			Group/Check Number: 16635/				
Network: MULITPLAN DIRECT NEGOTIAT				Member Number: 1344993032			Customer Service #: 1-800-925-2272				
Patient Name: CRYSTAL SMITH				Claim Number: ES0FR28			Administered By: Meritain				
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-001			Total:	131.00	0.00	0.00	0.00	0.00	0.00	131.00	0.00

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292060380			Group/Check Number: 17325/76032045				
Network: COALITION AMERICA				Member Number: 6983761864			Customer Service #: 1-800-925-2272				
Patient Name: DAWN SOUZA				Claim Number: F56Z121			Administered By: Meritain				
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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251840312			Group/Check Number: 17325/76032046				
Network: COALITION AMERICA				Member Number: 6983761864			Customer Service #: 1-800-925-2272				
Patient Name: DAWN SOUZA				Claim Number: F56Z126			Administered By: Meritain				
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 Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251880313			Group/Check Number: 17325/76032047				
Network: COALITION AMERICA				Member Number: 9842431390			Customer Service #: 1-800-925-2272				
Patient Name: GERLEY TAN				Claim Number: F56Z129			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292100381			Group/Check Number: 17325/76032048				
Network: COALITION AMERICA				Member Number: 9842431390			Customer Service #: 1-800-925-2272				
Patient Name: GERLEY TAN				Claim Number: F56Z134			Administered By: 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	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-002			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF251910314			Group/Check Number: 17325/76032049				
Network: COALITION AMERICA				Member Number: 0100375989			Customer Service #: 1-800-925-2272				
Patient Name: CAROL THOMPSON				Claim Number: F56Z138			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF292260383			Group/Check Number: 17325/76032053				
Network: COALITION AMERICA				Member Number: 2313076656			Customer Service #: 1-800-925-2272				
Patient Name: VERA YARMOLIOUK				Claim Number: F56Z155			Administered By: 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
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											
Billing NPI: 1144757212				Patient Acct #: 22MF252040316			Group/Check Number: 17325/76032054				
Network: COALITION AMERICA				Member Number: 2313076656			Customer Service #: 1-800-925-2272				
Patient Name: VERA YARMOLIOUK				Claim Number: F56Z158			Administered By: 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			Total:	131.00	31.80	0.00	25.00	0.00	0.00	0.00	74.20

Service Date	Code or Description	Explanation	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment
							Co -Ins	Co -Pav	Deductible	Non-Cov	
Rendering Provider: DELAWARE DIAGNOSTIC LABS											
Billing NPI: 1144757212				Patient Acct #: 22MF101790157		Group/Check Number: 16404/76058434					
Network: COALITION AMERICA				Member Number: 5134425540		Customer Service #: 1-866-761-3018					
Patient Name: PHILLIP YOON				Claim Number: F22I082		Administered Bv: Meritain					
04/26/22	G2023	136	25.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
04/26/22	U0004		80.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
04/26/22	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	74.20

Statement Summary		Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone
Administered By								
Meritain		14,672.00	3,434.40	0.00	2,750.00	262.00	8,225.60	See Individual Claim
Statement Totals		Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment 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		<p>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.</p> <p>*** FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE NON-PAYMENT OF THIS CLAIM ***</p> <p>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.</p> <p>This is a THIRD REMINDER of the original request for information sent 03-24-22.</p>
NOTE-002		<p>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.</p> <p>Paid according to the negotiated arrangement with PHX agreement / . Zelis (888) 346-8488.</p>
NOTE-003		<p>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.</p> <p>Paid according to the negotiated arrangement with . Zelis (888) 346-8488.</p> <p>Paid according to the negotiated arrangement with . Zelis (888) 346-8488.</p>
NOTE-004		<p>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.</p> <p>*** FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE NON-PAYMENT OF THIS CLAIM ***</p>

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.

NOTE-005

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.

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.