London, KY 40742-0100



DELAWARE DIAGNOSTIC LABS ONE CENTURIAN DR SUITE 103 NEWARK DE 19713

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

For further inquiries on this remittance advice contact:

AmeriHealth Caritas of Delaware, Inc.

PO Box 80100 London, KY 40742-0100 Or call 1-855-707-5818

Tax ID: 814634900 EPC Draft #: 260162585 EPC Draft Amount: \$3,611.72 Payment Date: 06/15/2022 Page 1 of 9

 Payee ID:
 30784157

 Tax ID:
 814634900

 NPI #:
 1144757212

 Check No.:
 0103014153

Check Ref. ID: 2022061511900014

Payment: \$3,611.72

Remittance Advice

Trovider ID.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2004552 me: JULIA S				Patient ID: Claim ID:	22MF3138 221208500		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/31/22-05/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/31/22-05/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/31/22-05/31/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

Trovider ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2005258 me: SHARDA				Patient ID: Claim ID:	22MF2812 221208499		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Trovider ID.	84157 DELAWARE DIA	#: 1144757212 CLABS			· ID: 20068304 nme: ACE C B					22MF2811 221208500			
Date of Service	DRG Code				Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	

			260162585 EPC	Draft 2					t Date:				
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
									-		st Payment	0.00	
			Claim Total	-	131.00	128.99	0.00	0.00	0.00	0.00	or Payment 0.00	0.00 128.99	
			Ciann Iotai	L	131.00	120,55	0.00	0.00	0.00	0.00	0.00	120.55	l
Provider ID: 30	784157	NPI :	#: 1144757212		Member	ID: 20107717	71			Patient ID:	22MF2813	60476	
Provider Name	DELAWARE DIA					me: CHANCI					221208500		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
									-		st Payment or Payment	0.00	
			Claim Total	-	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99	
				_									-
Provider ID: 30 Provider Name	784157 DELAWARE DIA		#: 1144757212 C LABS			ID: 20066228 me: LUTFATI		0		Patient ID: Claim ID:	22ME9594 221208498	80035 300	
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
03/31/22-03/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/31/22-03/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
			Coronavirus, SAKS										
03/31/22-03/31/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
03/31/22-03/31/22	U0005		Infectious agent	1	26.00	26.00	0.00	0.00	0.00	Intere	st Payment	0.00	
03/31/22-03/31/22	U0005		Infectious agent	1	26.00	26.00	0.00		0.00	Intere			
03/31/22-03/31/22	U0005		Infectious agent detection	1					-	Intere Prio	st Payment or Payment	0.00	
Provider ID: 30	U0005 0784157 DELAWARE DIA		Infectious agent detection Claim Total #: 1144757212	1	131.00 Member		0.00	0.00	-	Intere Pric 0.00 Patient ID:	st Payment or Payment	0.00 0.00 128.99	
Provider ID: 30	784157		Infectious agent detection Claim Total #: 1144757212	1 Qty	131.00 Member	128.99 ID: 20066228	0.00	0.00	-	Intere Pric 0.00 Patient ID:	st Payment 0.00 22ME6730	0.00 0.00 128.99	Adj/ Den
Provider ID: 30 Provider Name Date of Service	784157 DELAWARE DIA Proc / Rev	GNOSTIC	Claim Total #: 1144757212 CLABS Description Specimen collection for		131.00 Member Member Na Charged	128.99 ID: 20066228 me: LUTFATI	0.00 86 H A BELL	0.00 O	0.00	Intere Pric 0.00 Patient ID: Claim ID:	st Payment 0.00 222ME6730 221208498	0.00 0.00 128.99 20023 400 Amount	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22	784157 DELAWARE DIA Proc / Rev DRG Code	GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV	Qty	131.00 Member Na Charged Amount	128.99 ID: 20066228 me: LUTFATI Allowed Amount	0.00 36 H A BELL OIC	O.00 Coins	0.00 COB	Patient ID: Claim ID: Deductible	or Payment 0.00 22ME6730 221208498 Co Pay	0.00 0.00 128.99 20023 400 Amount Paid	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22	784157 DELAWARE DIA Proc / Rev DRG Code G2023	GNOSTIC	Infectious agent detection Claim Total #: 1144757212 CLABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent	Qty 1	Member Member Na Charged Amount 25.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99	0.00 86 H A BELL OIC 0.00	0.00 Coins 0.00	0.00 COB	Patient ID: Claim ID: Deductible	st Payment 0.00 222ME6730 221208498 Co Pay 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22	Proc / Rev DRG Code G2023	GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS	Qty 1	Member Member Na Charged Amount 25.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00	0.00 86 HABELL OIC 0.00 0.00	0.00 Coins 0.00 0.00	0.00 COB 0.00 0.00	Intere Prid 0.00 Patient ID: Claim ID: Deductible 0.00 0.00 Intere	st Payment 0.00 221208498 0.00 0.00 0.00 0.00 st Payment	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 26.00	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22	Proc / Rev DRG Code G2023	GNOSTIC	Infectious agent detection Claim Total #: 1144757212 CLABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent	Qty 1	Member Member Na Charged Amount 25.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00	0.00 86 HABELL OIC 0.00 0.00	0.00 Coins 0.00 0.00 0.00	0.00 COB 0.00 0.00	Intere Prid 0.00 Patient ID: Claim ID: Deductible 0.00 0.00 Intere	st Payment 0.00 222ME6730 221208498 0.00 0.00 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30	7784157 DELAWARE DIA Proc / Rev DRG Code G2023 U0004 U0005	Mod NPI	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212	Qty 1	Member Member Na Charged Amount 25.00 80.00 131.00 Member	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99	0.00 86 HABELL OIC 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00	0.00 COB 0.00 0.00 0.00	Intere Pric 0.00 Patient ID: Claim ID: Deductible 0.00 0.00 Intere Pric 0.00 Patient ID:	st Payment 0.00 221ME6730 221208498 0.00 0.00 0.00 st Payment 0.00 0.00 st Payment 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22	Proc / Rev DRG Code G2023 U0004 U0005	Mod NPI	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212	Qty 1	Member Member Na Charged Amount 25.00 80.00 131.00 Member	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00	0.00 86 HABELL OIC 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00	0.00 COB 0.00 0.00 0.00	Intere Pric 0.00 Patient ID: Claim ID: Deductible 0.00 0.00 Intere Pric 0.00 Patient ID:	st Payment 0.00 221ME6730 221208498 0.00 0.00 0.00 0.00 st Payment 0.00 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99	Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30 Provider Name Date of Service	Proc / Rev DRG Code Proc / Rev DRG Code G2023 U0004 U0005	Mod NPI GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212 C LABS Description	Qty 1 1 Qty Qty	Member Na Charged Amount 25.00 80.00 131.00 Member Member Na Charged Amount	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99 ID: 20066228 me: LUTFATI Allowed Amount	0.00 66 H A BELL 0.00 0.00 0.00 0.00 46 H A BELL OIC	0.00 Coins 0.00 0.00 0.00 Coins	0.00 COB 0.00 0.00 0.00 COB	Intere Pric 0.00 Patient ID: Claim ID: 0.00 0.00 Intere Pric 0.00 Patient ID: Claim ID: Deductible	St Payment 0.00 22ME6730 221208498 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99 30026 500 Amount Paid	Den PXN Adj/ Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30 Provider Name Date of Service 03/03/22-03/03/22	Proc / Rev DRG Code G2023 U784157 DELAWARE DIA Proc / Rev DRG Code G2023	Mod NPI GNOSTIC	#: 1144757212 CLABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212 CLABS Description Specimen collection for Sev	Oty 1 1 Qty Qty	Member Member Na Charged Amount 25.00 80.00 26.00 Member Member Na Charged Amount 25.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99	0.00 66 HABELL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00 Coins 0.00	0.00 COB 0.00 0.00 0.00 COB 0.00	Intere Pric 0.00 Patient ID: Claim ID: 0.00 0.00 Intere Pric 0.00 Patient ID: Claim ID: 0.00	st Payment 0.00 221208498 Co Pay 0.00 0.00 st Payment 0.00 22ME6730 0.00 0.00 0.00 0.00 color payment 0.00 22ME7655 221208498 Co Pay 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99 30026 500 Amount Paid 22.99	Den PXN Adj/ Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30 Provider Name Date of Service	Proc / Rev DRG Code G2023 U0004 U0005 Proc / Rev DRG Code G2023 U0004 U0005 Proc / Rev DRG Code G2023 U0004 U0004	Mod NPI GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for	Oty 1 1	Member Na Charged Amount 25.00 80.00 131.00 Member Member Na Charged Amount 25.00 80.00 80.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00 Coins 0.00 0.00 0.00	0.00 COB 0.00 0.00 0.00 COB 0.00 0.00	Intere Pric 0.00 Patient ID: Claim ID: 0.00 0.00 Intere Pric 0.00 Patient ID: Claim ID: 0.00 O.00 O.00	st Payment 0.00 222ME6730 221208498 Co Pay 0.00 0.00 st Payment 0.00 22ME7655 221208498 Co Pay 0.00 0.00 0.00 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99 30026 500 Amount Paid 22.99 80.00	Den PXN Adj/ Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30 Provider Name Date of Service 03/03/22-03/03/22 03/03/22-03/03/22	Proc / Rev DRG Code G2023 U784157 DELAWARE DIA Proc / Rev DRG Code G2023	Mod NPI GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV	Oty 1 1 Qty Qty	Member Member Na Charged Amount 25.00 80.00 26.00 Member Member Na Charged Amount 25.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99	0.00 66 HABELL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00 Coins 0.00	0.00 COB 0.00 0.00 0.00 COB 0.00	Intere Pric 0.00 Patient ID: Claim ID: 0.00 0.00 Intere Pric 0.00 Patient ID: Claim ID: 0.00	st Payment 0.00 221208498 Co Pay 0.00 0.00 st Payment 0.00 22ME6730 0.00 0.00 0.00 0.00 color payment 0.00 22ME7655 221208498 Co Pay 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99 30026 500 Amount Paid 22.99 80.00 26.00	Den PXN Adj/ Den
Provider ID: 30 Provider Name Date of Service 02/24/22-02/24/22 02/24/22-02/24/22 02/24/22-02/24/22 Provider ID: 30 Provider Name Date of Service 03/03/22-03/03/22	Proc / Rev DRG Code G2023 U0004 U0005 Proc / Rev DRG Code G2023 U0004 U0005 Proc / Rev DRG Code G2023 U0004 U0004	Mod NPI GNOSTIC	Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent detection Claim Total #: 1144757212 C LABS Description Specimen collection for Sev 2019-nCoV Coronavirus, SARS Infectious agent	Oty 1 1	Member Na Charged Amount 25.00 80.00 131.00 Member Member Na Charged Amount 25.00 80.00 80.00	128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00 26.00 128.99 ID: 20066228 me: LUTFATI Allowed Amount 22.99 80.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 Coins 0.00 0.00 0.00 Coins 0.00 0.00 0.00	0.00 COB 0.00 0.00 0.00 COB 0.00 0.00	Intere Pric 0.00 Patient ID: Claim ID: 0.00 0.00 Intere Pric 0.00 Patient ID: Claim ID: 0.00 Intere O.00 Intere O.00 Intere O.00 Intere O.00 Intere O.00 Intere O.00	st Payment 0.00 222ME6730 221208498 Co Pay 0.00 0.00 st Payment 0.00 22ME7655 221208498 Co Pay 0.00 0.00 0.00 0.00	0.00 0.00 128.99 20023 400 Amount Paid 22.99 80.00 0.00 0.00 128.99 30026 500 Amount Paid 22.99 80.00	Den PXN Adj/ Den

Trovider ID.	84157 DELAWARE DIAC	- 1 1	#: 1144757212 CLABS			ID: 2006622 me: LUTFAT		0			22ME5436 221208498		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
02/03/22-02/03/22	G2023		Specimen collection for Sev	1	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
02/03/22-02/03/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
02/03/22-02/03/22	U0005		Infectious agent detection	1	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0

Tax ID: 814634900 EPC Draft #: 260162585 EPC Draft Amount: \$3,611.72 Payment Date: 06/15/2022 Page 3 of 9

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

Provider ID: 30784157 NPI #: 1144757212 Provider Name DELAWARE DIAGNOSTIC LABS						ID: 2006622 me: LUTFAT		0		Patient ID: Claim ID:	22ME5913 221208498		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
02/17/22-02/17/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
02/17/22-02/17/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
02/17/22-02/17/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Trovider ID.	784157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2006622 me: LUTFAT			Patient ID: Claim ID:	22ME5893 221208498			
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
02/10/22-02/10/22	G2023		Specimen collection for Sev	1	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
02/10/22-02/10/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
02/10/22-02/10/22	U0005		Infectious agent detection	1	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
										Intere	st Payment	0.00	

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

Trovider ID.	84157 DELAWARE DIA	#: 1144757212 CLABS			ID: 2006622 me: LUTFAT		0		Patient ID: Claim ID:	22ME4752 221208499			
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
01/27/22-01/27/22	G2023		Specimen collection for Sev	1	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
01/27/22-01/27/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0
01/27/22-01/27/22	U0005		Infectious agent detection	1	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TF0

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

TIOTIGET ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2006622 me: LUTFAT		0		Patient ID: Claim ID:	22ME8746 221208500		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
03/17/22-03/17/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/17/22-03/17/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
03/17/22-03/17/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Tioriaci ib.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2006622 me: LUTFAT		0			22ME8180 221208500		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
03/10/22-03/10/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/10/22-03/10/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
03/10/22-03/10/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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						Interest Pay	ment	0.00
						Prior Pay	ment	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

TIOTIGET ID.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2006622 me: LUTFAT		0		Patient ID: Claim ID:	22ME9231 221208501		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
03/24/22-03/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
03/24/22-03/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
03/24/22-03/24/22	U0005		Infectious agent	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Trovider ID.	784157 DELAWARE DIA	- 1	#: 1144757212 CLABS			ID: 20011130 me: AVONNI		N			22MF31370 2212085003		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/31/22-05/31/22	G2023		Specimen collection for Sev	1	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PXN-XB3
05/31/22-05/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XB3
05/31/22-05/31/22	U0005		Infectious agent detection	1	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XB3
										Intere	st Payment	0.00	

						Interest P	ayment	0.00
						Prior P	ayment	0.00
Claim Total	131.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Trovider ID.	84157 DELAWARE DIA	- 1 1	#: 1144757212 CLABS			ID: 2000977 me: MICHEI		ROLL		Patient ID: Claim ID:	22MF2796 221208498		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

						Interest Pa	yment	0.00
						Prior Pa	yment	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

TIOTIGET ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2000977 me: MICHEL		ROLL		Patient ID: Claim ID:	22MF3017 221208499		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/31/22-05/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/31/22-05/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/31/22-05/31/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Trovider ID.	784157 DELAWARE DIA		#: 1144757212 CLABS	Member ID: 200737713 Member Name: TYRICE D COLLINS					Patient ID: 22MF307900176 Claim ID: 221208500500				
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/29/22-05/29/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/29/22-05/29/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/29/22-05/29/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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 814634900
 EPC Draft #:
 260162585
 EPC Draft Amount:
 \$3,611.72
 Payment Date:
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						Interest Paymen	t 0.00
						Prior Paymen	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00 0.00	128.99

Trovider ID.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2000725 me: BERNAL		OLLARD			22MF2820 221208500		СОВ
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/24/22-05/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/24/22-05/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/24/22-05/24/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Troviaci ib.	784157 DELAWARE DIA		#: 1144757212 CLABS	Member ID: 200479833 Member Name: ISABELLA L DRUMMONI					Patient ID: 22MF290120162 Claim ID: 221208501000				
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/25/22-05/25/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/25/22-05/25/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/25/22-05/25/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
										Intere	st Payment	0.00	

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

Trovider ID.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2001822 me: AMEER		OMS		Patient ID: Claim ID:	22MF3149 221208499		СОВ
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/31/22-05/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/31/22-05/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/31/22-05/31/22	U0005		Infectious agent	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

						Interes	t Payment	0.00
						Prior	Payment	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

TIOTIGET ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2009292 me: DEANN.		ER	Patient ID: 2200529960036 Claim ID: 221208499700				
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/31/22-05/31/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/31/22-05/31/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/31/22-05/31/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

110 videi ib.	'84157 DELAWARE DIA		#: 1144757212 CLABS	Member ID: 200933800 Member Name: DAVID JOSEPH					Patient ID: 2200516830401 Claim ID: 221208500800					
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den	
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN	
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00		
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00		

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						Interest Pay	ment	0.00
						Prior Pay	ment	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Trovider ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2008991 me: CHRIST		NSTUBER	Patient ID: 22MF308830492 TUBER Claim ID: 221208499000				
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/30/22-05/30/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/30/22-05/30/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/30/22-05/30/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Tioriaci ib.	784157 DELAWARE DIA		#: 1144757212 CLABS			ID: 20008430 me: JESSICA		KI			22MF2813 221208499		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/24/22-05/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/24/22-05/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/24/22-05/24/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	
										Intere	st Payment	0.00	

						Interes	Payment	0.00
						Prior	Payment	0.00
Claim Total	131.00	128.99	0.00	0.00	0.00	0.00	0.00	128.99

Tronder ID.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2002194 me: MICHAI		ONI			220052472 221208501		
Date of Service	DRG Code					Allowed Amount	OIC	Coins	COB	Deductible	Co Pay	Amount Paid	Adj/ Den
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Troviaci ib.	'84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2001373 me: DANIEL		O-MERID	A	Patient ID: Claim ID:	22MF2972 221208501		
Date of Service	Proc / Rev DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den
05/24/22-05/24/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/24/22-05/24/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/24/22-05/24/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

Tioriaci ib.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2004195 me: KATHLE		INTI	Patient ID: 2200517020033 Claim ID: 221208501300				
Date of Service	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den		
05/23/22-05/23/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/23/22-05/23/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/23/22-05/23/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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Trovider ID.	84157 DELAWARE DIA		#: 1144757212 CLABS			ID: 2002896 me: DEANN		VELLO		Patient ID: Claim ID:	22MF2972 221208499		
Date of Service	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den		
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

Trovider ID.	84157 DELAWARE DIA	- 1 1	#: 1144757212 CLABS			ID: 20010277 me: MADISO		[Patient ID: Claim ID:			
Date of Service	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	СОВ	Deductible	Co Pay	Amount Paid	Adj/ Den		
05/26/22-05/26/22	G2023		Specimen collection for Sev	1	25.00	22.99	0.00	0.00	0.00	0.00	0.00	22.99	PXN
05/26/22-05/26/22	U0004		2019-nCoV Coronavirus, SARS	1	80.00	80.00	0.00	0.00	0.00	0.00	0.00	80.00	
05/26/22-05/26/22	U0005		Infectious agent detection	1	26.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00	

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

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

Statement Totals

Charged	Allowed Amount	OIC	Coins	СОВ	Deductible	Interest Payment	Co Pay	Amount Paid	Claim Count
4,192.00	3,611.72	0.00	0.00	0.00	0.00	0.00	0.00	3,611.72	32

 Claims Reversed
 0.00
 0

 Net General Claims Total
 3,611.72
 32

 Less Other Transactions
 0.00

 Total Paid to Payee
 3,611.72

Member Name	Claim Number	Other Insurance	Address	City	State Zip	Group No.	Policy No.
DOLLARD,	221208500700	EXPRESS SCRIPTS	PO BOX 390873	BLOOMINGTON	MN 55439000	0 YXS0000143936	886566844432
BERNADETTE		EXPRESS SCRIPTS INC	ONE EXPRESS WAY	ST LOUIS	MO 63121000	0 69	222564953
GROOMS, I	221208499300	DELTA DENTAL OF DE	1 DELTA DR	MECHANICSBUR	PA 17055000	0 01212	1145834498
AMEERAH				G			

Messages

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

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

Electronic Payment Clearinghouse AmeriHealth Caritas Delaware, Inc. PO Box 80100 London, KY 40742-0100



PNC Bank, N.A.

60-162 433

DRAFT NO. DRAFT DATE

260162585 06/15/2022

Electronic Payment Clearinghouse Echo Health. Inc.

PAYABLE

THROUGH

DRAFT

Three Thousand Six Hundred Eleven & 72

TO THE ORDER OF DELAWARE DIAGNOSTIC LAB ONE CENTURIAN DR SUITE 103

NEWARK DE 19713

*******\$3,611.72

VOID AFTER 180 DAYS

NON-NEGOTIABLE

" 260 16 258 5**"**

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