PROVIDER REMITTANCE ADVICE PROVIDER BANNER MESSAGES

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

Attention: All Providers (2022-168 MC)

The Agency published a new COVID Unwinding video for recipients: https://www.youtube.com/watch?v=_IkdPqB9QZ8. Please share this video in waiting rooms, on websites, and on social media accounts.

Medicaid recipients are encouraged to fill out renewal forms even if they think they may not be eligible any longer. They may qualify for other healthcare benefits. If someone loses their coverage because they didn't renew, they can reapply within 90 days to have coverage reinstated if they are still eligible.

1 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2024 OUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

2 ATTENTION: ALL PROVIDERS (2009-338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

3 ATTENTION: ALL PROVIDERS (2008-067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

4 ATTENTION: ALL PROVIDERS (2015-275 RB)

COMMON ERRORS THAT SLOW DOWN THE REVIEW PROCESS OF DENIED CLAIMS

THE FOLLOWING IS A LIST OF COMMON ERRORS THAT THE ALABAMA MEDICAID AGENCY ENCOUNTERS WHICH WILL SLOW DOWN THE PROCESS OF REVIEWS:

- 1. USING AN INCORRECT FORM. FOR EXAMPLE: SENDING NCCI DENIALS ON AN OUTDATED CLAIM FORM. THESE REVIEWS ARE HANDLED BY DIFFERENT STAFF AND SENDING ON THE INCORRECT FORM CAUSES DELAYS. MAKE SURE YOU HAVE THE CORRECT FORMS.
- 2. SENDING AN NCCI ADMINISTRATIVE REVIEW DIRECTLY TO THE ALABAMA MEDICAID AGENCY BEFORE SENDING YOUR APPEAL TO GAINWELL. ALL NCCI DENIALS MUST BE APPEALED TO GAINWELL FIRST.
- 3. NOT INCLUDING THE RED DROP-OUT INK FORM FOR REVIEW.
- 4. NO MEDICAL DOCUMENTATION FOR REVIEW.

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 2

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED

1930 EDWARDS LAKE ROAD SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

CRA-XBDN-R

3551548

CORE DIAGNOSTIC LABORATORIES LLC

		SERVICE NO. FROM		DERING /IDER		COF	PAY	ALLOWED	BI	LLED	TPL AMOUNT
NAME:	HUEY ALEXANI 20241570094 I1663129	DER 401 051424		ENT ID.:	530001958845		0.00	0.00		155.54	0.00
	PROC CODE 80053 82607 82746 84481 80061 84443 84439 36415 85049	MODIFIERS	051424 051424 051424 051424 051424 051424	1.00 1.00 1.00 1.00 1.00 1.00	22.00 22.00 24.00 20.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	3303 3303 3303 3303 3303 3303	
NAME:	20241570094 I1663131	RSON 413 050924 MODIFIERS	050924 SRV DATE 050924	UNITS 1.00	500000344662 BILLED AMT 15.84 4.50 9.00	ALWD AMT	Г).00	0.00	PAID 0.00	29.34 DETAIL EOBS 3303 3303 3303	0.00
NAME:	20241590222 I1665567	247 052124	052124		500000344662			0.00			
	PROC CODE 84156 83069 84311 82010 82945 82247 81007 82043	MODIFIERS 59 QW	052124	1.00 1.00	BILLED AMT 8.00 8.00 32.00 16.00 8.00 8.00 60.00 7.58	((((0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	3303 3303 3303	
NAME:	GERALDINE BA 20241570094 I1663135	AILEY 420 051024		ENT ID.:	530002065008	MRN:	0.00	0.00		125.00	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

MEDICARE CROSSOVER PART B CLAIMS DENI

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CORE DIAGNOSTIC LABORATORIES LLC

	PAT ACCT	SERVICE NO. FROM MODIFIERS	DATES REND THRU PROV SRV DATE 051024	ERING IDER UNITS 1.00	BILLED AMT 125.00	ALWD	COPAY AMT 0.00	ALLOWED TPL 0.00	BI PAID 0.00	LLED DETAIL EOBS 3303	TPL AMOUNT
NAME:		R 259 052024		ENT ID.: 5	500001159583		0.00	0.00		147.58	0.00
	I1665589										
		MODIFIERS		UNITS		ALWD	AMT	TPL 0.00	PAID	DETAIL EOBS	
	84156		052024	1.00	8.00		0.00	0.00	0.00		
	83069				8.00		0.00			3303	
	84311		052024	2.00	32.00		0.00	0.00	0.00	3303	
	82010		052024	1.00	16.00		0.00	0.00	0.00	3303	
	82945		052024	1.00	8.00		0.00	0.00	0.00	3303	
	82247	59	052024	1.00	8.00		0.00	0.00	0.00	3303	
	81007		052024	1.00	60.00		0.00	0.00	0.00	3303	
	82043	QW	052024	1.00	7.58		0.00	0.00	0.00	3303	
	20241500138 I1656225 R EOBS: 0829 PROC CODE 80053	840 042524 5 0836 9990	042524 SRV DATE 042524	UNITS 1.00	BILLED AMT 15.84 4.50	ALWD	AMT 0.00	0.00 TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 0825 3303	0.00
NAME:	TARA BLACK		RECTPT	ENT TD : F	330001955882	MRN:					
14111111	20241500138 I1653056	850 050624	050624		730001733002	11111	0.00	0.00		40.12	0.00
			SRV DATE	UNITS	BILLED AMT	ALWD	AMT	TPL	PAID	DETAIL EOBS	
	87086		050624	1.00	18.53		0.00	0.00	0.00	3303	
	87186				13.50		0.00	0.00	0.00	3303	
	87088		050624	1.00	8.09		0.00	0.00	0.00		
		344 050324	RECIPI		500002424105			0.00		8.00	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 82570 59			BILLED AMT 8.00	COPAY ALWD AMT 0.00	ALLOWED TPL 0.00	BI PAID 0.00	LLED DETAIL EOBS 0825 3303	TPL AMOUNT
NAME: LOUISE BRADY 2024155014352 050324 (11659462		IENT ID.: !	500002424105		0.00		7.00	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS 83986	SRV DATE 050324	UNITS 1.00	BILLED AMT 7.00	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: LAUREN BURGESS 2024150013855 050724 (IENT ID.:	530001461940		0.00		88.54	0.00
I1653174 PROC CODE MODIFIERS 80053 83036 80061 84443 36415 85049	SRV DATE 050724 050724 050724 050724 050724 050724	UNITS 1.00 1.00 1.00 1.00 1.00	BILLED AMT 15.84 14.00 20.00 25.20 4.50 9.00	ALWD AMT 0.00 0.00 0.00 0.00 0.00 0.00	TPL 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	3303 3303 3303 3303	
2024150013864 012924 (I1653175 PROC CODE MODIFIERS 80053 83036 80061	SRV DATE 012924 012924 012924 012924	UNITS 1.00 1.00 1.00	15.84 14.00 20.00	ALWD AMT 0.00 0.00 0.00	0.00 0.00 0.00	PAID 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303	0.00
84443 36415 85049	012924 012924 012924	1.00 1.00 1.00	25.20 4.50 9.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00	3303 3303 3323 3303	
NAME: MILTON BURT 2024150013869 050624 (I1653190		LENT ID.: !	500000388039	MRN: 0.00	0.00		13.50	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PR 3	ICN PAT ACCT NO ROC CODE 1 36415 85049		THRU PROV SRV DATE	IDER UNITS 1.00	BILLED AMT 4.50 9.00	ALWD .	COPAY AMT 0.00 0.00	ALLOWED TPL 0.00 0.00	BI PAID 0.00 0.00	LLED DETAIL EOBS 3303 3323 3303	TPL AMOUNT
	LTON BURT 02415602061 1660933		RECIPI 051424	ENT ID.: 5	00000388039	MRN:	0.00	0.00		13.50	0.00
PR 3		MODIFIERS	SRV DATE 051424 051424	UNITS 1.00 1.00		ALWD .	AMT 0.00 0.00	TPL 0.00 0.00	PAID 0.00 0.00	DETAIL EOBS 3303 3323 3303	
20	LTON BURT 02415802798 1664278	4 052124 (RECIPI	ENT ID.: 5	00000388039	MRN:	0.00	0.00		13.50	0.00
PR 3		MODIFIERS	SRV DATE 052124 052124	UNITS 1.00 1.00	BILLED AMT 4.50 9.00	ALWD .	AMT 0.00 0.00	TPL 0.00 0.00	PAID 0.00 0.00	3303 3323	
	RY CAPPS 02415802798 1664298	9 052024 0	RECIPI 052024	ENT ID.: 5	00000905469	MRN:	0.00	0.00		17.19	0.00
PF 8		MODIFIERS	SRV DATE 052024 052024	UNITS 1.00 1.00	BILLED AMT 12.69 4.50	ALWD .	AMT 0.00 0.00	TPL 0.00 0.00	0.00		
20	ARLOTTE CAS 02415700942 1663175		RECIPI 051524	ENT ID.: 5	30001891825	MRN:	0.00	0.00		174.33	0.00
PR	ROC CODE 1		SRV DATE 051524	UNITS 1.00				TPL 0.00			
20	ROTHY DANIE: 02415001387 1653406			ENT ID.: 5	00002996425	MRN:	0.00	0.00		29.34	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

		BILLED AMT 15.84 4.50	ALWD AMT 0.00 0.00	0.00	0.00	3303	TPL AMOUNT
NAME: DOROTHY DANIEL 2024157009429 021324	RECIPIENT ID.: 021324	500002996425	MRN: 0.00	0.00		77.19	0.00
I1663197 PROC CODE MODIFIERS 87641 59 87086 87186 87088	021324 1.00 021324 1.00	37.07 18.53	0.00 0.00	0.00 0.00	0.00	3303 3303	
NAME: ROY FILES 2024156020614 051724 I1662158	RECIPIENT ID.: 051724	530002341024	MRN: 0.00	0.00		46.50	0.00
PROC CODE MODIFIERS 80164	SRV DATE UNITS 051724 1.00 051724 1.00	42.00	0.00	0.00	0.00	3303	
NAME: ROY FILES 2024158027999 051724 I1664442	RECIPIENT ID.: 051724	530002341024	MRN: 0.00	0.00		45.00	0.00
PROC CODE MODIFIERS	SRV DATE UNITS 051724 1.00	BILLED AMT 45.00	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 3303 3324	
NAME: JOSEPH FISHER 2024150013886 050224 11653594		530002387369	MRN: 0.00	0.00		174.33	0.00
	SRV DATE UNITS 050224 1.00			TPL 0.00	PAID 0.00		
NAME: MARY GRAVES 2024156020616 051424 I1661053 HEADER EOBS: 1081 1091 9990	RECIPIENT ID.: 051424	500000103383	MRN: 0.00	0.00		63.34	0.00

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 80053 83036 80061 36415 85049	THRU PROVIDER	15.84 14.00 20.00 4.50	ALWD AMT 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00	DETAIL EOBS	TPL AMOUNT
NAME: MARY GRAVES		500000103383	MRN:	0.00		15 50	0.00
2024156020619 051424 (I1662214	051424		0.00	0.00		15.58	0.00
HEADER EOBS: 1081 1091 9990							
	SRV DATE UNITS						
82570 90	051424 1.00	8.00	0.00	0.00	0.00	3303 3324	
82043 QW 90	051424 1.00	7.58	0.00	0.00	0.00	3303 3324	
NAME: CHRISTOPHER GREEN 2024150013890 050824 (500000150858	MRN: 0.00	0.00		124.54	0.00
I1653757			7 T LID 7 MI	mp.	D3.TD		
PROC CODE MODIFIERS	SRV DATE UNITS		ALWD AMT				
80053 82607	050824 1.00 050824 1.00		0.00	0.00		3303	
82306	050824 1.00		0.00	0.00		3303	
84443	050824 1.00		0.00			3303	
84439		13 00	0.00			3303	
36415	050824 1.00	4.50	0.00	0.00		3303 3323	
NAME: VERNON HARTLEY		500002678859	MRN:				
2024159022272 052024 (I1665777				0.00			0.00
PROC CODE MODIFIERS	SRV DATE UNITS	BILLED AMT	ALWD AMT	TPL	PAID	DETAIL EOBS	
80053	052024 1.00	15.84	0.00	0.00	0.00	3303	
82607	052024 1.00			0.00	0.00	3303	
36415	052024 1.00			0.00		3303 3323	
85049	052024 1.00	9.00	0.00	0.00	0.00	3303	
NAME: ELLA HINSON 2024158028008 052124 (11664579	RECIPIENT ID.: 052124	530001961599	MRN: 0.00	0.00		56.45	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138 BIRMINGHAM, AL 35235-2718

	ICN PAT ACCT PROC CODE 80053 83036 83735 36415 85049	SERVICE NO. FROM MODIFIERS	052124 052124	VIDER UNITS 1.00 1.00 1.00	BILLED AMT 15.84 14.00 13.11	0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	LLED DETAIL EOBS 3303 3303 3303 3303 3303	TPL AMOUNT
NAME:		RAM 016 051624		IENT ID.:	530002252140		0.00		174.33	0.00
		MODIFIERS	SRV DATE 051624	UNITS 1.00	BILLED AMT 174.33	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 3303	
NAME:		006 050824	050824		500001774441	0.00	0.00			0.00
	PROC CODE 80053 80061 36415	MODIFIERS	SRV DATE 050824 050824 050824	UNITS 1.00 1.00 1.00	BILLED AMT 15.84 20.00 4.50	ALWD AMT 0.00 0.00 0.00	TPL 0.00 0.00 0.00	PAID 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3323	
NAME:				IENT ID.:	500000770589					
	20241560206 I1661127	522 051524					0.00			0.00
	PROC CODE 80053 80061 36415 85049	MODIFIERS	SRV DATE 051524 051524 051524 051524	UNITS 1.00 1.00 1.00 1.00	BILLED AMT 15.84 20.00 4.50 9.00	ALWD AMT 0.00 0.00 0.00 0.00	TPL 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3323 3303	
NAME:		Z 436 051824		IENT ID.:	530001990569		0.00		55.60	0.00
	PROC CODE 87641	MODIFIERS 59	SRV DATE 051824	UNITS 1.00	BILLED AMT 37.07	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 3303	

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CORE DIAGNOSTIC LABORATORIES LLC

		SERVICE NO. FROM MODIFIERS	DATES REND THRU PROV SRV DATE 051824	DERING VIDER UNITS 1.00	BILLED AMT 18.53	COPAY ALWD AMT 0.00	ALLOWED TPL 0.00	BI PAID 0.00	LLED DETAIL EOBS 3303	TPL AMOUNT
NAME:		26 051424		ENT ID.: 5	530001834952		0.00		12.69	0.00
	PROC CODE 80048	MODIFIERS	SRV DATE 051424	UNITS 1.00	BILLED AMT 12.69	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 3303	
NAME:	JUDITH KING 20241560206	32 050824	RECIPI 050824	ENT ID.: 5	500002993344	MRN:	0.00		13.50	0.00
	I1662396 PROC CODE 36415 85049			UNITS 1.00 1.00	BILLED AMT 4.50 9.00	ALWD AMT 0.00 0.00				
NAME:		TDS 12 050124		ENT ID.: 5	530001993791	MRN: 0.00	0.00		155.54	0.00
	PROC CODE 80053 82607 82746 84481 80061 84443 84439 36415 85049	MODIFIERS	SRV DATE 050124 050124 050124 050124 050124 050124 050124 050124		22.00 24.00 20.00	0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3303 3303 3303 3303 33	
NAME:	20241580280 I1664703	25 051624	051624		530002055877	0.00	0.00		258.14	
	PROC CODE 80307	MODIFIERS	SRV DATE 051624	UNITS 1.00	BILLED AMT 83.81	ALWD AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 3303	

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

ICN	SERVICE DATES REN	DERING						
PAT ACCT NO.	FROM THRU PRO	VIDER		COPAY	ALLOWED	BI	LLED	TPL AMOUNT
PROC CODE MO	DIFIERS SRV DATE	UNITS	BILLED AMT	ALWD AMT	TPL	PAID	DETAIL EOBS	
G0482	FROM THRU PRO DIFIERS SRV DATE 051624	1.00	174.33	0.00	0.00	0.00	3303	
NAME: AUSTIN MCCLENDO		IENT ID.: !	330001953560					
2024159022279 I1665901	052024 052024				0.00			
PROC CODE MO		UNITS	BILLED AMT	ALWD AMT 0.00 0.00	TPL	PAID	DETAIL EOBS	
80053	052024	1.00 1.00	15.84	0.00	0.00	0.00	3303	
82607		1.00	22.00	0.00	0.00	0.00	3303	
84481	052024	1.00	24.00	0.00	0.00	0.00	3303	
84443	052024	1.00	25.20	0.00	0.00	0.00		
84439	052024		13.00	0.00	0.00	0.00		
85049	052024	1.00	9.00	0.00	0.00	0.00	3303	
NAME: DOUGLAS MCINTOS:		IENT ID.: !	500002790467					
2024159022284 I1665907	052124 052124				0.00			
PROC CODE MO	DIFIERS SRV DATE	UNITS	BILLED AMT	ALWD AMT	TPL	PAID	DETAIL EOBS	
80053	052124	1.00	15.84	0.00	0.00	0.00	3303	
36415	052124	1.00	4.50	0.00	0.00	0.00	3303 3323	
85049	052124	1.00	9.00	ALWD AMT 0.00 0.00 0.00	0.00	0.00	3303	
NAME: BARBARA MORGAN	DECID	TENT TO . !	20001745264	MDNT •				
	051524 051524	TENI ID	30001/43304	0.00	0 00		10 21	0.00
I1661220	031324 031324			0.00	0.00		49.34	0.00
PROC CODE MO	DIFIERS SRV DATE	UNITS	BILLED AMT	ALWD AMT 0.00	TPL	PAID	DETAIL EOBS	
80053	051524	1.00	15.84	0.00	0.00	0.00	3303	
80061	051524	1.00	20.00	0.00	0.00	0.00	3303	
36415	051524	1.00	4.50	0.00	0.00	0.00	3303 3323	
85049	051524	1.00	4.50 9.00	0.00	0.00	0.00	3303	
NAME: STEVE PERRY		IENT ID.: !	330001771732					
	033124 033124			0.00	0.00		181.11	0.00
I1656749								
HEADER EOBS: 0825 08	36 9990							

REPORT: CRA-XBDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 PAGE: 11 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED

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DRE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
930 EDWARDS LAKE ROAD	NPI ID	1598266421
JITE 138	CHECK/EFT NUMBER	083149459
IRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

87086 84156 82570 83069 84311 82010 82945	SERVICE I O. FROM MODIFIERS 59	DATES REND THRU PROV SRV DATE 033124 033124 033124 033124 033124 033124 033124 033124 033124 033124	ERING IDER UNITS 1.00 1.00 1.00 2.00 1.00 1.00 1.00 1.00	BILLED AMT 18.53 8.00 8.00 8.00 32.00 16.00 8.00 7.00 60.00		COPAY AMT 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ALLOWED TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	BI PAID 0.00 0.00 0.00 0.00 0.00 0.00 0.00	DETAIL EOBS	TPL	AMOUNT
82043	QW	033124	1.00	7.58		0.00	0.00	0.00	0825 3303		
NAME: JO PRUITT 202415802802 I1664916			ENT ID.: 5	330001760833	MRN:	0.00	0.00		90.12		0.00
80053 80061 84443 82570	1091 9990 MODIFIERS QW	SRV DATE 052024 052024 052024 052024 052024 052024 052024	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	BILLED AMT 15.84 20.00 25.20 8.00 7.58 4.50 9.00	ALWD	AMT 0.00 0.00 0.00 0.00 0.00 0.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3303 3303 3303 3303		
NAME: KAREN RASBERR 202415802803 I1664929			ENT ID.: 5	530001800469	MRN:	0.00	0.00		73.34		0.00
HEADER EOBS: 1081	1091 9990 MODIFIERS	SRV DATE 052124 052124 052124 052124 052124	UNITS 1.00 1.00 1.00 1.00	BILLED AMT 15.84 22.00 22.00 4.50 9.00	ALWD .	AMT 0.00 0.00 0.00 0.00 0.00	TPL 0.00 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3303 3323 3303		
NAME: LINDA REATHER 202415602064 I1662642			ENT ID.: 5	500002984719	MRN:	0.00	0.00		49.34		0.00

PROVIDER REMITTANCE ADVICE

MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 80053 80061 36415 85049	THRU PROVIDER SRV DATE UNITS 051524 1. 051524 1.	BILLED AMT 15.84 00 20.00 00 4.50	0.00	0.00 0.00 0.00	0.00 0.00 0.00	LLED DETAIL EOBS 3303 3303 3303 3303	TPL AMOUNT
NAME: CHARLES REEDER 2024158028043 051524 I1664932		.: 500002827029	MRN: 0.00	0.00		258.14	0.00
PROC CODE MODIFIERS 80307 G0482	SRV DATE UNITS 051524 1. 051524 1.	BILLED AMT 00 83.81 00 174.33	ALWD AMT 0.00 0.00	TPL 0.00 0.00	PAID 0.00 0.00	DETAIL EOBS 3303 3303	
NAME: TERESA RITCHIE 2024156020643 051424 11661281 HEADER EOBS: 1081 1091 9990	RECIPIENT ID	.: 500001290350		0.00		76.45	0.00
PROC CODE MODIFIERS 80053 83036 83735 80061 36415 85049	051424 1. 051424 1. 051424 1. 051424 1.	00 15.84 00 14.00	0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3303 3303 3303	
NAME: BRADLEY SELLERS 2024150013931 050824		.: 500002911395		0.00		18.50	0.00
I1655101 PROC CODE MODIFIERS 83036 36415	SRV DATE UNITS 050824 1. 050824 1.	14.00	ALWD AMT 0.00 0.00	0.00	0.00	3303	
NAME: JOSEPH SIMONI 2024150013937 050724 I1655134		.: 530002194075		0.00		63.34	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 80053 83036 80061 36415 85049	DATES RENDERING THRU PROVIDER SRV DATE UNITS 050724 1.00 050724 1.00 050724 1.00 050724 1.00 050724 1.00	15.84 14.00 20.00 4.50	ALWD AMT	ALLOWED TPL 0.00 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00	3303	L AMOUNT
NAME: JOYCE SIMPSON 2024158028050 052024 (11665001		500000221484	MRN: 0.00	0.00		26.19	0.00
PROC CODE MODIFIERS 80048 36415 85049	052024 1.00	12.69 4.50		0.00	0.00 0.00	3303	
NAME: EUGENE SMITH 2024150013945 050124 (11656867 HEADER EOBS: 0825 0836 9990		500002996393	MRN: 0.00	0.00		29.34	0.00
PROC CODE MODIFIERS 80053 36415 85049	050124 1.00 050124 1.00	15.84	ALWD AMT 0.00 0.00 0.00	0.00	0.00	0825 3303 0825 3303 3323	
2024158028062 052024 (RECIPIENT ID.:	500000185505	MRN: 0.00	0.00		73.34	0.00
I1665024 PROC CODE MODIFIERS 80053 82607 82746 36415 85049	SRV DATE UNITS 052024 1.00 052024 1.00 052024 1.00 052024 1.00 052024 1.00	15.84 22.00 22.00		TPL 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	DETAIL EOBS 3303 3303 3303 3303 3323 3303	
NAME: ARLENE UNRUE 2024156020647 051524 (11662803	RECIPIENT ID.:	500002041919	MRN: 0.00	0.00		61.04	0.00

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 80053 80061 84443	DATES RENDERING THRU PROVIDER SRV DATE UNITS 051524 1.00 051524 1.00 051524 1.00	BILLED AMT	COPAY ALWD AMT 0.00 0.00 0.00	ALLOWED TPL 0.00 0.00 0.00	PAID DETAIL EOBS	TPL AMOUNT
NAME: LINDA WALKER 2024150013950 050224 (530001742048		0 00	174.33	0.00
11655447	750224		0.00	0.00	1/4.33	0.00
PROC CODE MODIFIERS G0482						
NAME: ROBERT WALKER 2024150013956 050724 (11655448		500001166452		0.00	29.70	0.00
HEADER EOBS: 1081 1091 9990 PROC CODE MODIFIERS 84443 36415	SRV DATE UNITS 050724 1.00 050724 1.00	BILLED AMT 25.20 4.50	ALWD AMT 0.00 0.00	TPL 0.00 0.00	PAID DETAIL EOBS 0.00 3303 0.00 3303 3323	
NAME: STEPHANIE WEAKLEY 2024156020652 051524 (11661404		530002349590	MRN: 0.00	0.00	63.34	0.00
PROC CODE MODIFIERS 80053 83036 80061 36415 85049	SRV DATE UNITS 051524 1.00 051524 1.00 051524 1.00 051524 1.00 051524 1.00	20.00	ALWD AMT 0.00 0.00 0.00 0.00 0.00	0.00	0.00 3303	
NAME: PAULA YARBROUGH 2024150013964 050724 (11655617		500003001095		0.00	101.65	0.00
	SRV DATE UNITS 050724 1.00	BILLED AMT 15.84	ALWD AMT 0.00	TPL 0.00	PAID DETAIL EOBS 0.00 3303	

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

	· -	DERING VIDER		COPAY	ALLOWED	BILLED	TPL AMOUNT
PROC CODE MODIFI	ERS SRV DATE	UNITS	BILLED AMT	ALWD AMT	TPL	PAID DETAIL EC	BS
83036	050724	1.00	14.00	0.00	0.00	0.00 3303	
83735	050724	1.00	13.11	0.00	0.00	0.00 3303	
80061	050724	1.00	20.00	0.00	0.00	0.00 3303	
84443	050724	1.00	25.20	0.00	0.00	0.00 3303	
36415	050724	1.00	4.50	0.00	0.00	0.00 3303 3323	
85049	050724	1.00	9.00	0.00	0.00	0.00 3303	
TOTAL MEDICARE CROSSOVER	PART B CLAIMS DE	NIED:		0.00	0.00	4,089.68	0.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC			PL OUNT	PAID AMOUNT
NAME: NAYLA ABDELRAHI 2024158032269	RECIPIENT ID.: 530001536850 I1664143 SERVICE DATES RENDERING	MRN: 051324 051324	764.98 BILLED	445.64 ALLOWED	: 3 COPAY	319.34	0.00	0.00	445.64
POS PROC CD MODIFIE 81 87635			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87651	1.00 051324 051324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87498 59	1.00 051324 051324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 051324 051324 220224		42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633	1.00 051324 051324 220224		318.05	212.03 106.02	0.00	212.03			
81 87798	4.00 051324 051324 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: AALIYAH ABERNAT 2024156024355	I1660846	MRN: 053024 053024	565.12			91.09	0.00	0.00	374.03
POS PROC CD MODIFIE 81 87498 59	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87581 59	1.00 053024 053024 220224		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 053024 053024 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: AMIYAH ABERNATH 2024156024375	RECIPIENT ID.: 530002224736 I1660847 SERVICE DATES RENDERING	MRN: 053024 053024	565.12 BILLED	374.03 ALLOWED	COPAY	91.09	0.00	0.00	374.03
POS PROC CD MODIFIE 81 87498 59			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87581 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 053024 053024 220224		168.00	112.00 56.00	0.00	112.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW			TPL AMOUNT	PAID AMOUNT
NAME: MIRACLE ABERNATHY 2024155017014 POS PROC CD MODIFIERS 81 87633	RECIPIENT ID.: 530001367416 I1659378 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051524 051524 220224	MRN: 051524 051524	318.05 BILLED AMOUNT 318.05	33.74 ALLOWED NON-AllOWED 33.74 284.31	COPAY	PAID	0.00 DETAIL EOF 9918 9936	151.43 3S	33.74
NAME: WINTER ACOSTA 2024150022215 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530001903492 11652879 SERVICE DATES RENDERING PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 052324	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86 336.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 43.61 28.00 22.00 28.00 212.03 22.00 22.00 28.00 22.00 22.00	9918 9918 9918 9918 9918 9918	0.00 3S	629.64
81 87507 NAME: ASHER ADAMS 2024156024397 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001108686 I1660850 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 RECIPIENT ID.: 530001152517 I1661876 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060124 060124 220224	MRN: 053024 053024 MRN: 060124 060124	899.12	NON-AllOWED 213.03 106.52 586.03 ALLOWED NON-AllOWED	COPAY TPL 0.00 0.00 313 COPAY TPL	PAID 213.03	0.00 DETAIL EOR	0.00	213.03 586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS		ERVICE DATES ROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
81	87498	MODIFIERS 59		60124 060124	220224			37.07	22.00	0.00		9918	CAUL	
01	0/490	39	1.00 0	00124 000124	22022 1			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00 0	60124 060124	220224			42.00	28.00	0.00	28 00	9918		
01	0,301	3,5	1.00 0	00121 000121				12.00	14.00	0.00	20.00	7710		
81	87633		1.00 0	60124 060124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00 0	60124 060124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00 0	60124 060124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00 0	60124 060124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00 0	60124 060124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NT 7\ N/III •					. [20002002441	N/IDNI •								
NAME •	BRITTAN	.50022230	I1656167	KECIPIENI ID	.: 530002092441	MRN: 052224	052224	17/ 22	116.22)	58.11	0.00	0.00	116.22
	20241	.50022250		ERVICE DATES	RENDERING	032224	052224	BILLED	ALLOWED	COPAY	30.11	0.00	0.00	110.22
DUG	DRAC CD	MODIFIERS			PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	ORS	
	G0482	MODIFIERD		52224 052224				174.33	116.22	0.00	116.22		ЮВВ	
01	00102		1.00 0	32221 032221	220221			171.33	58.11	0.00	110.22	JJ±0		
									33122					
NAME:	CARTER	ADAMS		RECIPIENT ID	.: 530000276895	MRN:								
	20241	.58032280	I1664145			110823	110823	1,049.12	629.64	1	419.48	0.00	0.00	629.64
			S	ERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS		MODIFIERS		ROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87635		1.00 1	10823 110823	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00 1	10823 110823	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400			10000 110000	000004				14.00	0.00		0.01.0		
81	87498	59	1.00 1	10823 110823	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 1	10000 110000	22224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00 1	10823 110823	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00 1	10000 110000	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00 1	10823 110823	220224			318.05	212.03 106.02	0.00	212.03	ЭЭТО		
81	87640		1 00 1	10823 110823	220224			37.07	22.00	0.00	22 00	9918		
OΤ	0/040		1.00 1	10043 110043	44044 1			37.07	15.07	0.00	22.00	22±0		
81	87641	59	1 00 1	10823 110823	220224			37.07	22.00	0.00	22 00	9918		
01	0,041		1.00 I	10020 110020	220221			37.07	15.07	0.00	22.00	J J ± U		
									13.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 110823 110823	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID			
81 87798		8.00 110823 110823	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: DENVER 20241	ADAMS 56024416	RECIPIENT ID 11661877	.: 530002336695	MRN: 060124	060124	899.12	586.03		313.09	0.00	0.00	586.03
	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID			
81 87486	59	1.00 060124 060124	220224			42.00	28.00	0.00		9918	ODD	
81 87498	59	1.00 060124 060124	220224			37.07	14.00	0.00	22.00	9918		
81 87581	59	1.00 060124 060124	220224			42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 060124 060124	220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640		1.00 060124 060124	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641	59	1.00 060124 060124	220224			37.07	15.07 22.00	0.00		9918		
							15.07	0.00				
81 87651	59					49.86	28.00 21.86	0.00		9918		
81 87798		8.00 060124 060124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: FINLEY			.: 530002082719	MRN:	050004	000 10	F0C 03		212 00	0.00	0.00	506.03
	55017037	I1659385 SERVICE DATES	RENDERING	052924	052924	899.12 BILLED	ALLOWED	COPAY		0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL E	OBS	
81 87498		1.00 052924 052924	220224			37.07	14.00 22.00	0.00	22.00			
							15.07	0.00				
81 87581	59	1.00 052924 052924	220224			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 052924 052924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 20

	ICN	PAT ACCT NO.		SERVICE 'ROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN'	T	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU PR	ENDERING ROVIDER 20224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID	DETAIL 9918			
81 87651	59	1.00 052924 052924 22	20224			49.86	28.00	0.00	28.00	9918			
81 87798		8.00 052924 052924 22	20224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918			
NAME: JAMES A	ADAMS 152026006	RECIPIENT ID.: 11658048	0	MRN: 43024	043024	446.52	284.41		162.11	0.00		0.00	256.41
			ENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 87798		3.00 043024 043024 22	20224			126.00	84.00	0.00	84.00	9918			
01 07401	Γ0	1 00 042024 042024 22	20224			40.06	42.00	0.00	0 00	F 4 0 0			
81 87491	59	1.00 043024 043024 22	20224			49.86	28.00	0.00	0.00	5490			
01 07511	ΕO	1 00 042024 042024 22	20224			42.00	21.86	0.00	20 00	0010			
81 87511	59	1.00 043024 043024 22	20224			42.00	28.00	0.00	28.00	9918			
01 07500	ГО	1 00 042024 042024 22	20224			40.06	14.00	0.00	20.00	0010			
81 87529	59	1.00 043024 043024 22	20224			49.86	28.00	0.00	28.00	9918			
01 07501	Γ.Ο.	1 00 042024 042024 22	20224			40.00	21.86	0.00	20.00	0010			
81 87591	59	1.00 043024 043024 22	20224			42.00	28.00	0.00	28.00	9918			
01 07661	Γ.Ο.	1 00 042024 042024 22	20224			20 20	14.00	0.00	01 50	0010			
81 87661	59	1.00 043024 043024 22	20224			32.30	21.53	0.00	21.53	9918			
01 00206		1 00 042004 042004 00	20004			4.4.00	10.77	0.00	00 00	0010			
81 82306		1.00 043024 043024 22	20224			44.00	29.00	0.00	29.00	9918			
01 0000		1 00 042004 042004 00	20004			26.00	15.00	0.00	02.00	0010			
81 87389		1.00 043024 043024 22	20224			36.00	23.88	0.00	23.88	9918			
01 00061		1 00 042004 042004 00	20004			00.00	12.12	0.00	14 00	0010			
81 80061		1.00 043024 043024 22	20224			20.00	14.00	0.00	14.00	9918			
01 26415		1 00 042024 042024 22	20224			4 50	6.00	0.00	0 00	2202			
81 36415		1.00 043024 043024 22	20224			4.50	0.00	0.00	0.00	3323			
							4.50	0.00					
NINNE · NITONETI	- 7 D V W C	RECIPIENT ID.:	E20001010007	MIDNT •									
NAME: MIRAKLI				MRN:	052024	1 040 10	620 64		410 40	0 00		0 00	620 64
2024.	156024427	I1660852		53024	053024	1,049.12	629.64		419.48	0.00		0.00	629.64
מס ששמת מש	MODIETEDO	SERVICE DATES REUNITS FROM THRU PR				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	חד גמ	רהיייז די	FODC		
POS PROC CD 81 87635	MODIFIERS					150.00			PAID		FORD		
81 87635		1.00 053024 053024 22	4U44			150.00	43.61	0.00	43.61	ヲヲ⊥ၓ			
81 87486	ΕO	1.00 053024 053024 22	20224			42.00	106.39 28.00	0.00	20 00	0010			
01 0/400	33	1.00 053024 053024 22	4044 1			42.00	14.00	0.00	28.00	フ フエロ			
							14.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FODC	
81	87498	59	1.00 053024 053024	220224			37.07	22.00	0.00		9918	EODS	
0.1	05501	F.0	1 00 053004 053004	000004			40.00	15.07	0.00	00.00	0.01.0		
81	87581	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 053024 053024	220224			318.05	212.03	0.00	212.03	9918		
01	07640		1 00 052024 052024	220224			37.07	106.02	0.00	22.00	0010		
81	87640		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 053024 053024	220224			49.86	15.07 28.00	0.00	28 00	9918		
								21.86	0.00				
81	87798		8.00 053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: ONYX AD).: 530002200274	MRN:	0.601.04	000 10	506.03		212 00	0 00	0.00	506.03
	20241	56024442	I1661881 SERVICE DATES	RENDERING	060124	060124	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 060124 060124	220224			42.00	28.00	0.00		9918		
0.1	07400	F.O.	1 00 060124 060124	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00 060124 060124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060124 060124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07633		1 00 060104 060104	000004			210 05	14.00	0.00	010 03	0010		
81	87633		1.00 060124 060124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 060124 060124	220224			37.07	22.00	0.00	22.00	9918		
0.4	0.7.4.4	= 0		000004				15.07	0.00		0.01.0		
81	87641	59	1.00 060124 060124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 060124 060124	220224			49.86	28.00	0.00	28.00	9918		
01	87798		8.00 060124 060124	220224			336.00	21.86 224.00	0.00	224.00	0010		
0.1	01190		0.00 000124 000124	220224			330.00	112.00		224.00	9910		
NT N N (T-1	· CANTIET	7 D 7 M C	DEGIDIENE ID		NATO NT •								
NAME	20241	ADAMS .58032308	RECIPIENT ID).· 53UUUZ198911	MRN: 060424	060424	899.12	586.03		313.09	0.00	0.00	586.03
	20211		SERVICE DATES	RENDERING	300121	300121		ALLOWED					300.03
		MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			EOBS	
81	87486	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00		9918		
								11.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87498	59		060424 060424	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00	060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	060424 060424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	060424 060424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		RICK ADAMS JE			.: 530002198353	MRN:	050004	1 040 10	500 54		410 40	0.00		
	20241	L56024456	I166085	SERVICE DATES	RENDERING	053024	053024	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.0	0 629.64
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87635		1.00	053024 053024				150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00	053024 053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	Γ0	1 00	052004 052004	000004			27 07	14.00	0.00	22.00	0.01.0		
81	87498	59	1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00	053024 053024	220224			42.00	28.00	0.00	28 00	9918		
01	07301	37	1.00	055021 055021	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	053024 053024	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
81	87651	ΕO	1 00	053024 053024	220224			49.86	15.07	0.00	20 00	9918		
OΤ	0/031	39	1.00	053024 053024	22022 1			49.00	28.00 21.86	0.00	20.00	9910		
81	87798		8.00	053024 053024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	SAMUEL	AGEE		RECIPIENT ID	.: 530002309193	MRN:								
		L58032331	I166415				060324	565.12	374.03		191.09	0.00	0.0	0 374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87498	59	1.00 060324 060324	220224			37.07	22.00	0.00		9918	пово	
0-	0 / 10 0							15.07	0.00		,,,,		
81	87581	59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 060324 060324	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87798		4.00 060324 060324	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME:	THEO AG	EE	RECIPIENT ID	.: 530002136883	MRN:								
	20241	.58032340	I1664154		060324	060324	64.34	41.00)	23.34	0.00	0.	00 41.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	80053		1.00 060324 060324	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81	82306		1.00 060324 060324	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	36415		1.00 060324 060324	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
NAME:	JUNIPER	R AGUERO	RECIPIENT ID	.: 530001439700	MRN:								
	20241	.56024477	I1661884		053124	053124	965.59			374.06	0.00	0.	00 519.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87798	59	9.00 053124 053124	220224			378.00	252.00	0.00	252.00	9918		
								126.00	0.00				
81	87481	59	4.00 053124 053124	220224			168.00	112.00	0.00	112.00	9918		
0.1	0.01	F.0	1 00 052104 052104	000004			40.06	56.00	0.00	0.00	F 400		
81	87491	59	1.00 053124 053124	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	ГО	1 00 052124 052124	220224			40.00	21.86	0.00	20.00	0010		
81	87511	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
81	87529	59	2.00 053124 053124	220224			99.72	14.00 56.00	0.00	56 00	9918		
0.1	0/329	39	2.00 053124 053124	220224			99.12	43.72	0.00	30.00	9910		
81	87591	59	1.00 053124 053124	220224			42.00	28.00	0.00	28 00	9918		
0.1	01091		1.00 055124 055124	44U44T			72.00	14.00	0.00	20.00	J J ± 0		
81	87653	59	2.00 053124 053124	220224			74.14	44.00	0.00	0 00	5900		
01	07033		2.00 033121 033121	220221			, 1.14	30.14	0.00	0.00	3700		
81	87661	59	1.00 053124 053124	220224			32.30	21.53	0.00	21.53	9918		
0 ±	2,001		1.00 000121 000121				52.50	10.77	0.00	21.55	J J ± 0		
								±0•,,,	0.00				

1.00 050724 050724 220224

1.00 050724 050724 220224

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

82306

81 83540

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

DATE: 06/07/2024

PAGE: 24

220224

ICN	PAT ACCT NO.	SERVICE DATES		ALLOWED	NO ALL	N (PL	PAID
		FROM THRU	AMOUNT	AMOUNT		OWED	AMOUNT AM	OUNT	AMOUNT
DOG DDOG OD MODIFIEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	DATE			
POS PROC CD MODIFIERS 81 87563	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224		AMOUNT	NON-AllOWED	TPL		DETAIL EOBS		
81 8/563	1.00 053124 053124 220224		42.50	0.00 42.50	0.00	0.00	4021		
81 87640 59	1.00 053124 053124 220224		37 07	22.00	0.00	22.00	0010		
01 07040 39	1.00 055124 055124 220224		37.07	15.07	0.00	22.00	JJ±0		
				13.07	0.00				
NAME: JENNIFER AL NAJJAR	RECIPIENT ID.: 530001996980	MRN:							
	T166/16/	052024 052024	258.14	172.09		86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}		DETAIL EOBS		
81 80307	1.00 053024 053024 220224		83.81	55.87		55.87	9918		
				27.94	0.00				
81 G0482	1.00 053024 053024 220224	053024 053024	174.33	116.22	0.00	116.22	9918		
				58.11	0.00				
NAME: KASSEM ALBALAKHI	RECIPIENT ID.: 530000761226	MRN:							
2024152026052	I1658051	050724 050724	139 16	76 00	ı	63 16	0.00	0.00	76.00
2024132020032	SERVICE DATES RENDERING	030724 030724	BILLED	ALLOWED		03.10	0.00	0.00	70.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	030721 030721	AMOUNT			PATD	DETAIL EOBS		
81 80053	1.00 050724 050724 220224		15.84		0.00	12.00			
				3.84	0.00				
81 82306	1.00 050724 050724 220224		44.00	29.00	0.00	29.00	9918		
				15.00	0.00				
81 83540	1.00 050724 050724 220224		9.71	7.00	0.00	7.00	9918		
				2.71	0.00				
81 83550	1.00 050724 050724 220224		13.11	10.00	0.00	10.00	9918		
0.1			40.00	3.11	0.00	10.00	0.01.0		
81 82728	1.00 050724 050724 220224		40.00	13.00	0.00	13.00	9918		
01 05007	1 00 050724 050724 220224		10.00	27.00	0.00	Г 00	9918		
81 85027	1.00 050724 050724 220224		12.00	5.00 7.00	0.00	5.00	9918		
81 36415	1.00 050724 050724 220224		4.50	0.00	0.00	0 00	3323		
01 30413	1.00 030/24 030/24 220224		4.50	4.50	0.00	0.00	3343		
				4.30	0.00				
NAME: ZYAD ALBALAKHI	RECIPIENT ID.: 530001211582	MRN:							
2024152026091	I1658053	050724 050724	158.52	94.93		63.59	0.00	0.00	94.93
	SERVICE DATES RENDERING			ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
01 02206	1 00 050724 050724 220224		44 00	20 00	0 00	20 00	0010		

44.00

9.71

29.00

15.00

7.00

2.71

0.00

0.00

0.00

0.00

29.00 9918

7.00 9918

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

25

		ICN	PAT ACC			DENDEDTNO	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	83550	HODITIERO		050724					13.11	10.00	0.00		9918	HODD		
										3.11	0.00					
81	82728		1.00	050724	050724	220224			40.00	13.00	0.00	13.00	9918			
										27.00	0.00					
81	84443		1.00	050724	050724	220224			25.20	22.93	0.00	22.93	9918			
81	84439		1 00	050724	050724	220224			13.00	2.27 9.00	0.00	0 00	9918			
OΤ	04433		1.00	050724	050724	220224			13.00	4.00	0.00	9.00	9910			
81	36415		1.00	050724	050724	220224			4.50	0.00	0.00	0.00	3323			
0 ±	30113		1.00	030721	030721	220221			1.50	4.50	0.00	0.00	3323			
81	85049		1.00	050724	050724	220224			9.00	4.00	0.00	4.00	9918			
										5.00	0.00					
NAME:		OLE ALDANA			PIENT ID	.: 530001331785	MRN:	0.4.0.0.4	255 52			0.7.4.0.6				-10 -0
	20241	.58027998	I166415				042224	042224		591.53		374.06	0.00	0	.00	519.53
DOG .	PROC CD	MODIFIERS	UNITS	SERVICE FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC		
	87798	MODIFIERS 59				220224			378.00	252.00	0.00	252.00		FOP2		
01	01150		2.00	042224	012221	220224			370.00	126.00	0.00	252.00	JJ±0			
81	87481	59	4.00	042224	042224	220224			168.00	112.00	0.00	112.00	9918			
										56.00	0.00					
81	87491	59	1.00	042224	042224	220224			49.86	28.00	0.00	0.00	5490			
										21.86	0.00					
81	87511	59	1.00	042224	042224	220224			42.00	28.00	0.00	28.00	9918			
0.1	07500	F.0	0.00	0.4.0.0.4	0.4.0.0.4	000004			00 50	14.00	0.00	F.C. 0.0	0010			
81	87529	59	2.00	042224	042224	220224			99.72	56.00	0.00	56.00	9918			
81	87591	59	1 00	042224	042224	220224			42.00	43.72 28.00	0.00	20 00	9918			
01	07391	39	1.00	042224	042224	22022 1			42.00	14.00	0.00	20.00	9910			
81	87653	59	2.00	042224	042224	220224			74.14	44.00	0.00	0.00	5900			
										30.14	0.00					
81	87661	59	1.00	042224	042224	220224			32.30	21.53	0.00	21.53	9918			
										10.77	0.00					
81	87563		1.00	042224	042224	220224			42.50		0.00	0.00	4021			
0.4	07.40			0.4.0.0.4					0	42.50	0.00		0010			
81	87640	59	1.00	042224	042224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
NAME:	AIIBREV	ALEXANDER		RECTE	רד ידואיד דר	.: 530001070699	MRN:									
TAT 71,1171 .		.50022244	I165288			330001070033	052324	052324	319.55	213.03		106.52	0.00	Ω	.00	213.03
	20211			-			552521	332321	317.33	213.03			3.00	O		213.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
POS PROC C 81 87507			RENDERING PROVIDER	111011		BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID	DETAIL EOBS		1110 0111
	YN ALFORD-DAV 4150022255	IS RECIPIENT ID. 11652897		MRN: 052224	052224	825.21	542.00		283.21	0.00	0.00	486.00
-			RENDERING			BILLED	ALLOWED	COPAY				
POS PROC C			PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS		
81 87481	59	4.00 052224 052224	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87640	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 052224 052224	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 052224 052224	220224			84.00	56.00 28.00	0.00	0.00	5000		
		IS RECIPIENT ID.		MRN:								
202	4150022268	I1656170		052224	052224	40.12			13.03	0.00	0.00	27.09
POS PROC C	D MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	חז גח	DETAIL EOBS		
81 87086			220224			18.53	10.00	0.00	10.00			
01 07000		1.00 032221 032221	220221			10.33	8.53	0.00	10.00	JJ 10		
81 87186		1.00 052224 052224	220224			13.50	9.00	0.00	9.00	9918		
							4.50	0.00				
81 87088		1.00 052224 052224	220224			8.09	8.09 0.00	0.00 0.00	8.09			
NAME: AHMED	лт инл пот		• 520002421011	MID NT •								
	4152026116	RECIPIENT 1D. 11658056	: 530002421911	MRN: 052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
202	4132020110		RENDERING	032024	032024	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS PROC C	D MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87486		1.00 052824 052824				42.00	28.00 14.00	0.00	28.00			
81 87498	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
							11.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 27

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
81	87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918			
0.4	0-6-4			000004			40.05	15.07	0.00		2212			
81	87651	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918			
0.1	0.000		0 00 050004 050004	000004			226.00	21.86	0.00	004 00	0010			
81	87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918			
								112.00	0.00					
MAVE •	CHANTAL	7. T T T T T T T T T T T T T T T T T T T	DECIDIENT ID	0.: 530001933719	MRN:									
11/11/11/11/11/11/11/11/11/11/11/11/11/		L50022274	I1656172	7. • 330001733717		052424	988.93	606.53	8	382.40	0.00		0.00	534.53
	20211	150022271	SERVICE DATES	RENDERING	052121	052121	BILLED	ALLOWED	COPAY	302.10	0.00		0.00	551.55
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	87798	59	9.00 052424 052424	220224			378.00	252.00	0.00		9918	2020		
			7					126.00	0.00					
81	87481	59	2.00 052424 052424	220224			84.00	56.00	0.00	56.00	9918			
								28.00	0.00					
81	87491	59	1.00 052424 052424	220224			49.86	28.00	0.00	0.00	5490			
								21.86	0.00					
81	87511	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87529	59	2.00 052424 052424	220224			99.72	56.00	0.00	56.00	9918			
0.4	0==01			000004			40.00	43.72	0.00		2212			
81	87591	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918			
0.1	07653	ГО	2 00 052424 052424	220224			7111	14.00	0.00	0 00	F000			
81	87653	59	2.00 052424 052424	220224			74.14	44.00 30.14	0.00	0.00	5900			
81	87661	59	1.00 052424 052424	220224			32.30	21.53	0.00	21 52	9918			
01	07001	39	1.00 032424 032424	ZZUZZ I			32.30	10.77	0.00	21.33	9910			
81	87563		1.00 052424 052424	220224			42.50	0.00	0.00	0 00	4021			
01	07303		1.00 032121 032121	220221			12.50	42.50	0.00	0.00	1021			
81	87640	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	80053		1.00 052424 052424	220224			15.84	12.00	0.00	12.00	9918			
								3.84	0.00					
81	82306		1.00 052424 052424	220224			44.00	29.00	0.00	29.00	9918			
								15.00	0.00					
81	83036		1.00 052424 052424	220224			14.00	12.00	0.00	12.00	9918			
								2.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
81	80061	MODIFIERS		220224			20.00	14.00	0.00		9918	EOBS	
								6.00	0.00				
81	36415		1.00 052424 052424	220224			4.50	0.00	0.00	0.00	3323		
81	85049		1.00 052424 052424	220224			9.00	4.50 4.00	0.00	4 00	9918		
0.1	03049		1.00 032424 032424	220224			9.00	5.00	0.00	4.00	9910		
NAME:	DONALD			: 530002025679	MRN:								
	20241	50022316	I1656173	DENDEDING	052424	052424	182.49			59.49	0.00	0.00	123.00
POS	PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	80053	HODII IIIKO		220224			15.84	12.00	0.00		9918	LODD	
								3.84	0.00				
81	83036		1.00 052424 052424	220224			14.00	12.00	0.00	12.00	9918		
01	01101		1 00 052424 052424	220224			24.00	2.00 16.00	0.00	16 00	0010		
81	84481		1.00 052424 052424	220224			24.00	8.00	0.00	10.00	9918		
81	80061		1.00 052424 052424	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81	86376		1.00 052424 052424	220224			21.00	15.00	0.00	15.00	9918		
01	01126	59	1 00 052424 052424	220224			10.00	6.00	0.00	7 00	0010		
81	84436	59	1.00 052424 052424	220224			10.00	7.00 3.00	0.00	7.00	9918		
81	83525		1.00 052424 052424	220224			17.15	11.00	0.00	11.00	9918		
								6.15	0.00				
81	36415		1.00 052424 052424	220224			4.50	0.00	0.00	0.00	3323		
81	86800		1.00 052424 052424	220224			23.00	4.50 15.00	0.00	15 00	9918		
01	80800		1.00 032424 032424	220224			23.00	8.00	0.00	15.00	9910		
81	84432		1.00 052424 052424	220224			24.00	17.00	0.00	17.00	9918		
								7.00	0.00				
81	85049		1.00 052424 052424	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:	ELIANA	ALLEN	RECIPIENT ID.	: 530002307858	MRN:								
	20241	56024495	I1661888			060224	899.12	586.03		313.09	0.00	0.00	586.03
D00		MODIETERS	SERVICE DATES					ALLOWED		D 7 T D		HODG	
	87486	MODIFIERS	UNITS FROM THRU 1.00 060224 060224	PROVIDER			42.00	NON-AllOWED		PAID 28.00		FORS	
0.1	0 / 100		1.00 000224 000224	220221			42.00	14.00	0.00	20.00	J J ± U		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		-	BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL E		
81	87498	59	1.00 060224 060224	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 060224 060224				42.00	28.00 14.00	0.00		9918		
81	87633		1.00 060224 060224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 060224 060224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 060224 060224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	TROY AL 20241	LEN 50022335	I1656175	.: 530002133055	MRN: 052424	052424	899.12	586.03		313.09	0.00	0.00	586.03
DOG		MODIETED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	רא דר		ODG	
81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 052424 052424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL E 9918	OBS	
81	87498	59	1.00 052424 052424	220224			37.07	14.00 22.00	0.00	22.00	9918		
81	87640	59	1.00 052424 052424	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87581	59	1.00 052424 052424	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00 052424 052424	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87641	59	1.00 052424 052424	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87651	59	1.00 052424 052424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052424 052424	220224			336.00	21.00 224.00 112.00	0.00	224.00	9918		
NAME:	JOSE AL 20241	VARADO .59025147	RECIPIENT ID	530000907694	MRN: 040424	040424	342.02	217.53		124.49	0.00	0.00	189.53
		MODIFIERS	SERVICE DATES	PROVIDER				ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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DATE: 06/07/2024

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		ICN	PAT ACCT			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500		MODITITIO		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T. T. D.	D		
	PROC CD	MODIFIERS 59		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL :	EOBS	
81	87491	59	1.00	040424 040424	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87529	59	1.00	040424 040424	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87591	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.0001	5 0	1 00	040404 040404	000004			20.20	14.00	0.00	01 50	0.01.0		
81	87661	59	1.00	040424 040424	220224			32.30	21.53	0.00	21.53	9918		
									10.77	0.00				
NAME	: HAZEL A	NDERSON		RECIPIENT ID	.: 530002398820	MRN:								
	20241	.50022349	I1652913			052124	052124	1,049.12	629.64		419.48	0.00	0.00	629.64
			;	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00	052124 052124	220224			150.00	43.61	0.00	43.61	9918		
0.1	07406		4 00	0-0101 0-0101	000004			40.00	106.39	0.00		2212		
81	87486	59	1.00	052124 052124	220224			42.00	28.00	0.00	28.00	9918		
0.1	87498	59	1 00 (050104 050104	220224			27 07	14.00	0.00	22.00	0010		
81	0/490	39	1.00	052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00 (052124 052124	220224			42.00	28.00	0.00	28 00	9918		
01	07301	3,5	1.00	032121 032121	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	052124 052124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052124 052124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052124 052124	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00.00		4 00	0-0101 0-0101	000004			40.06	15.07	0.00		2212		
81	87651	59	1.00	052124 052124	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 1	000104 000104	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	052124 052124	220224			336.00	224.00 112.00	0.00	224.00	9918		
									112.00	0.00				
NAME	: JEFFERY	ANDERSON		RECIPIENT ID	.: 530001186663	MRN:								
			I1664167				060424	899.12	586.03		313.09	0.00	0.00	586.03
			:	SERVICE DATES	RENDERING				ALLOWED					
		MODIFIERS	UNITS		PROVIDER								EOBS	
81	87486	59	1.00	060424 060424	220224			42.00			28.00	9918		
									14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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-	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		-		ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID	DETAIL EOF 9918		
81 87581 5	59	1.00 060424 060424 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 060424 060424 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 5	59	1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 5	59	1.00 060424 060424 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060424 060424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KHLOE ANI 2024158		RECIPIENT ID.: 530001714834 I1664168 SERVICE DATES RENDERING		060424	49.86 BILLED	28.00 ALLOWED) COPAY	21.86	0.00	0.00	28.00
POS PROC CD N 81 87529		UNITS FROM THRU PROVIDER 1.00 060424 060424 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86		PAID 28.00		3S	
	NTHONY 6024522	RECIPIENT ID.: 530001146385 I1661895 SERVICE DATES RENDERING		051424	125.00 BILLED	55.48	S COPAY	69.52	0.00	0.00	55.48
POS PROC CD N 81 G0480	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 051424 051424 220224			AMOUNT 125.00	NON-AllOWED	\mathtt{TPL}	PAID 55.48		3S	
NAME: TATIANNA 2024156	ANTHONY 6024532	RECIPIENT ID.: 530000811884 I1661896 SERVICE DATES RENDERING		053124	27.08 BILLED	12.00 ALLOWED		15.08	0.00	0.00	12.00
POS PROC CD N 81 84702	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224			AMOUNT 22.58				DETAIL EOR 9918	3S	
81 36415		1.00 053124 053124 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: CHRISTHIN 2024159	N ANTUNEZ 9025167	RECIPIENT ID.: 530001497758 11665574	MRN: 022324	022324	342.02	217.53	3	124.49	0.00	0.00	189.53

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	DATE		DD.C	
POS PROC C 81 87798	D MODIFIERS	UNITS FROM THRU PROVIDER 3.00 022324 022324 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID	DETAIL EC	JBS	
01 0//90		3.00 022324 022324 220224			120.00	42.00	0.00	04.00	9910		
81 87491	59	1.00 022324 022324 220224			49.86	28.00	0.00	0 00	5490		
01 07101	3,7	1.00 022321 022321 220221			17.00	21.86	0.00	0.00	5170		
81 87511	59	1.00 022324 022324 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87529	59	1.00 022324 022324 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87591	59	1.00 022324 022324 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87661	59	1.00 022324 022324 220224			32.30	21.53	0.00	21.53	9918		
						10.77	0.00				
717 MT. 127 72 CO		DEGIDIENE ID · E20002	1 C 2 1 2 C MDN:								
NAME: KAYSO	4155017065	RECIPIENT ID.: 5300023	163136 MRN: 052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
202	4133017003	SERVICE DATES RENDERING		032324	BILLED	ALLOWED	COPAY	313.09	0.00	0.00	300.03
POS PROC C	D MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87486		1.00 052924 052924 220224			42.00	28.00	0.00		9918	325	
						14.00	0.00				
81 87498	59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 052924 052924 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 052924 052924 220224			318.05	212.03	0.00	212.03	9918		
01 00640		1 00 050004 050004 000004			25 25	106.02	0.00	00.00	0010		
81 87640		1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 052924 052924 220224			37.07	15.07 22.00	0.00	22.00	0010		
01 0/041	39	1.00 052924 052924 220224			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 052924 052924 220224			49.86	28.00	0.00	28.00	9918		
01 07001		1.00 002921 002921 220221			19.00	21.86	0.00	20.00	J J <u>T</u> O		
81 87798		8.00 052924 052924 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: CHELB		RECIPIENT ID.: 5300022									
202	4159025181	I1665578		060424		50.00		172.58	0.00	0.00	46.00
D0000		SERVICE DATES RENDERING				ALLOWED		D. 7. T. T.	D-000	22.0	
	D MODIFIERS	UNITS FROM THRU PROVIDER				NON-AllOWED)BS	
81 84156		1.00 060424 060424 220224			8.00			4.00	9918		
						4.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DD 0.0 .0D	MODIFIED	IIII III G	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			FODG	
90S 81	PROC CD 82570	MODIFIERS	UNITS	FROM THRU 060424	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED 6.00	TPL 0.00	PAID 6 00	DETAIL 9918	EOBS	
0.1	02370		1.00	000124 000124					2.00	0.00	0.00	9910		
81	83069		1.00	060424 060424	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	84311		2.00	060424 060424	220224			32.00	14.00	0.00	14.00	9918		
0.1	02010		1 00	060424 060424	220224			16 00	18.00	0.00	0 00	4504		
81	82010		1.00	060424 060424	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1.00	060424 060424	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	82247	59	1.00	060424 060424	220224			8.00	5.00	0.00	5.00	9918		
0.1	0000		1 00	0.004.04.0004.04	000004			-	3.00	0.00	2 22	0010		
81	83986		1.00	060424 060424	220224			7.00	3.00	0.00	3.00	9918		
81	81007		2 00	060424 060424	220224			120.00	4.00 4.00	0.00	0 00	5900		
01	01007		2.00	000121 000121	220221			120.00	116.00	0.00	0.00	3700		
81	82043	QW	1.00	060424 060424	220224			7.58	6.00	0.00	6.00	9918		
									1.58	0.00				
MANTE •	тоспіту	ARREGUIN		חד ייועידותדיים דר	.: 530001189382	MRN:								
INAME.		59025201	I166557		330001109302		060524	899.12	586.03	3	313.09	0.00	0.00	586.03
	20211	37023201	1100337	SERVICE DATES	RENDERING	000321	000321	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00	060524 060524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.0	1 00	060504 060504	000004			27 07	14.00	0.00	00.00	0010		
81	87498	59	1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060524 060524	220224			42.00	28.00	0.00	28.00	9918		
0.1	0,001		1.00	000321 000321				12.00	14.00	0.00	20.00	7710		
81	87633		1.00	060524 060524	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	060524 060524	220224			37.07	22.00	0.00	22.00	9918		
81	87641	5.0	1 00	060524 060524	220224			37.07	15.07 22.00	0.00	22.00	9918		
01	07041	3,5	1.00	000324 000324	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00	060524 060524	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	060524 060524	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	NOAH AS	MAR		RECIPTENT ID	.: 530001613448	MRN:								
		57010778	I166313				060324	899.12	586.03	3	313.09	0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN-	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFI	IERS UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87486 59		060324 060324	220224			42.00	28.00	0.00		9918		
81 87498 59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00	060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00	060324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00	060324 060324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00	060324 060324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: NIRVANA ASTON			.: 530002215275	MRN:								
20241500223	74 I165294	4 SERVICE DATES	RENDERING	052224	052224	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFI	IERS UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87507	1.00	052224 052224	220224			319.55	213.03 106.52	0.00	213.03	9918		
NAME: RACHAEL ATCHIS	SON	RECIPIENT ID	.: 530001069634	MRN:								
202415002239		6			052124	881.59	535.53		346.06	0.00	0.00	463.53
POS PROC CD MODIFI	IERS UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E) D.C	
81 87798 59		052124 052124				378.00	252.00	0.00			765	
81 87481 59	2.00	052124 052124	220224			84.00	126.00 56.00	0.00	56.00	9918		
81 87491 59	1.00	052124 052124	220224			49.86	28.00 28.00	0.00	0.00	5490		
							21.86	0.00				
81 87511 59	1.00	052124 052124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	2.00	052124 052124	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591 59	1.00	052124 052124	220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS PROC. COL MODIFIERS SPECIAL STATE PROM. THEN PROVIDER PROM.			ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87653 59	DOG	DDOC CD	MODIFIFDC			BILLED	ALLOWED	COPAY	מדגמ	רבייא דו	FODC	
81 87661 59 1.00 052124 052124 22024											L EODS	
81 87661 59 1.00 052124 052124 220224 220224 220224 12.50 10.07 0.00 0.00 0.00 0.00 0.00 0.00 0.	01	07033	3,7	2.00 032121 032121 220221		7 1 • 1 1			0.00	3700		
NAME: DIONNE AUGUSTUS NAME: DIONNE AUGUSTUS DISCUSSION DIS	81	87661	59	1.00 052124 052124 220224		32.30			21.53	9918		
87563	01	0,001		1.00 032121 032121 220221		32.30			21.00	7710		
NAME DIONN AUGUSTUS RECIPIENT ID S30002191317 MRN S1024 S1024 S1024 S10002191317 MRN S1000	81	87563		1.00 052124 052124 220224		42.50			0.00	4021		
874												
Name	81	87640	59	1.00 052124 052124 220224		37.07			22.00	9918		
T1652951												
T1652951												
STORY STOR	NAME:					1 044 10	COO 00	•	FFC 12	0 00	0 00	(22.00
POST PROC CD PROM PROM PROVIDER		20241	150022422		051624 051624				556.13	0.00	0.00	623.00
81 87481 59 4.00 051624 051624 22024 168.00 112.00 0.00 0.00 0.00 0.00 0.00 0.00	DOG	DDOC CD	MODIFFER						מדגם	ר ביים אירו	T TODO	
81 87640 59 1.00 051624 051624 220224 37.07 22.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0											L EOBS	
81 87640 59 1.00 051624 051624 22024 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 051624 051624 220224 462.00 308.00 0.00 22.00 9918 81 87798 2.00 051624 051624 220224 84.00 56.00 0.00 22.00 9918 81 84758 2.00 051624 251624 220224 84.00 56.00 0.00 22.00 9918 81 84758 2.00 051624 251624 220224 84.00 56.00 0.00 0.00 5000 81 842570 1.00 051624 251624 220224 8.00 4.00 0.00 4.00 9918 81 83369 1.00 051624 251624 220224 8.00 4.00 0.00 4.00 9918 81	OΤ	0/401	59	4.00 031024 031024 220224		100.00			112.00	9910		
15.07 0.00 0.00 15.00 0.00 15.00 0.00 15.00 0.00 15.00 0.0	Q 1	87640	50	1 00 051624 051624 220224		37 07			22 00	9918		
81 87653 59 1.00 051624 051624 22024 37.07 22.00 0.00 22.00 9918 81 87798 11.00 051624 051624 220224 462.00 308.00 0.00 308.00 9918 81 87641 59 1.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 051624 051624 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 83069 1.00 051624 051624 220224 8.00 6.00 0.00 4.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82010 1.00 051624 051624 220224 32.00 0.00 0.00 4.00 9918 81	01	07040		1.00 031024 031024 220224		37.07			22.00	JJIO		
STORE 11.00 051624 051624 220224 462.00 308.00 0.00 308.00 9918 11.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 12.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 12.00 051624 051624 220224 84.00 56.00 0.00 0.00 5000 12.00 051624 051624 220224 84.00 66.00 0.00 0.00 6.00 9918 12.00 051624 051624 220224 84.00 0.0	81	87653	59	1.00 051624 051624 220224		37.07			22.00	9918		
81 87798 11.00 051624 051624 220224 462.00 308.00 0.00 154.00	0 ±	0,055		1.00 031021 031021 220221		37.07			22.00	J J I O		
81 87641 59 1.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 051624 051624 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 051624 051624 220224 8.00 0.00 0.00 4.00 9918 81 82570 1.00 051624 051624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 9918 81 84311 2.00 051624 051624 220224 8.00 4.00 0.00 9918 81 82910 1.00 051624 051624 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 051624 051624 220224 16.00 0.00 0.00 4.00 9918 81 82945 1.00 051624 051624 220224 8.00 4.00 0.00 0.00 4.00 9918 81 82945 1.00 051624<	81	87798		11.00 051624 051624 220224		462.00			308.00	9918		
81 87641 59 1.00 051624 051624 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 051624 051624 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 051624 051624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 9918 81 84311 2.00 051624 051624 220224 8.00 4.00 0.00 9918 81 82945 1.00 051624 051624 220224 16.00 0.00 14.00 9918 81 82945 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82947 59 1.00 051624 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
81 87798 2.00 051624 051624 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 051624 051624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 051624 051624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 051624 051624 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82947 59 1.00 051624 051624 220224 8.00 5.00 0.00 4.00 9918 81 82947 <t< td=""><td>81</td><td>87641</td><td>59</td><td>1.00 051624 051624 220224</td><td></td><td>37.07</td><td></td><td></td><td>22.00</td><td>9918</td><td></td><td></td></t<>	81	87641	59	1.00 051624 051624 220224		37.07			22.00	9918		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							15.07	0.00				
81 84156 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 051624 051624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 051624 051624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 051624 051624 220224 16.00 0.00 0.00 4524 81 82945 1.00 051624 051624 220224 8.00 0.00 0.00 4.00 9918 81 82247 59 1.00 051624 051624 220224 8.00 5.00 0.00 4.00 9918 81 83986 1.00 051624 051624 220224 8.00 5.00 0.00 0.00 5472 81 83986 1.00 05	81	87798		2.00 051624 051624 220224		84.00	56.00	0.00	0.00	5000		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							28.00	0.00				
81 82570 1.00 051624 051624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 051624 051624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 051624 051624 220224 16.00 0.00 0.00 4524 81 82945 1.00 051624 051624 220224 8.00 4.00 0.00 4.00 9918 81 82247 59 1.00 051624 051624 220224 8.00 5.00 0.00 4.00 9918 81 83986 1.00 051624 051624 220224 8.00 5.00 0.00 0.00 5472 81 83986 1.00 051624 051624 220224 7.00 3.00 0.00 3.00 9918	81	84156		1.00 051624 051624 220224		8.00			4.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$												
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82570		1.00 051624 051624 220224		8.00			6.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	00000		1 00 051604 051604 000004		0.00			4 00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	83069		1.00 051624 051624 220224		8.00			4.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0.1	04211		2 00 051624 051624 220224		20.00			14 00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	84311		2.00 051624 051624 220224		32.00			14.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	02010		1 00 051624 051624 220224		16 00			0 00	4524		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.Τ	82010		1.00 051024 051024 220224		16.00			0.00	4524		
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Ω1	92945		1 00 051624 051624 220224		Q 00			4 00	9919		
81 82247 59 1.00 051624 051624 220224 8.00 5.00 0.00 5472 81 83986 1.00 051624 051624 220224 7.00 3.00 0.00 3.00 9918	01	02943		1.00 031024 031024 220224		0.00			Ŧ.00	9910		
3.00 0.00 81 83986 1.00 051624 051624 220224 7.00 3.00 0.00 3.00 9918	81	82247	59	1.00 051624 051624 220224		8 00			0 00	5472		
81 83986	0 1	02211		1.00 001021 001021 220221		0.00			0.00	J 1 / Z		
	81	83986		1.00 051624 051624 220224		7.00			3.00	9918		
I,00 0,00							4.00	0.00	2.00			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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I	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MOD 81 81007	OIFIERS 1	SERVICE DATES UNITS FROM THRU 2.00 051624 051624	RENDERING PROVIDER 220224			BILLED AMOUNT 120.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00	PAID 0.00	DETAIL EC	DBS	
81 82043 QW		1.00 051624 051624				7.58	116.00 6.00	0.00		9918		
							1.58	0.00				
81 80053		1.00 051624 051624				15.84	12.00 3.84	0.00	12.00			
81 82306		1.00 051624 051624	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83970		1.00 051624 051624	220224			123.00	51.00 72.00	0.00	51.00	9918		
81 36415		1.00 051624 051624	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 051624 051624	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ANTONIO AVA			.: 530001589052	MRN:								
202415902	25238	I1665585 SERVICE DATES	RENDERING	060524	060524	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MOD	OIFIERS 1	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 87486 59		1.00 060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
81 87641 59		1.00 060524 060524	220224			37.07	15.07 22.00	0.00	22.00	9918		
81 87651 59		1.00 060524 060524	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 060524 060524	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
		RECIPIENT ID	.: 530001438835	MRN: 053124	053124	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD MOD 81 87486 59	DIFIERS	SERVICE DATES	PROVIDER				ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EC		
							14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL:		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			S	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	S PROC CD	MODIFIERS	UNITS F	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81	87498	59	1.00 0	053124 053124	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87581	59	1.00 0	053124 053124	220224			42.00	28.00	0.00		9918		
									14.00	0.00				
81	87633		1.00 0	053124 053124	220224			318.05	212.03	0.00		9918		
									106.02	0.00				
81	87640		1.00 0	053124 053124	220224			37.07	22.00	0.00		9918		
0_	0.010			000==1					15.07	0.00		,,,,		
81	87641	59	1 00 0	053124 053124	220224			37.07	22.00	0.00		9918		
0 ±	07011	3,7	1.00	000121 000121	220221			37.07	15.07	0.00		J J ± 0		
81	87651	59	1 00 0	053124 053124	220224			49.86	28.00	0.00		9918		
01	07031	37	1.00 0	000124 000124	220224			47.00	21.86	0.00		J J ± 0		
81	87798		9 00 0	053124 053124	220224			336.00	224.00	0.00		0010		
0.1	01190		0.00 0	000124 000124	220224			330.00	112.00	0.00		9910		
									112.00	0.00				
NT 7\ N/II	E: EMMA AY	יה ה כי		ספעדטדפאייי דט	.: 530001339224	MRN:								
INHI		.56024586	I1661907		. 530001339224	053124	052124	899.12	586.03		212 00	0 00	0.00	586.03
	20241	.50024560			DENDEDING	053124	053124				313.09	0.00	0.00	300.03
DO		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		TODG	
	S PROC CD			FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL I	FORS	
81	87486	59	1.00 0	053124 053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	= 0							14.00	0.00		0010		
81	87498	59	1.00 0	053124 053124	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87581	59	1.00 0	053124 053124	220224			42.00	28.00	0.00		9918		
									14.00	0.00				
81	87633		1.00 0	053124 053124	220224			318.05	212.03	0.00		9918		
									106.02	0.00				
81	87640		1.00 0	053124 053124	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87641	59	1.00 0	053124 053124	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87651	59	1.00 0	053124 053124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00 0	053124 053124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAMI	E: JACOBY	BABERS		RECIPIENT ID	.: 530001534139	MRN:								
		.56024599	I1661910			053024	053024	342.02	217.53		124.49	0.00	0.00	189.53
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	S PROC CD	MODIFIERS	UNITS F		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL I	EOBS	
	87798							126.00	84.00	0.00		9918	-	
~ -			3.00		· * = = =				42.00	0.00				
									5	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87491	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 0.00	DETAIL E 5490	EOBS	
81 87511	59	1.00 053024 053024 220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87529	59	1.00 053024 053024 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591	59	1.00 053024 053024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 053024 053024 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: ELIJAH 20241	BADONSKY 49019357	RECIPIENT ID.: 530001327748	MRN: 052024	052024	150.00	43.61		106.39	0.00	0.00	43.61
POS PROC CD 81 87635		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED	COPAY TPL	PAID 43.61	DETAIL E		
NAME: MARCUS 20241	BAILEY 50022478	RECIPIENT ID.: 530001267746 I1656197	MRN: 052324	052324		245.53		146.35	0.00	0.00	217.53
POS PROC CD 81 87491	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 0.00	DETAIL E 5490	EOBS	
81 87511		1.00 052324 052324 220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87529		2.00 052324 052324 220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591		1.00 052324 052324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661		1.00 052324 052324 220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87798	59	3.00 052324 052324 220224			126.00	84.00 42.00	0.00	84.00	9918		
	AIN 49019388	RECIPIENT ID.: 530002331767 I1651779	MRN: 052224	052224	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61		EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	D-110-10-114	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOC	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידה		D.C.	
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EO 9918	BS	
01	07400	39	1.00 032224 032224	22022 1			12.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
0_	0 / 10 0							15.07	0.00		2220		
81	87640	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
0.4	0.7.4.4	= 0	1 00 050004 050004				0.7.07	106.02	0.00		0.01.0		
81	87641	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	Γ0	1 00 052224 052224	220224			40.06	15.07	0.00	20.00	0010		
81	87651	59	1.00 052224 052224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052224 052224	220224			336.00	224.00	0.00	224.00	9918		
01	01190		0.00 032224 032224	22022 1			330.00	112.00	0.00	224.00	9910		
								112.00	0.00				
NAME:	MASON E	BAKER	RECIPIENT II	530000065742	MRN:								
		50022491	I1656200		052424	052424	1,059.71	615.10		444.61	0.00	0.00	403.07
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81	87635		1.00 052424 052424	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
81	87651		1.00 052424 052424	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.000		1 00 050404 050404	000004			210 05	21.86	0.00	010 02	0.01.0		
81	87633		1.00 052424 052424	220224			318.05	212.03	0.00	212.03	9918		
81	87633		1.00 052424 052424	220224			318.05	106.02 212.03	0.00	0 00	5000		
0.1	0/033		1.00 052424 052424	220224			310.03	106.02	0.00	0.00	3000		
81	87498		1.00 052424 052424	220224			37.07	22.00	0.00	22 00	9918		
01	0,150		1.00 032121 032121	220221			37.07	15.07	0.00	22.00	JJ10		
81	87502	59	1.00 052424 052424	220224			81.38	48.29	0.00	48.29	9918		
								33.09	0.00				
81	87634	59	1.00 052424 052424	220224			105.30	49.14	0.00	49.14	9918		
								56.16	0.00				
NAME:			RECIPIENT II).: 530002247367	MRN:	0.50004		0.74.00		101 00	0 00	0.00	274 25
	20241	.55017086	I1659400	DEMDED 1310	052924	052924		374.03		191.09	0.00	0.00	374.03
DOC	DDOG GD	MODIFIE	SERVICE DATES				BILLED	ALLOWED	COPAY	חאדה		D.C.	
		MODIFIERS		PROVIDER			AMOUNT				DETAIL EO	RD	
δŢ	0/490	59	1.00 052924 052924	22U22 4			37.07	22.00 15.07	0.00		カカエ ロ		
								13.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			'PL IOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	!	
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00		9918	•	
-								14.00	0.00				
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87798		4.00 052924 052924	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
3.T.3. N.(T.)					NATIONAL A								
NAME:		BALENTINE 58028059	RECIPIENT 1D 11664176	.: 530001197936	MRN: 050224	050224	285.07	196.14		88.93	0.00	0.00	140.14
	20241	30020039	SERVICE DATES	RENDERING	050224	030224	BILLED	ALLOWED	COPAY	00.93	0.00	0.00	140.14
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	!	
81	87529	110DII ILIKO	2.00 050224 050224				99.72	56.00	0.00		5910	•	
-								43.72	0.00				
81	87640	59	1.00 050224 050224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 050224 050224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 050224 050224	220224			37.07	22.00	0.00	22.00	9918		
0.1	07001		0 00 050004 050004	000004			74 14	15.07	0.00	74 14			
81	87801		2.00 050224 050224	220224			74.14	74.14 0.00	0.00	74.14			
								0.00	0.00				
NAME:	LEVIOUS	BALLARD	RECIPTENT ID	.: 530002062042	MRN:								
		55017099	I1659404	. 000001001011	051624	051624	124.16	22.50)	101.66	0.00	34.32	15.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	}	
81	87491	59	1.00 051624 051624	220224			49.86	7.50	0.00	0.00	5490		
								42.36	0.00				
81	87591	59	1.00 051624 051624	220224			42.00	7.50	0.00	7.50	9918 9936		
0.1	07661		1 00 051604 051604	000004			20.20	34.50	0.00	7 50	0010 0026		
81	87661		1.00 051624 051624	220224			32.30	7.50 24.80	0.00	7.50	9918 9936		
								24.00	0.00				
NAME:	: AMBER B	ANKS-GURLEY	RECIPTENT ID	.: 530000670265	MRN:								
		58028076	I1664178		060424	060424	965.59	591.53	}	374.06	0.00	0.00	519.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	}	
81	87798	59	9.00 060424 060424	220224			378.00	252.00	0.00	252.00	9918		
A -	0 = 4 = =							126.00	0.00		0.01.0		
81	87481	59	4.00 060424 060424	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY		COPAY AMOUNT .	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	TPL	PAID	DETAIL EO	BS	
81 87491	59	1.00 060424 060424	220224			49.86	28.00	0.00		5490		
							21.86	0.00				
81 87511	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	2.00 060424 060424	220224			99.72	56.00	0.00	56.00	9918		
							43.72	0.00				
81 87591	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
01 0065	F 0	0.00.000404.000404	000004			D 4 1 4	14.00	0.00	0.00	F000		
81 87653	59	2.00 060424 060424	220224			74.14	44.00	0.00	0.00	5900		
81 87661	59	1.00 060424 060424	220224			32.30	30.14 21.53	0.00 0.00	21.53	0010		
01 07001	59	1.00 000424 000424	220224			32.30	10.77	0.00	21.55	9910		
81 87563		1.00 060424 060424	220224			42.50	0.00	0.00	0.00	4021		
0_ 0,000							42.50	0.00				
81 87640	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
			522222222									
NAME: EMBERLY			.: 530002209667	MRN:	060404	614 00	400 00	,	212 05	0 00	0 00	400 00
20241	L58028102	I1664179 SERVICE DATES	RENDERING	060424	060424	614.98 BILLED	402.03 ALLOWED	COPAY	212.95	0.00	0.00	402.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	RS	
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00		DD	
01 07170		1.00 000121 000121				37.07	15.07	0.00	22.00	J J I O		
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87798		4.00 060424 060424	220224			168.00	112.00	0.00	112.00	9918		
01 07651		1.00 060424 060424	220224			49.86	56.00 28.00	0.00	28.00	0010		
81 87651		1.00 060424 060424	220224			49.00	21.86	0.00 0.00	20.00	9910		
							21.00	0.00				
NAME: CARTER	BARBOZA	RECIPIENT ID	.: 530002113310	MRN:								
	L58028112	I1664182			052924	899.12	586.03	3	313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD			PROVIDER			AMOUNT				DETAIL EO	BS	
81 87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
01 05400	F.O.	1 00 050004 050004	000004			25 25	14.00	0.00	00.00	0010		
81 87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERI			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDE	3		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87640	59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 052924 052924 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 052924 052924 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87641	59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651	59	1.00 052924 052924 220224			49.86	28.00	0.00	28.00	9918		
0.1					224	21.86	0.00	004.00	2212		
81 87798		8.00 052924 052924 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NTN NTD • NTN TZN T 1		DEGIDIENE ID · E2000))) 7 (7 1 MIDNI •								
NAME: MA KAI I		RECIPIENT ID.: 53000		050104	000 10	E06 02		212 00	0 00	0 00	E06 02
20241	49019409	I1651791		052124	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD	MODIFIERS	SERVICE DATES RENDERI UNITS FROM THRU PROVIDE			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	'ODC	
81 87486	MODIFIERS 59	1.00 052124 052124 220224	τ.		42.00	28.00	0.00		9918	מפטי	
01 0/400	59	1.00 052124 052124 220224			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 052124 052124 220224			37.07	22.00	0.00	22 00	9918		
01 07400		1.00 032124 032124 220224			37.07	15.07	0.00	22.00	J J ± 0		
81 87581	59	1.00 052124 052124 220224			42.00	28.00	0.00	28 00	9918		
01 07301		1.00 032121 032121 220221			12.00	14.00	0.00	20.00	JJ±0		
81 87633		1.00 052124 052124 220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 032121 032121 220221			310.03	106.02	0.00	212.03	JJ 10		
81 87640		1.00 052124 052124 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 052124 052124 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651	59	1.00 052124 052124 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 052124 052124 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: BRAELYNI		RECIPIENT ID.: 53000									
20241	52026169	I1658082		052824	397.12	262.03		135.09	0.00	0.00	262.03
		SERVICE DATES RENDERI				ALLOWED					
POS PROC CD		UNITS FROM THRU PROVIDE	3		AMOUNT	NON-AllowED				COBS	
81 87498	59	1.00 052824 052824 220224			37.07		0.00	22.00	9918		
						15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	JOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87581	MODIFIERS 59		FROM THRU 052824	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 1 9918	EOBS	
81	87633		1.00	052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:		A BARNETT	-1.55000		.: 530001880896	MRN:	0.44.70.4							
	20241	50022540	I165298	8 SERVICE DATES	RENDERING	041724	041724	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL :	EOBS	
	87635			041724 041724	220224			150.00	43.61 106.39	0.00	43.61		1020	
81	87486	59	1.00	041724 041724	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	041724 041724	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	041724 041724	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041724 041724	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	041724 041724	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	041724 041724	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59		041724 041724				49.86	28.00 21.86	0.00	28.00			
81	87798		8.00	041724 041724	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		BARRIENTOS 59025247	I166559		.: 530001474547	MRN: 060524	060524	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL :	EOBS	
QΤ	87486	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	ソソエ ℧		
81	87498	59	1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

ALABAMA MEDICAID AGENCY

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS 81	PROC CD 87640	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060524 060524	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918	3	
81	87641	59	1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 060524 060524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		'A BARROW 57010796	I1663139	DENDEDING	MRN: 050624	050624	836.16			491.41	0.00	0.00	133.71
POS 81	PROC CD 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 3.00 050624 050624	RENDERING PROVIDER 220224			BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 51.95 74.05	COPAY TPL 0.00	PAID 51.95	DETAIL EOBS 9918 9936	5	
81	87491	59	1.00 050624 050624	220224			49.86	20.56 29.30	0.00 0.00 0.00	0.00	5490		
81	87529	59	1.00 050624 050624	220224			49.86	20.56 29.30	0.00	20.56	9918 9936		
81	87591	59	1.00 050624 050624				42.00	17.32 24.68	0.00		9918 9936		
81	87661	59	1.00 050624 050624				32.30	13.32 18.98	0.00		9918 9936		
81	87640	59	1.00 050624 050624				37.07	15.28 21.79	0.00		9918 9936		
81 81	87653 87798	59	1.00 050624 050624 11.00 050624 050624				37.07 462.00	15.28 21.79 190.48	0.00 0.00 0.00		9918 9936 5000		
0.1	01190		11.00 030024 030024	ZZUZZ 1			402.00	271.52	0.00	0.00	3000		
NAME:		'A BARROW .57010821	RECIPIENT II I1663140 SERVICE DATES	D.: 530001088120	MRN: 050624	050624	18.53 BILLED	7.04	COPAY	11.49	0.00	0.00	7.04
	PROC CD 87086			PROVIDER			AMOUNT 18.53	NON-AllOWED	\mathtt{TPL}	7.04		5	
NAME:	JADEN B 20241	BATES .59025274	RECIPIENT II I1665596 SERVICE DATES		MRN: 060424	060424		50.00 ALLOWED		172.58	0.00	0.00	46.00
	PROC CD 84156	MODIFIERS		PROVIDER			AMOUNT 8.00			4.00		5	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

-	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL AMOUNT	PAID AMOUNT
	ODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOF	3S	
81 82570		1.00 060424 060424	220224			8.00	6.00 2.00	0.00	6.00	9918		
81 83069		1.00 060424 060424	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 84311		2.00 060424 060424	220224			32.00	14.00 18.00	0.00	14.00	9918		
81 82010		1.00 060424 060424	220224			16.00	0.00 16.00	0.00	0.00	4524		
81 82945		1.00 060424 060424	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 82247 5	9	1.00 060424 060424	220224			8.00	5.00	0.00	5.00	9918		
81 83986		1.00 060424 060424	220224			7.00	3.00 3.00	0.00	3.00	9918		
81 81007		2.00 060424 060424	220224			120.00	4.00 4.00	0.00		5900		
81 82043 Q	W	1.00 060424 060424	220224			7.58	116.00 6.00 1.58	0.00 0.00 0.00		9918		
NAME: MARGARET			.: 530001171976	MRN:								
2024156	024684	I1660878 SERVICE DATES	RENDERING	053024	053024	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD M 81 87651	ODIFIERS	UNITS FROM THRU 1.00 053024 053024	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00		DETAIL EOE 9918	3S	
NAME: SERENA BA 2024156		RECIPIENT ID 11661923	.: 530001868995	MRN: 053124	053124	319.55	213.03		106.52	0.00	0.00	213.03
		SERVICE DATES		000===	000==1	BILLED	ALLOWED	COPAY				
POS PROC CD M 81 87507	ODIFIERS		PROVIDER 220224			AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOF 9918	3S	
NAME: JAYDEN BE.		RECIPIENT ID	.: 530001584778	MRN:								
2024156	024701	I1660881 SERVICE DATES	RENDERING	053024	053024		4.00 ALLOWED		9.50	0.00	0.00	4.00
POS PROC CD M 81 36415	ODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 4.50	NON-AllOWED 0.00	TPL 0.00	0.00	DETAIL EOE 3323	3S	
81 85049		1.00 053024 053024	220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
							5.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: HELEN B 20241 POS PROC CD 81 G0482	50022565	RECIPIENT ID.: 530000481325 I1653007 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224		052024	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	58.11 PAID 116.22		0.00 OBS	116.22
NAME: SHYANNE 20241 POS PROC CD	BELL 58028133 MODIFIERS	RECIPIENT ID.: 530001134886 I1664190 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	042524	042524	715.12 BILLED AMOUNT	417.64 ALLOWED NON-AlloWED		297.48	0.00		417.64
81 87498 81 87581 81 87633	59 59	1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224			37.07 42.00 318.05	22.00 15.07 28.00 14.00 212.03	0.00 0.00 0.00 0.00		9918 9918		
81 87798 81 87635		4.00 042524 042524 220224 1.00 042524 042524 220224			168.00 150.00	106.02 112.00 56.00 43.61	0.00 0.00 0.00 0.00	112.00 43.61	9918		
NAME: STAR BE 20241	LL 52026195	RECIPIENT ID.: 530001019633 I1658092 SERVICE DATES RENDERING	052824	052824	BILLED	106.39 535.53 ALLOWED	0.00 COPAY	346.06	0.00	0.00	463.53
POS PROC CD 81 87798	MODIFIERS 59	UNITS FROM THRU PROVIDER 9.00 052824 052824 220224			AMOUNT 378.00	NON-AllOWED 252.00 126.00	TPL 0.00 0.00	PAID 252.00		OBS	
81 87481	59	2.00 052824 052824 220224			84.00	56.00 28.00	0.00	56.00			
81 87491 81 87511	59 59	1.00 052824 052824 220224 1.00 052824 052824 220224			49.86 42.00	28.00 21.86 28.00	0.00 0.00 0.00	28.00	5490 9918		
81 87529	59	2.00 052824 052824 220224			99.72	14.00 56.00 43.72	0.00 0.00 0.00	56.00	9918		
81 87591 81 87653	59 59	1.00 052824 052824 220224 2.00 052824 052824 220224			42.00 74.14	28.00 14.00 44.00	0.00 0.00 0.00		9918 5900		
81 87661	59	1.00 052824 052824 220224			32.30	30.14 21.53 10.77	0.00 0.00 0.00		9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
	PROC CD 87563	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052824 052824	RENDERING PROVIDER 220224			BILLED AMOUNT 42.50	ALLOWED NON-AllOWED 0.00 42.50	COPAY TPL 0.00	PAID 0.00	DETAIL EOB 4021	S	
81	87640	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
NAME:	WILLIAM	BELL	RECIPIENT ID	.: 530002219736	MRN:								
	20241	50022580	I1653020		041124	041124	146.16	80.00		66.16	0.00	0.00	80.00
	~ ~_		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			~	
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81	80053		1.00 041124 041124	220224			15.84	12.00 3.84	0.00 0.00	12.00	9918		
81	82306		1.00 041124 041124	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83540		1.00 041124 041124	220224			9.71	7.00	0.00 0.00	7 00	9918		
01	03310		1.00 011121 011121	220221			J • / ±	2.71	0.00	7.00	JJ±0		
81	83550		1.00 041124 041124	220224			13.11	10.00	0.00	10.00	9918		
								3.11	0.00				
81	82728		1.00 041124 041124	220224			40.00	13.00	0.00	13.00	9918		
81	84100		1.00 041124 041124	220224			7.00	27.00 4.00	0.00 0.00	4 00	9918		
0.1	04100		1.00 041124 041124	220224			7.00	3.00	0.00	4.00	9910		
81	85027		1.00 041124 041124	220224			12.00	5.00	0.00	5.00	9918		
								7.00	0.00				
81	36415		1.00 041124 041124	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
NAME:	DONNA B	ELVIN	RECIPIENT ID	.: 530002058534	MRN:								
		50022612	I1656219		052424	052424	199.54	136.93		62.61	0.00	0.00	136.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81	80053		1.00 052424 052424	220224			15.84	12.00	0.00	12.00	9918		
81	82607		1.00 052424 052424	220224			22.00	3.84 17.00	0.00 0.00	17.00	0010		
01	02007		1.00 032424 032424	22022 1			22.00	5.00	0.00	17.00	9910		
81	82746		1.00 052424 052424	220224			22.00	13.00	0.00	13.00	9918		
								9.00	0.00				
81	82306		1.00 052424 052424	220224			44.00	29.00	0.00	29.00	9918		
0.1	0.4.4.0.1		1 00 050404 050404	000004			0.4.00	15.00	0.00	1.00	0010		
81	84481		1.00 052424 052424	220224			24.00	16.00 8.00	0.00 0.00	16.00	9918		
								0.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
81	80061	MODIFIERS	1.00 052424 052424	220224			20.00	14.00	0.00		9918	FODS	
01	00001		1.00 052424 052424	220224			20.00	6.00	0.00	14.00	J J ± 0		
81	84443		1.00 052424 052424	220224			25.20	22.93	0.00	22 93	9918		
01	01113		1.00 052121 052121	220221			23.20	2.27	0.00	22.75	JJ±0		
81	84439		1.00 052424 052424	220224			13.00	9.00	0.00	9 00	9918		
01	01135		1.00 032121 032121	220221			13.00	4.00	0.00	J.00	JJ±0		
81	36415		1.00 052424 052424	220224			4.50	0.00	0.00	0 00	3323		
0 =	30113		1.00 032121 032121	220221			1.50	4.50	0.00	0.00	3323		
81	85049		1.00 052424 052424	220224			9.00	4.00	0.00	4.00	9918		
0 =	00019		1.00 032121 032121	220221			J.00	5.00	0.00	1.00	,,,,		
NAME	: STERLIN	BENNEFIELD	RECIPIENT ID	.: 530002149561	MRN:								
		.55017129	I1659421		052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87640	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87641	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 052924 052924	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 052924 052924	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
				522221242252									
NAME	: JALAYLA			.: 530001349250	MRN:	0.40504	F0 20	25.00		4.4.20	0 00	0.00	25 00
	20241	.58028145	I1664194	D = 11 = D = 11 = G	042524	042524	79.32			44.32	0.00	0.00	35.00
D00	DD00 05	MODITETES	SERVICE DATES	RENDERING				ALLOWED	COPAY	D 3 T D		TODG	
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EORS	
81	83540		1.00 042524 042524	ZZUZZ4			9.71	7.00	0.00	7.00	9918		
0.1	02550		1 00 040504 040504	220224			17 11	2.71	0.00	10 00	0010		
81	83550		1.00 042524 042524	ZZUZZ 4			13.11	10.00	0.00	10.00	33TQ		
								3.11	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 82728	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042524 042524 220224		BILLED AMOUNT 40.00	ALLOWED NON-AllOWED 13.00 27.00	COPAY TPL 0.00 0.00	PAID 13.00	DETAIL EOB 9918	S	
81 85027	1.00 042524 042524 220224		12.00	5.00 7.00	0.00	5.00	9918		
81 36415	1.00 042524 042524 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: TERRY BENTLEY 2024150022651	RECIPIENT ID.: 530002026492 I1653029			116.22		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22		S	
NAME: SKYLER BERRYMAN 2024156024719	RECIPIENT ID.: 530002379909 I1660892	MRN: 053024 053024		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EOB 9918	S	
81 87498 59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 053024 053024 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 053024 053024 220224		336.00	224.00 112.00	0.00	224.00	9918		
	RECIPIENT ID.: 530002379909 I1661932	MRN: 053024 053024				106.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 319.55	NON-AllOWED	COPAY TPL 0.00 0.00	213.03	DETAIL EOB 9918	S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DAT FROM THR		ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KAYLA BEVIS 2024156024735 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530000997256 11661933 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052	2824 258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL 0.00 0.00 0.00 0.00	86.05 PAID 55.87 116.22		0.00 EOBS	172.09
NAME: EVERTT BIASE 2024156024753 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59 81 87633	RECIPIENT ID.: 530001589453 11661935 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224	MRN: 053024 053	3024 547.12 BILLED AMOUNT 150.00 37.07 42.00 318.05	305.64 ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 43.61 22.00 28.00 212.03	9918 9918	0.00 EOBS	305.64
NAME: DAMARI BINION 2024158028166 POS PROC CD MODIFIERS 81 87651 81 87635 81 87498 59 81 87581 59 81 87633 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 4.00 050624 050624 220224	MRN: 050624 050	764.98 BILLED AMOUNT 49.86 150.00 37.07 42.00 318.05 168.00	445.64 ALLOWED NON-AllOWED 28.00 21.86 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 43.61 22.00 28.00 212.03 112.00	9918 9918 9918 9918 9918	0.00 EOBS	445.64
NAME: DAWSON BISHOP 2024157010822	RECIPIENT ID.: 530002257368 I1663146	MRN: 053024 053	18.00	15.00		3.00	0.00	0.00	15.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 51

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO		COPAY MOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 83655	MODIFIERS		SERVICE DATES FROM THRU 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AlloWED 15.00 3.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL EC		
NAME:		BISHOP 57010837	I166314	5	.: 530000733602	MRN: 060324	060324		196.14 ALLOWED	COPAY	88.93	0.00	0.00	140.14
	PROC CD 87529	MODIFIERS	UNITS 2.00		RENDERING PROVIDER 220224			BILLED AMOUNT 99.72	NON-Allowed 56.00 43.72	TPL 0.00 0.00	PAID 0.00	DETAIL EC 5910	DBS	
81	87640	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87801		2.00	060324 060324	220224			74.14	74.14	0.00	74.14			
NAME:		L BIZZELL 57010861	I166314		.: 530001906927	MRN: 060324	060224	1 5/12 72	971.53	ŗ	572.20	0.00	0.00	899.53
	20241	3/010001	1100314		RENDERING	000324	000324	BILLED	ALLOWED	COPAY	0/2.20	0.00	0.00	099.33
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		BS	
81	87798	59	9.00	060324 060324	220224			378.00	252.00 126.00	0.00 0.00	252.00	9918		
81	87481	59	4.00	060324 060324	220224			168.00	112.00 56.00	0.00	112.00	9918		
81	87491	59	1.00	060324 060324	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00	060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	2.00	060324 060324	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
81	87653	59	2.00	060324 060324	220224			74.14	14.00 44.00	0.00	0.00	5900		
81	87661	59	1.00	060324 060324	220224			32.30	30.14 21.53	0.00	21.53	9918		
81	87563		1.00	060324 060324	220224			42.50	10.77 0.00 42.50	0.00 0.00 0.00	0.00	4021		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL	OWED .		TPL AMOUNT	PAID AMOUNT
POS PROC CD) MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	חז גם	DETAIL EO	20	
81 87640	59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00		9918	55	
81 87481	59	1.00 060324 060324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87640	59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	59	11.00 060324 060324 220224		462.00	308.00 154.00	0.00	308.00	9918		
NAME: CHANTE	LL BIZZELL	RECIPIENT ID.: 5300019	06927 MRN:							
2024	158028188	I1664201	060324 060324		10.0		8.53	0.00	0.00	10.00
PAS PRAC CT) MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED		PAID	ρετατι ε∩ι	35	
81 87086	MODIFIERD	1.00 060324 060324 220224		18.53	10.00		10.00		55	
					8.53	0.00				
NAME: JALEIG	HA BLACK	RECIPIENT ID.: 5300022	40263 MRN:							
	158028198	I1664202	051324 051324	76.32	34.0		42.32	0.00	0.00	34.00
DOG DDOG GD		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D. T. T.	DDE 11 - DOI		
POS PROC CD 81 83540) MODIFIERS	UNITS FROM THRU PROVIDER 1.00 051324 051324 220224		AMOUNT 9.71	NON-AllOWED 7.00	0.00	PAID 7 00	DETAIL EOF 9918	35	
01 03340		1.00 031321 031321 220221		J.11	2.71	0.00	7.00	JJ±0		
81 83550		1.00 051324 051324 220224		13.11	10.00	0.00	10.00	9918		
01 00500		1 00 051204 051204 000004		40.00	3.11	0.00	12.00	0010		
81 82728		1.00 051324 051324 220224		40.00	13.00 27.00	0.00	13.00	9918		
81 36415		1.00 051324 051324 220224		4.50	0.00	0.00	0.00	3323		
					4.50	0.00				
81 85049		1.00 051324 051324 220224		9.00	4.00	0.00	4.00	9918		
					5.00	0.00				
NAME: BONITA	BLACKBURN	RECIPIENT ID.: 5300020	42984 MRN:							
2024	155017142	I1659431	052324 052324		172.0		86.05	0.00	0.00	172.09
מ משחת מד) MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	חז אח	DETAIL EO	o C	
81 80307	, MODILIEKS	1.00 052324 052324 220224		83.81	55.87	0.00		9918	טט	
				33.01	27.94	0.00				
81 G0482		1.00 052324 052324 220224		174.33	116.22	0.00	116.22	9918		
					58.11	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT				'PL IOUNT	PAID AMOUNT
NAME: CHAISEN BLACKMON 2024150022665 POS PROC CD MODIFIERS 81 36415 81 85049	RECIPIENT ID.: 530001670977 I1653046 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 05232	24 13.50 BILLED AMOUNT 4.50 9.00	ALLOWED NON-AllOWED 0.00 4.50		PAID 0.00	0.00 DETAIL EOBS 3323 9918		4.00
2024152026219 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001670977 I1658098 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		24 18.00 BILLED AMOUNT 18.00	ALLOWED NON-AlloWED	COPAY TPL	3.00 PAID 15.00		0.00	15.00
NAME: SYRONDA BLADE 2024150022685 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002060570 11656229 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 05222	258.14 BILLED AMOUNT 83.81 174.33	ALLOWED NON-AllOWED 55.87 27.94	COPAY TPL	55.87	DETAIL EOBS 9918		172.09
NAME: MELODIE BLAIR 2024156024762 POS PROC CD MODIFIERS 81 87389 81 36415 81 87798 81 87491 59 81 87511 59 81 87529 59	RECIPIENT ID.: 530000959710 I1660899 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224 3.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224	MRN: 053024 05302	382.52 BILLED AMOUNT 36.00 4.50 126.00 49.86 42.00 49.86	ALLOWED NON-AllOWED 23.88 12.12 0.00 4.50 84.00 42.00	COPAY TPL	PAID 23.88 0.00 84.00 0.00 28.00	9918 3323	0.00	213.41

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 87591 59 81 87661 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED A AMOUNT NO 42.00	ALLOWED AMOUNT LLOWED COPAY N-Allowed TPL 28.00 0. 14.00 0. 21.53 0. 10.77 0.	PAID 00 28.00 00 00 21.53	COPAY TPI AMOUNT AMOU DETAIL EOBS 9918 9918		PAID AMOUNT
NAME: MELODIE BLAIR 2024156024778 POS PROC CD MODIFIERS 81 86592	RECIPIENT ID.: 530000959710 11661948 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 053024	BILLED A	5.00 LLOWED COPAY N-AllOWED TPL 5.00 0. 2.00 0.	PAID 00 5.00	0.00 DETAIL EOBS 9918	0.00	5.00
NAME: MATTEO BLANCO 2024150022698 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002239121 I1653059 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	052324 052324	BILLED A	15.00 LLOWED COPAY N-AllOWED TPL 15.00 0. 3.00 0.	PAID 00 15.00	DETAIL EOBS	0.00	15.00
NAME: PAMELA BLAYLOCK 2024150022710 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87798 81 87798 81 87798 81 87086 NAME: ARI BLEVINS	RECIPIENT ID.: 530000457574 11656232 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 11.00 052124 052124 220224 11.00 052124 052124 220224 1.00 052124 052124 220224 2.00 052124 052124 220224 RECIPIENT ID.: 530002151831	MRN: 052124 052124 MRN:	843.74 BILLED A AMOUNT NO 168.00 37.07 37.07 462.00 37.07 84.00 18.53	552.00 LLOWED COPAY N-AllOWED TPL 112.00 0. 56.00 0. 22.00 0. 15.07 0. 22.00 0. 15.07 0. 308.00 0. 154.00 0. 22.00 0. 15.07 0. 28.00 0. 28.00 0. 10.00 0. 8.53 0.	PAID 00 112.00 00 22.00 00 22.00 00 308.00 00 22.00 00 00 0.00 00 0.00	DETAIL EOBS 9918 9918 9918	0.00	496.00
NAME: ARI BLEVINS 2024159025288	RECIPLENT ID.: 530002151831	MRN:						

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EOB		
81 87498	59		220224			37.07	14.00 22.00	0.00		9918		
81 87581	59	1.00 060524 060524	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060524 060524	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87651	59	1.00 060524 060524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CRYSTAL 20241	BLEVINS 58028212	I1664205	: 530001154981	MRN: 013024	013024	42.70	31.93		10.77	0.00	0.00	31.93
POS PROC CD 81 84443	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 25.20	ALLOWED NON-AllOWED 22.93 2.27	COPAY TPL 0.00 0.00		DETAIL EOB 9918	S	
81 84439		1.00 013024 013024	220224			13.00	9.00 4.00	0.00	9.00	9918		
81 36415		1.00 013024 013024	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: CRYSTAL 20241	BLEVINS 58028241	I1664206	: 530001154981	MRN: 022724	022724	42.70			10.77	0.00	0.00	31.93
POS PROC CD 81 84443	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 25.20		COPAY TPL 0.00	PAID 22.93	DETAIL EOB 9918	S	
81 84439		1.00 022724 022724	220224			13.00	2.27 9.00 4.00	0.00	9.00	9918		
81 36415		1.00 022724 022724	220224			4.50	0.00 4.50	0.00 0.00 0.00	0.00	3323		
NAME: CRYSTAL 20241	BLEVINS 58028243	RECIPIENT ID. 11664207	.: 530001154981	MRN: 031224	031224	42.70	31.93		10.77	0.00	0.00	31.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84443	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224		BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93	COPAY TPL 0.00	PAID 22.93	DETAIL EOBS 9918	5	
81 84439	1.00 031224 031224 220224		13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918		
81 36415	1.00 031224 031224 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: CRYSTAL BLEVINS 2024158028249	RECIPIENT ID.: 530001154981	1 MRN: 032724 032724	42.70	31.93	,	10.77	0.00	0.00	31.93
2024136026249	SERVICE DATES RENDERING	032/24 032/24	BILLED	ALLOWED	COPAY	10.77	0.00	0.00	31.93
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	3	
81 84443	1.00 032724 032724 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 032724 032724 220224		13.00	9.00 4.00	0.00	9.00	9918		
81 36415	1.00 032724 032724 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: CRYSTAL BLEVINS	RECIPIENT ID.: 530001154981	1 MRN:							
2024158028255	I1664209	040324 040324	100.50			38.50	0.00	0.00	62.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS	3	
81 85014	1.00 040324 040324 220224		6.00	3.00	0.00		9918	,	
81 85018	1.00 040324 040324 220224		6.00	3.00	0.00	3.00	9918		
81 36415	1.00 040324 040324 220224		4.50	0.00	0.00	0.00	3323		
81 87798	1.00 040324 040324 220224		42.00	4.50 28.00	0.00	28.00	9918		
01 07511 50	1 00 040224 040224 220224		42.00	14.00	0.00	20.00	0.01.0		
81 87511 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
NAME: KYRIE BLOUNT	RECIPIENT ID.: 53000184745								
2024155017184	I1659439 SERVICE DATES RENDERING	052924 052924	285.07 BILLED	196.14 ALLOWED	COPAY	88.93	0.00	0.00	140.14
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	5	
81 87529	2.00 052924 052924 220224		99.72	56.00 43.72	0.00		5910	-	
81 87640 59	1.00 052924 052924 220224		37.07	22.00 15.07	0.00	22.00	9918		
				13.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

81 8	ROC CD 87641 87653 87801	ICN MODIFIERS 59 59	PAT ACCT NO. SERVICE D. UNITS FROM 1.00 052924 05 1.00 052924 05 2.00 052924 05	THRU PROVIDER 2924 220224 2924 220224	SERVICE FROM	E DATES THRU	BILLED AMOUNT BILLED AMOUNT 37.07 37.07	ALLOWED AMOUNT ALLOWED NON-AlloWED 22.00 15.07 22.00 15.07 74.14 0.00	NO ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00		DETAIL EC 9918	TPL AMOUNT BS	PAID AMOUNT
POS PI 81 8	ROC CD	BOBO 59025303 MODIFIERS	I1665607 SERVICE D.	THRU PROVIDER 0924 220224		050924	24.84 BILLED AMOUNT 15.84	16.00 ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 12.00	0.00 DETAIL EC 9918 9918	0.00 BS	16.00
POS PI 81 8		G BOGUS 58028266 MODIFIERS	I1664213 SERVICE D.	THRU PROVIDER 0424 220224		060424	1,049.12 BILLED AMOUNT 150.00	629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00	COPAY TPL 0.00 0.00 0.00	PAID 43.61 28.00		0.00 BS	629.64
81 8 81 8	87498 87581 87633	59 59	1.00 060424 06 1.00 060424 06 1.00 060424 06	0424 220224 0424 220224			37.07 42.00 318.05	14.00 22.00 15.07 28.00 14.00 212.03	0.00 0.00 0.00 0.00 0.00	22.00 28.00 212.03	9918 9918		
81 8 81 8	87640 87641 87651 87798	59 59	1.00 060424 06 1.00 060424 06 1.00 060424 06 8.00 060424 06	0424 220224 0424 220224 0424 220224			37.07 37.07 49.86 336.00	106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	0.00 0.00 0.00 0.00 0.00 0.00	22.00 22.00 28.00 224.00	9918 9918		
	STETSON	BOGUS 58028294		NT ID.: 530002340942	2 MRN: 060424	060424	1,049.12	112.00	0.00		0.00	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORS	
81	87635	MODIFIERD		060424 060424				150.00	43.61 106.39	0.00	43.61		EODS	
81	87486	59	1.00	060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	060424 060424	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87651	59	1.00	060424 060424	220224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81	87798		8.00	060424 060424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME					.: 530000939752	MRN:	101500	0.1.0	1=0 00					150.00
	20241	55017199	I165944	SERVICE DATES	RENDERING	121523	121523	210.69 BILLED	158.93 ALLOWED	COPAY	51.76	0.00	0.00	158.93
POS	PROC CD	MODIFIERS	UNITS					AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81		11021111110		121523 121523	220224			15.84	12.00	0.00	12.00		1025	
81	82607		1.00	121523 121523	220224			22.00	17.00 5.00	0.00	17.00	9918		
81	83002		1.00	121523 121523	220224			27.78	21.00 6.78	0.00	21.00	9918		
81	83001		1.00	121523 121523	220224			27.87	22.00 5.87	0.00 0.00	22.00	9918		
81	82670			121523 121523				41.00	27.00 14.00	0.00 0.00	27.00			
81	84481			121523 121523				24.00	8.00	0.00	16.00			
81	83036			121523 121523				14.00	12.00 2.00	0.00	12.00	9918		
81	84443			121523 121523				25.20	22.93 2.27	0.00	22.93			
81	84439		1.00	121523 121523	220224			13.00	9.00 4.00	0.00	9.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	ATLAS B 20241	BOLTON .58028319	I1664215).: 530002356280	MRN: 060424	060424	899.12			313.09	0.00	0.0	0 586.03
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87498	59	1.00 060424 060424	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03			
81	87640		1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00			
81	87641		1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00			
81 81	87651 87798	59	1.00 060424 060424 8.00 060424 060424				49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00	28.00 224.00			
01	01170		0.00 000121 000121	220221			330.00	112.00	0.00	221.00	JJ10		
NAME:	GREYSON 20241	1 BOMAN 58028336	I1664216	530001287221	MRN: 060424	060424	1,049.12			419.48	0.00	0.0	0 629.64
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	EOBS	
81	87635		1.00 060424 060424	220224			150.00	43.61 106.39	0.00	43.61			
81	87486	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 060424 060424	220224			49.86	28.00 21.86	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 8.00 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL			
NAME: MALEIGE 2024	HA BOMAN L50022750	RECIPIENT ID	.: 530001287223	MRN: 052024	052024	843.74	552.00		291.74	0.00	0	.00	496.00
POS PROC CD		SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL			
81 87481	59	4.00 052024 052024	220224			168.00	112.00 56.00	0.00	112.00				
81 87640	59	1.00 052024 052024	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87653	59	1.00 052024 052024	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87798		11.00 052024 052024	220224			462.00	308.00 154.00	0.00	308.00	9918			
81 87641	59	1.00 052024 052024	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87798		2.00 052024 052024	220224			84.00	56.00 28.00	0.00	0.00	5000			
81 87086		1.00 052024 052024	220224			18.53	10.00 8.53	0.00	10.00	9918			
NAME: RAELYNI			.: 530002273071	MRN:									
20241	157010899	I1663152	DENDEDING	060324	060324	899.12	586.03 ALLOWED		313.09	0.00	0	.00	586.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-AllowED	COPAY TPL	PAID	DETAIL	EOBS		
81 87486	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00		9918	1020		
81 87498	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87581	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 87633		1.00 060324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 87640		1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87641	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87651	59	1.00 060324 060324	220224			49.86	28.00 21.86	0.00	28.00	9918			

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD SUITE 138

REPORT: CRA-PRPD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 060324 060324 220224			BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL 9918	EOBS	
NAME: DANIEL BOOKMILLER 2024150022765	RECIPIENT ID.: 530002073076 I1653082		052224	102.84	71.00	1	31.84	0.00	0.00	71.00
2024130022703	SERVICE DATES RENDERING	052224	032224	BILLED	ALLOWED	COPAY	31.04	0.00	0.00	71.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 80053	1.00 052224 052224 220224			15.84	12.00	0.00		9918	2020	
					3.84	0.00				
81 82306	1.00 052224 052224 220224			44.00	29.00	0.00	29.00	9918		
0.000.5				4.4.00	15.00	0.00	10.00	0010		
81 83036	1.00 052224 052224 220224			14.00	12.00	0.00	12.00	9918		
81 80061	1.00 052224 052224 220224			20.00	2.00 14.00	0.00 0.00	14 00	9918		
81 80001	1.00 032224 032224 220224			20.00	6.00	0.00	14.00	9910		
81 85049	1.00 052224 052224 220224			9.00	4.00	0.00	4.00	9918		
					5.00	0.00	_,			
NAME: AURORALEI BORDEN	RECIPIENT ID.: 530002151351		050004	000 10	F06 03		212 00	0 00	0.00	F06 03
2024150022777	I1653085	052324	052324	899.12			313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORC	
81 87486 59	1.00 052324 052324 220224			42.00	28.00	0.00		9918	EODS	
01 07100 33	1.00 032321 032321 220221			12.00	14.00	0.00	20.00	JJ±0		
81 87498 59	1.00 052324 052324 220224			37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87581 59	1.00 052324 052324 220224			42.00	28.00	0.00	28.00	9918		
0.1				010 05	14.00	0.00	212 22	0010		
81 87633	1.00 052324 052324 220224			318.05	212.03	0.00	212.03	9918		
81 87640	1.00 052324 052324 220224			37.07	106.02 22.00	0.00 0.00	22 00	9918		
81 87040	1.00 032324 032324 220224			37.07	15.07	0.00	22.00	9910		
81 87641 59	1.00 052324 052324 220224			37.07	22.00	0.00	22.00	9918		
				2,	15.07	0.00				
81 87651 59	1.00 052324 052324 220224			49.86	28.00	0.00	28.00	9918		
					21.86	0.00				
81 87798	8.00 052324 052324 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CALLIE ANN BORDEN	RECIPIENT ID.: 530001642512	MRN:								
2024155017270	I1659446		052924	1,049.12	629.64	1 .	419.48	0.00	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
	MODIFIERS	UNITS FROM THRU PROV			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE	S	
81 87635		1.00 052924 052924 22022	24		150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 052924 052924 22022	24		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 052924 052924 22022	24		37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 052924 052924 22022	24		42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 052924 052924 22022	24		318.05	14.00 212.03	0.00	212.03	0010		
01 0/033		1.00 052924 052924 22022	24			106.02	0.00	212.03	9910		
81 87640		1.00 052924 052924 22022	24		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052924 052924 22022	24		37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 052924 052924 22022	24		49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 052924 052924 22022	24		336.00	21.86 224.00	0.00	224.00	9918		
01 07790		0.00 032324 032324 22022	21		330.00	112.00	0.00	224.00	JJ10		
NAME: NICOLE H	BOUTWELL	RECIPIENT ID.: 530	0001271132 MRN:								
202419 HEADER EOBS:	59025312	I1665613	020924	020924	18.53	0.00		18.53	0.00	4.04	0.00
POS PROC CD 81 87086		UNITS FROM THRU PROV	ERING IDER 24		BILLED AMOUNT 18.53	ALLOWED NON-AlloWED 0.00 18.53	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOE 9918 9936	SS	
NAME: TERESA I	BOWDEN 58028358	RECIPIENT ID.: 530 11664222	0001602662 MRN: 060424	060424	965.59	591 53		374.06	0.00	0.00	519.53
POS PROC CD		SERVICE DATES RENDI UNITS FROM THRU PROVI 9.00 060424 060424 22022	ERING IDER	000121	BILLED AMOUNT 378.00	ALLOWED NON-AlloWED 252.00	COPAY TPL 0.00	PAID 252.00	DETAIL EOB		317.33
81 87481	59	4.00 060424 060424 22022	24		168.00	126.00 112.00	0.00	112.00	9918		
81 87491	59	1.00 060424 060424 22022	24		49.86	56.00 28.00	0.00	0.00	5490		
81 87511	59	1.00 060424 060424 22022	24		42.00	21.86 28.00	0.00	28.00	9918		
81 87529	59	2.00 060424 060424 22022	24		99.72	14.00 56.00 43.72	0.00 0.00 0.00	56.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	ı	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87591	59		060424 060424	220224			42.00	28.00	0.00		9918	EODD		
									14.00	0.00					
81	87653	59	2.00	060424 060424	220224			74.14	44.00	0.00	0.00	5900			
0.1	0.0.6.1	F.0	1 00	0.60404 0.60404	000004			20.20	30.14	0.00	01 50	0.01.0			
81	87661	59	1.00	060424 060424	220224			32.30	21.53	0.00	21.53	9918			
81	87563		1 00	060424 060424	220224			42.50	10.77 0.00	0.00	0 00	4021			
0.1	67303		1.00	000424 000424	220224			42.50	42.50	0.00	0.00	4021			
81	87640	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918			
-			_,_,						15.07	0.00					
NAME:	: ANNA BO		-46-04-		.: 530001563985	MRN:	0=0004				44.0		•		
	20241	.55017293	I165945		DEMDEDING	052924	052924	1,049.12			419.48	0.00	0	.00	629.64
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORC		
81	87635	MODIFIERS		052924 052924	220224			150.00	43.61	0.00		9918	EODS		
01	0,033		1.00	032321 032321	220221			130.00	106.39	0.00	13.01	J J I O			
81	87486	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.00	F.0	1 00	050004 050004	000004			40.00	15.07	0.00	00.00	0.01.0			
81	87581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918			
81	87633		1 00	052924 052924	220224			318.05	14.00 212.03	0.00	212.03	9918			
01	07033		1.00	032321 032321	220221			310.03	106.02	0.00	212.03	JJ±0			
81	87640		1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918			
0.1	00651	F.0	1 00	050004 050004	000004			40.06	15.07	0.00	00.00	0.01.0			
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918			
81	87798		8 00	052924 052924	220224			336.00	21.86 224.00	0.00	224.00	9918			
01	01150		0.00	032324 032324	220224			330.00	112.00	0.00	224.00	JJ±0			
NAME:	BRADLEY				.: 530000204054	MRN:									
	20241	.58028390	I166422			060324	060324		380.00		198.14	0.00	0	.00	380.00
D 0 0	DD 0.6 .65	MODIFIES		SERVICE DATES					ALLOWED		D 3 T 5	D.D	HODG		
		MODIFIERS	UNITS		PROVIDER				NON-AllOWED		PAID 28.00		EOBS		
ОΤ	87481	ング	1.00	060324 060324	∠∠∪∠∠ 1			42.00		0.00		9910			
									T4.00	0.00					

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE I	DATES IHRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87640 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	3S	
81 87653 59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	11.00 060324 060324 220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: TREASURE BOYKIN 2024157010914	RECIPIENT ID.: 530002024890 11663153	MRN: 060324	060324		101.41 ALLOWED		63.25	0.00	0.00	73.41
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT		COPAY	PAID		o C	
81 87491 59	UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00		DETAIL EOE 5490	55	
81 87591 59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	1.00 060324 060324 220224			32.30	21.53 10.77	0.00		9918		
81 87389	1.00 060324 060324 220224			36.00	23.88 12.12	0.00	23.88	9918		
81 36415	1.00 060324 060324 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: TREASURE BOYKIN 2024158028414	RECIPIENT ID.: 530002024890 I1664230	MRN: 060324	060324		5.00		2.00	0.00	0.00	5.00
POS PROC CD MODIFIERS 81 86592	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			BILLED AMOUNT 7.00	ALLOWED NON-AllOWED 5.00 2.00	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL EOE 9918	3S	
NAME: TREASURE BOYKIN 2024158028430	RECIPIENT ID.: 530002024890 I1664231	MRN: 060324	060324		45.00		26.00	0.00	0.00	45.00
POS PROC CD MODIFIERS 81 80074	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			BILLED AMOUNT 71.00	ALLOWED NON-AlloWED 45.00 26.00	COPAY TPL 0.00 0.00	PAID 45.00	DETAIL EOE 9918	3S	
	RECIPIENT ID.: 530001989659 I1659459 SERVICE DATES RENDERING	MRN: 052924	052924		586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			AMOUNT 42.00		TPL 0.00 0.00	28.00	DETAIL EOE 9918	3S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL:		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
0 =	0,011		1.00 032321 032321				37.07	15.07	0.00	22.00	J J <u> </u>		
81	87651	59	1.00 052924 052924	220224			49.86	28.00	0.00	28 00	9918		
0 ±	07031		1.00 032321 032321	220221			13.00	21.86	0.00		J J ± 0		
81	87798		8.00 052924 052924	220224			336.00	224.00	0.00		9918		
01	01150		0.00 032321 032321	220221			330.00	112.00	0.00	221.00	JJ±0		
								112.00	0.00				
NAME.	: GABRIEL	LA BRADY	RECIPTENT II	530000908417	MRN:								
147 71-111		.56024794	I1660909	3300000000117	053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
	20211	.50021751	SERVICE DATES	RENDERING	055021	055021	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E) R C	
81	87486	59	1.00 053024 053024	220224			42.00	28.00	0.00		9918	JDD	
OI	07400	37	1.00 055024 055024	220224			12.00	14.00	0.00	20.00	J J ± 0		
81	87498	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	0010		
ОТ	0/490	39	1.00 053024 053024	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	0010		
0.1	0/301	39	1.00 053024 053024	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 053024 053024	220224			318.05	212.03	0.00	212.03	0010		
0.1	0/033		1.00 053024 053024	220224			310.03	106.02	0.00	212.03	9910		
0.1	87640		1 00 053034 053034	220224			37.07	22.00		22.00	0010		
81	0/040		1.00 053024 053024	220224			37.07		0.00	22.00	9910		
0.1	07641	59	1 00 053034 053034	220224			37.07	15.07	0.00	22.00	0010		
81	87641	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9910		
0.1	07651	Γ0	1 00 053034 053034	220224			40.06	15.07	0.00	20.00	0010		
81	87651	59	1.00 053024 053024	220224			49.86	28.00	0.00		9918		
0.1	07700		0 00 053004 053004	000004			226.00	21.86	0.00		0.01.0		
8T	87798		8.00 053024 053024	220224			336.00	224.00	0.00		9918		
								112.00	0.00				
				500001004010									
NAME	: HEIRESS).: 530001304913	MRN:	051604	106 54	00.00		27 61	0 00	0 00	00.00
	20241	.58028436	I1664235		051624	051624		98.93		37.61	0.00	0.00	98.93
	DD 0 6 6 5	1405	SERVICE DATES				BILLED	ALLOWED	COPAY	D. 7.	D	250	
		MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	JBS	
81	80053		1.00 051624 051624	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 66

ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 82306	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 44.00	ALLOWED NON-AlloWED 29.00	COPAY TPL 0.00	PAID 29.00	DETAIL EC	DBS	
81 83036	1.00 051624 051624 2	220224			14.00	15.00 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81 80061	1.00 051624 051624 2	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 051624 051624 2	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 051624 051624 2	220224			13.00	9.00 4.00	0.00	9.00	9918		
81 36415	1.00 051624 051624 2	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: RAELYN BRAMLETT 2024156024805	RECIPIENT ID.: 11661966		MRN: 050224	050224	148.52	91.93		56.59	0.00	0.00	91.93
2024130024003		RENDERING	030224	030224	BILLED	ALLOWED	COPAY	30.39	0.00	0.00	91.93
POS PROC CD MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81 83540	1.00 050224 050224 2	220224			9.71	7.00 2.71	0.00 0.00	7.00	9918		
81 83550	1.00 050224 050224 2	220224			13.11	10.00 3.11	0.00 0.00	10.00	9918		
81 82728	1.00 050224 050224 2	220224			40.00	13.00 27.00	0.00 0.00	13.00	9918		
81 83036	1.00 050224 050224 2	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81 80061	1.00 050224 050224 2	220224			20.00	14.00 6.00	0.00 0.00	14.00	9918		
81 84443	1.00 050224 050224 2	220224			25.20	22.93 2.27	0.00 0.00	22.93	9918		
81 84439	1.00 050224 050224 2	220224			13.00	9.00 4.00	0.00 0.00	9.00	9918		
81 36415	1.00 050224 050224 2	220224			4.50	0.00 4.50	0.00 0.00	0.00	3323		
81 85049	1.00 050224 050224 2	220224			9.00	4.00 5.00	0.00	4.00	9918		
	RECIPIENT ID.:	530002338762	MRN:	052124	ECT 10	274 02		101 00	0.00	0 00	274 02
	I1661968 SERVICE DATES RIUNITS FROM THRU PI	RENDERING PROVIDER	U53124	U53124	BILLED		COPAY TPL		DETAIL EC		374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

POS 81 81 81	PROC CD 87581 87633 87798	ICN MODIFIERS 59	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 053124 053124 1.00 053124 053124 4.00 053124 053124	RENDERING PROVIDER 220224 220224 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 42.00 318.05	ALLOWED AMOUNT ALLOWED NON-AllOWED 28.00 14.00 212.03 106.02 112.00 56.00	O.00 ALI COPAY TPL 0.00 0.00 0.00 0.00 0.00		DETAIL EO 9918 9918	TPL AMOUNT BS	PAID AMOUNT
NAME	: LAYLYN 20241	BRENT L55017353	RECIPIENT ID 11659467	.: 530002365031	MRN: 052924	052924	1,049.12	629.64		419.48	0.00	0.00	629.64
	20211	133017333	SERVICE DATES	RENDERING	032321	032321	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	025.01
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	BS	
81	87635	MODITIBRO	1.00 052924 052924	220224			150.00	43.61	0.00	43.61		DD	
01	07033		1.00 032321 032321	220221			150.00	106.39	0.00	13.01	JJ10		
81	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
01	07100		1.00 032321 032321	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
01	0,100	3,5	1.00 032321 032321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
0 ±	0,301		1.00 032321 032321	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
0 =	0,000		1.00 002021 002021	220221			310.03	106.02	0.00	212.00	7710		
81	87640		1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
0 =	0,010		1.00 002021 002021	220221			37.07	15.07	0.00	22.00	7710		
81	87641	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
<u> </u>	0.011						0.,0.	15.07	0.00		,,,,		
81	87651	59	1.00 052924 052924	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 052924 052924	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: KAYLEE	BREWER	RECIPIENT ID	.: 530002402892	MRN:								
	20241	L56024831	I1660915		053024	053024	565.12	374.03		191.09	0.00	0.00	374.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81	87498	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 053024 053024	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO 81 87		MODIFIERS	SERVICE DATES UNITS FROM THRU 4.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EO 9918	BS	
		ISSON		.: 530000549883	MRN:	050004	40 10	27 22		12 02	0.00	0.00	07.00
	202415	50022803	I1653120 SERVICE DATES	RENDERING	052024	052024	40.12 BILLED	27.09 ALLOWED	COPAY	13.03	0.00	0.00	27.09
POS PRO	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	BS	
	7086		1.00 052024 052024	220224			18.53	10.00	0.00				
81 87	7186		1.00 052024 052024	220224			13.50	9.00 4.50	0.00	9.00	9918		
81 87	7088		1.00 052024 052024	220224			8.09	8.09 0.00	0.00	8.09			
NAME: MO	ORGAN F	BROOKS	RECIPIENT ID	.: 530001388407	MRN:								
		55017377	11659473	. 330001300107	052924	052924	397.12	262.03		135.09	0.00	0.00	262.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		BS	
81 87	7498	59	1.00 052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
01 07	301		1.00 032,21 032,21	220221			12.00	14.00	0.00	20.00	JJ±0		
81 87	7633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
NAME: TA	ATUM BR	ROUGHTON	RECIPIENT ID	.: 530002115063	MRN:								
		52026230	I1658121		052824	052824	1,049.12	629.64		419.48	0.00	0.00	629.64
				RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		BS	
81 87	400	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9910		
81 87	7498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87	7581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
81 87	7633		1.00 052824 052824	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 07	7033		1.00 032024 032024	ZZUZZ I			310.03	106.02	0.00	212.03	9910		
81 87	7640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
				000001				15.07	0.00		0015		
81 87	7641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

DATE: 06/07/2024

PAGE: 69

220224

POS 81 81	PROC CD 87651 87798 87635	ICN MODIFIERS 59	UNITS F 1.00 0 8.00 0	NO. SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824		SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86 336.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 28.00 21.86 224.00 112.00 43.61 106.39	O.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 224.00	AMOUNT A DETAIL EOE 9918 9918	TPL MOUNT SS	PAID AMOUNT
POS		55017388	I1659476 S UNITS F 1.00 0			MRN: 052924	052924		374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02		PAID 22.00	DETAIL EOE 9918 9918	0.00 8S	374.03
POS	20241	52026247 MODIFIERS	11658122 S UNITS F	SERVICE DATES	.: 530001100860 RENDERING PROVIDER	MRN: 022624	022624	168.00 49.86 BILLED AMOUNT 49.86	100.02 112.00 56.00 28.00 ALLOWED NON-AllOWED 28.00 21.86	0.00 0.00 COPAY TPL	21.86 PAID 28.00	0.00 DETAIL EOE	0.00 ss	28.00
POS	20241	ROWN 50022817 MODIFIERS	I1656257 S UNITS F	RECIPIENT ID SERVICE DATES FROM THRU 022824 022824	: 530002410564 RENDERING PROVIDER 220224	MRN: 022824	022824	60.00 BILLED AMOUNT 60.00	NON-AllOWED 2.00	COPAY TPL	PAID 2.00	0.00 DETAIL EOE 9918	0.00 ss	2.00
POS		BROWN 56024839 MODIFIERS	I1661973 S UNITS F	SERVICE DATES	PROVIDER	MRN: 053024	053024		213.03 ALLOWED NON-AllOWED 213.03 106.52	COPAY	PAID 213.03	DETAIL EOE		213.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS I	BRENDA BROWN 2024152026256 PROC CD MODIFIERS 88175	RECIPIENT ID.: 530002019124 I1658125 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224	052024	052024	81.00 BILLED AMOUNT 81.00	25.00 ALLOWED NON-AllOWED 25.00 56.00	COPAY TPL 0.00 0.00	56.00 PAID 25.00	0.00 DETAIL EO 9918		25.00
POS I 81	CANDICE BROWN 2024149019424 PROC CD MODIFIERS G0480 DAQUAVION BROWN	I1651821 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 010924 010924 220224	010924	010924	125.00 BILLED AMOUNT 125.00	55.48 ALLOWED NON-AllOWED 55.48 69.52	COPAY TPL	69.52 PAID 55.48	DETAIL EO		55.48
POS I	2024152026271 PROC CD MODIFIERS 80053 82306 83540 83550 82728 83036 80061 84443 84439 36415 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224		042524	208.36 BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00 14.00 20.00 25.20 13.00 4.50 9.00	132.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 12.00 2.00 14.00 6.00 22.93 2.27 9.00 4.00 0.00 4.50 4.00 5.00	COPAY	29.00 7.00 10.00 13.00 12.00 14.00 22.93 9.00 0.00	DETAIL EO		132.93
NAME:	DAXTON BROWN 2024158028454	RECIPIENT ID.: 530002125298 I1664256		060324	113.32	61.00		52.32	0.00	0.00	61.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

POS PROC CD MODIFIERS UNITS FROM THEU PROVIDER THEU T	PAID MOUNT
81 83540	
81 83550	
81 82728	
81 83036	
81 80061	
81 85027	
81 36415	
	27.09
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
$81 87186 \qquad \qquad 1.00 053124 053124 220224 \qquad \qquad 13.50 \qquad 9.00 \qquad 0.00 \qquad 9.00 9918 \qquad \qquad 4.50 \qquad 0.00$	
81 87088 1.00 053124 053124 220224 8.09 8.09 0.00 8.09 0.00 0.00	
81 87086 1.00 053124 053124 220224 18.53 10.00 0.00 10.00 9918 8.53 0.00	
NAME: IVY BROWN RECIPIENT ID.: 530002365971 MRN:	
2024150022824	586.03
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 052424 052424 220224 42.00 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
$81 87498 59 \qquad \qquad 1.00 052424 052424 220224 \qquad \qquad 37.07 \qquad 22.00 \qquad 0.00 \qquad 22.00 9918 \qquad \qquad 15.07 \qquad 0.00$	
81 87581 59 1.00 052424 052424 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00	
81 87633 1.00 052424 052424 220224 318.05 212.03 0.00 212.03 9918 106.02 0.00	
81 87640 1.00 052424 052424 220224 37.07 22.00 0.00 22.00 9918 15.07 0.00	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NON ALLO COPAY			'PL IOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 052424 052424 220224		AMOUNT 37.07	NON-AlloWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87651	59	1.00 052424 052424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052424 052424 220224		336.00	224.00 112.00	0.00	224.00	9918		
81 87798		1.00 052424 052424 220224		42.00	28.00 14.00	0.00	0.00	5000		
NAME: JA DARII 202414	EN BROWN 49019435	RECIPIENT ID.: 5300003	052224 052224	1,049.12	629.64		19.48	0.00	0.00	629.64
D00 DD00 0D		SERVICE DATES RENDERING	•	BILLED	ALLOWED	COPAY	D. T.D.	D==1.11 =0.D0		
	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	;	
81 87635		1.00 052224 052224 220224		150.00	43.61 106.39	0.00 0.00	43.61	9918		
81 87486	59	1.00 052224 052224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 052224 052224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052224 052224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052224 052224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052224 052224 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052224 052224 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: JAMAYA 1	BROWN 56024855	RECIPIENT ID.: 5300012	053024 053024	1,049.12	629.64		19.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	ļ	AMOUNT	ALLOWED NON-AllowED	COPAY TPL		DETAIL EOBS	;	
81 87635		1.00 053024 053024 220224		150.00	43.61 106.39	0.00 0.00	43.61	AATR		
81 87486	59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		-ICN	PAT ACC		DAMEG		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC	י מט MO	DIFIERS	UNITS	SERVICE FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81 874				053024		220224			37.07	22.00	0.00		9918	LODO	
										15.07	0.00				
81 875	581 59)	1.00	053024	053024	220224			42.00	28.00	0.00	28.00	9918		
0.1				0.50004		000004			010 05	14.00	0.00	010 00			
81 876	33		1.00	053024	053024	220224			318.05	212.03	0.00	212.03	9918		
81 876	340		1 00	053024	052024	220224			37.07	106.02 22.00	0.00	22 00	9918		
01 0/0	940		1.00	053024	053024	220224			37.07	15.07	0.00	22.00	9910		
81 876	541 59)	1.00	053024	053024	220224			37.07	22.00	0.00	22.00	9918		
0_ 0.0			_,,							15.07	0.00		2220		
81 876	551 59)	1.00	053024	053024	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
81 877	98		8.00	053024	053024	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
NAME: JAM	מס עוזעו	OWN		DECTD.	ד ייואים דר	.: 530000861412	MRN:								
	20241560		I166197		TRIVI ID	33000001412	042524	042524	111.34	65.00		46.34	0.00	0.0	00 65.00
2	10211300	72 10 7 0	1100107	SERVICE	DATES	RENDERING	012321	012321	BILLED	ALLOWED	COPAY	10.51	0.00	0.	03.00
POS PROC	CD MO	DIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 800	153		1.00	042524	042524	220224			15.84	12.00	0.00	12.00	9918		
										3.84	0.00				
81 823	306		1.00	042524 (042524	220224			44.00	29.00	0.00	29.00	9918		
01 056			1 00	040504	040504	22224			4 00	15.00	0.00	2 00	0010		
81 856	05∠		1.00	042524	042524	220224			4.00	3.00 1.00	0.00	3.00	9918		
81 830	136		1 00	042524	042524	220224			14.00	12.00	0.00	12 00	9918		
01 030	750		1.00	012521	012521	220221			11.00	2.00	0.00	12.00	JJ±0		
81 864	131		1.00	042524	042524	220224			20.00	5.00	0.00	5.00	9918		
										15.00	0.00				
81 364	15		1.00	042524	042524	220224			4.50	0.00	0.00	0.00	3323		
0.1				0.40=0.4		000004				4.50	0.00	4 00			
81 850	149		1.00	042524	042524	220224			9.00	4.00	0.00	4.00	9918		
										5.00	0.00				
NAME: TAX	ON BROW	INI		RECTD.	TENT TD	.: 530002122102	MRN:								
	20241520		I1658128		ID	. 550002122102	052824	052824	899.12	586.03		313.09	0.00	0.0	586.03
_		-			DATES	RENDERING				ALLOWED				•	
POS PROC	CD MO	DIFIERS	UNITS			PROVIDER				NON-AllOWED	TPL			EOBS	
81 874	186 59)	1.00	052824	052824	220224			42.00	28.00		28.00	9918		
										14.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

		ICN	PAT ACC	CT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81	87498	59	1.00	052824 052824	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1 00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0 ±	0,011	3,7	1.00	0 0 2 0 2 1 0 3 2 0 2 1	220221			37.07	15.07	0.00	22.00	7710		
81	87651	59	1 00	052824 052824	220224			49.86	28.00	0.00	28.00	9918		
01	07031		1.00	0 002024 002024	220224			47.00	21.86	0.00	20.00	J J ± 0		
01	87798		9 00	052824 052824	220224			336.00	224.00	0.00	224.00	0010		
0.1	01190		0.00	0 052824 052824	220224			330.00	112.00	0.00	224.00	9910		
									112.00	0.00				
NT 7\ N/IT!	• 1271 MED (NI			DEGIDIEME I	D.: 530002205241	MDNT •								
MAME					J. 530002205241		051004	02.00	72.00		01 00	0 00	0 00	72.00
	20241	.50022835	I165314			051824	051824	93.00	72.00	CODAT	21.00	0.00	0.00	72.00
500	5500 05			SERVICE DATES					ALLOWED		D. T. T.		7070	
		MODIFIERS	UNITS		PROVIDER			AMOUNT					EOBS	
8T	86003		12.00	051824 051824	220224			93.00		0.00	72.00	9918		
									21.00	0.00				
	_	_												
NAME					D.: 530002205241									
	20241	.56024882	I166197			053124	053124		213.03		106.52	0.00	0.00	213.03
				SERVICE DATES					ALLOWED					
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED				EOBS	
81	87507		1.00	053124 053124	220224			319.55	213.03	0.00	213.03	9918		
									106.52	0.00				
NAME	: KENREIL	BROWN		RECIPIENT I	D.: 530002099910	MRN:								
	20241	.50022844	I165626	52		052424	052424	150.00	43.61		106.39	0.00	0.00	43.61
				SERVICE DATES	RENDERING			BILLED	ALLOWED					
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
	87635			052424 052424				150.00	43.61	0.00	43.61	9918		
									106.39	0.00	PAID 43.61			
NAME	: KOHNER	BROWN		RECIPTENT T	D.: 530001558020	MRN:								
		.50022857	I165314			050924	050924	83 81	55.87		27.94	0 00	0.00	55.87
	20211	.55522557		SERVICE DATES	R F.NDF.R T NG	000021	555521		ALLOWED	COPAY	<u> </u>	J. 00	0.00	33.07
DUG	DRUC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-Allowed		PAID	דייאדו. ו	TORS.	
	80307			050924 050924				83.81	55.87	0 00	55.87	9918	1020	
ОТ	00307		1.00	, 000724 00072 4	77077			03.01	27.94	0.00	55.67	ノノエひ		
									۵1.J±	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: LAURYN BROWN 2024158028493 POS PROC CD MODIFIERS 81 80053 81 82306 81 36415	RECIPIENT ID.: 530001909063 11664259 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041824 041824 220224 1.00 041824 041824 220224 1.00 041824 041824 220224	MRN: 041824 041824	64.34 BILLED AMOUNT 15.84 44.00	3.84 29.00 15.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 12.00 29.00	DETAIL 9918	0.00 EOBS	41.00
NAME: LEAH BROWN 2024158028504 POS PROC CD MODIFIERS 81 80053 81 82306 81 36415	RECIPIENT ID.: 530002128949 11664260 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041824 041824 220224 1.00 041824 041824 220224 1.00 041824 041824 220224	MRN: 041824 041824	64.34 BILLED AMOUNT 15.84 44.00	3.84 29.00 15.00	COPAY	PAID 12.00 29.00	DETAIL 9918	0.00 EOBS	41.00
NAME: OAKLYNN BROWN 2024152026306 POS PROC CD MODIFIERS 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530002293872 11658129 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 8.00 052824 052824 220224	MRN: 052824 052824	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918 9918 9918		586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
NAME:	RYDASIA 20241	A BROWN 157010935	I1663161	: 530001533686 RENDERING	MRN: 060324	060324	965.59	591.53	COPAY	374.06	0.00	0	.00	519.53
POS 81	PROC CD 87798	MODIFIERS 59	UNITS FROM THRU	PROVIDER 220224			BILLED AMOUNT 378.00	ALLOWED NON-AlloWED 252.00	TPL 0.00	PAID 252.00	DETAIL 9918	EOBS		
81	87481	59	4.00 060324 060324	220224			168.00	126.00 112.00 56.00	0.00 0.00 0.00	112.00	9918			
81	87491	59	1.00 060324 060324	220224			49.86	28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	2.00 060324 060324	220224			99.72	56.00 43.72	0.00	56.00	9918			
81	87591	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87653	59	2.00 060324 060324	220224			74.14	44.00 30.14	0.00	0.00	5900			
81	87661	59	1.00 060324 060324	220224			32.30	21.53 10.77	0.00	21.53	9918			
81	87563		1.00 060324 060324	220224			42.50	0.00 42.50	0.00	0.00	4021			
81	87640	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918			
NAME:	TREYLON 20241	N BROWN 158028517	I1664261	.: 530002307960	MRN: 060424	060424	899.12	586.03		313.09	0.00	0	.00	586.03
DOG		MODIETEDO		RENDERING			BILLED	ALLOWED	COPAY	ח זיים		HODG		
81	PROC CD 87486	MODIFIERS 59		PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL 9918	FORS		
								14.00	0.00					
81	87498	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

PAGE:

DATE: 06/07/2024

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220224

ICN POS PROC CD MODIFIERS	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED	NO ALI COPAY TPL		MA TNUOMA	PL OUNT	PAID AMOUNT
81 87651 59	1.00 060424 060424 220224		49.86	28.00	0.00	28.00			
81 87798	8.00 060424 060424 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: YASMINE BROWN 2024159025362	RECIPIENT ID.: 530001199215 I1665627	MRN: 112823 112823	342.02	217.53	}	124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 112823 112823 220224		BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00	COPAY TPL 0.00	PAID 84.00	DETAIL EOBS		
81 87491 59	1.00 112823 112823 220224		49.86	42.00 28.00	0.00		5490		
81 87511 59	1.00 112823 112823 220224		42.00	21.86 28.00	0.00	28.00			
81 87529 59	1.00 112823 112823 220224		49.86	14.00 28.00	0.00	28.00	9918		
81 87591 59	1.00 112823 112823 220224		42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87661 59	1.00 112823 112823 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: ROSIE BRYANT 2024155017399	RECIPIENT ID.: 530002154599	MRN: 052824 052824	18 53	10.00)	8.53	0.00	0.00	10.00
	SERVICE DATES RENDERING	032021 032021	BILLED	ALLOWED	COPAY	PAID			10.00
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	10.00	DETAIL EOBS 9918		
NAME: BRAIYLIN BRYARS 2024150022914	RECIPIENT ID.: 530001023175	MRN: 052124 052124	899.12	586.03	3	313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224		BILLED	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00		DETAIL EOBS		
81 87498 59	1.00 052124 052124 220224		37.07	14.00 22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052124 052124 220224		42.00	28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633	1.00 052124 052124 220224		318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87640	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00		DETAIL EC	DBS	
81 87641	59	1.00 052124 052124 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651	59	1.00 052124 052124 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052124 052124 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: APRIL BU 20241!	UICE 50022928	RECIPIENT ID.: 530001703896 I1656267		052224		116.22	COPAY	58.11	0.00	0.00	116.22
POS PROC CD 81 G0482	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22		DBS	
NAME: BROOKLYN 20241	NN BULLARD 49019451	RECIPIENT ID.: 530001289687 I1651829		052224		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EC	DBS	
81 87498	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 052224 052224 220224			37.07	22.00 15.07	0.00		9918		
81 87641	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00		9918		
81 87651 81 87798	59	1.00 052224 052224 220224 8.00 052224 052224 220224			49.86	28.00 21.86	0.00	28.00	9918		
01 0//90		0.00 032224 032224 220224			336.00	224.00 112.00	0.00	224.00	J J 1 O		
NAME: MICHAEL 20241!	BULLOCK 52026317	RECIPIENT ID.: 530002253214 I1658135 SERVICE DATES RENDERING		052824		50.00 ALLOWED	COPAY	172.58	0.00	0.00	46.00
POS PROC CD 81 84156	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 8.00			PAID 4.00		DBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL 1	FORC	
81	82570	MODIFIERS		052824 052824	220224			8.00	6.00	0.00		9918	EOD2	
01	02370		1.00	032021 032021	220221			0.00	2.00	0.00	0.00	JJ 10		
81	83069		1.00	052824 052824	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	84311		2.00	052824 052824	220224			32.00	14.00	0.00	14.00	9918		
0.1	0.201.0		1 00	050004 050004	220224			16.00	18.00	0.00	0 00	4504		
81	82010		1.00	052824 052824	220224			16.00	0.00 16.00	0.00 0.00	0.00	4524		
81	82945		1.00	052824 052824	220224			8.00	4.00	0.00	4.00	9918		
01	02713		1.00	002021 002021				0.00	4.00	0.00	1.00	3310		
81	82247	59	1.00	052824 052824	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81	83986		1.00	052824 052824	220224			7.00	3.00	0.00	3.00	9918		
0.1	01007		2 00	050004 050004	220224			100.00	4.00	0.00	0 00	F000		
81	81007		2.00	052824 052824	220224			120.00	4.00 116.00	0.00 0.00	0.00	5900		
81	82043	OW	1.00	052824 052824	220224			7.58	6.00	0.00	6.00	9918		
01	02013	2"	1.00	002021 002021				, . 3 3	1.58	0.00	0.00	3310		
NAME:		Y BUNT			.: 530001970240	MRN:								
	20241	59025370	I166562			060424	060424		59.00		46.34	0.00	0.00	59.00
DOG	DDOG GD	MODIFIEDC	TINTTOO	SERVICE DATES				BILLED	ALLOWED	COPAY	ח זיי	ו די אים א	EODC	
81		MODIFIERS	UNITS	FROM THRU 060424	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12 00	DETAIL 1 9918	FORS	
01	00033		1.00	000121 000121	220221			15.01	3.84	0.00	12.00	JJ10		
81	83036		1.00	060424 060424	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81	80061		1.00	060424 060424	220224			20.00	14.00	0.00	14.00	9918		
0.1	00164		1 00	060404 060404	000004			40.00	6.00	0.00	17 00	0.01.0		
81	80164		1.00	060424 060424	220224			42.00	17.00 25.00	0.00 0.00	17.00	9918		
81	36415		1 00	060424 060424	220224			4.50	0.00	0.00	0 00	3323		
01	30113		1.00	000121 000121	220221			1.50	4.50	0.00	0.00	3323		
81	85049		1.00	060424 060424	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
37336-		D G113.14		DDGTDTD10		MDM								
NAME:					.: 530000819514	MRN:	050224	71 51	26 20	1	20 22	0 00	0.00	26 20
	ZUZ41	59025389	TT00203	SERVICE DATES	RENDERING	030324	050324	74.54 BILLED	36.32 ALLOWED		38.22	0.00	0.00	36.32
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT			PAID	DETAIL 1	EOBS	
	80053			050324 050324				15.84	8.87	0.00		9918 993		
									6.97	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	RC	
81 80061	MODILIEKS	1.00 050324 050324	220224			20.00	9.56	0.00		9918 9936		
01 00001		1.00 050524 050524	220224			20.00	10.44	0.00	7.50	JJ10 JJ30		
81 84443		1.00 050324 050324	220224			25.20	14.13	0.00	14 13	9918 9936		
01 01113		1.00 050521 050521	220221			23.20	11.07	0.00	11.15	JJ10 JJ30		
81 36415		1.00 050324 050324	220224			4.50	0.00	0.00	0 00	3323		
01 30113		1.00 030321 030321	220221			1.50	4.50	0.00	0.00	5525		
81 85049		1.00 050324 050324	220224			9.00	3.76	0.00	3 76	9918 9936		
01 00019		1:00 030321 030321				J.00	5.24	0.00	3.70	3310 3330		
NAME: JOHN BU	JRCHAM	RECIPIENT ID	.: 530000819514	MRN:								
20241	.59025403	I1665631		052024	052024	24.50	9.56		14.94	0.00	0.00	9.56
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 80061		1.00 052024 052024	220224			20.00	9.56	0.00	9.56	9918 9936		
							10.44	0.00				
81 36415		1.00 052024 052024	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NAME: JAMES B			.: 530000434031	MRN:								
20241	.59025408	I1665632		060424	060424	222.58			172.58	0.00	0.00	46.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_	_	
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81 84156		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918		
01 00570		1 00 000404 000404	000004			0 00	4.00	0.00	<i>c</i> 00	0.01.0		
81 82570		1.00 060424 060424	220224			8.00	6.00	0.00	6.00	9918		
01 02060		1 00 060424 060424	220224			0 00	2.00	0.00	4 00	0010		
81 83069		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918		
81 84311		2.00 060424 060424	220224			32.00	4.00 14.00	0.00	1/ 00	9918		
01 04311		2.00 000424 000424	220224			32.00	18.00	0.00	14.00	9910		
81 82010		1.00 060424 060424	220224			16.00	0.00	0.00	0 00	4524		
01 02010		1.00 000121 000121	220221			10.00	16.00	0.00	0.00	1521		
81 82945		1.00 060424 060424	220224			8.00	4.00	0.00	4 00	9918		
01 02713		1.00 000121 000121	220221			0.00	4.00	0.00	1.00	JJ±0		
81 82247	59	1.00 060424 060424	220224			8.00	5.00	0.00	5.00	9918		
01 02217		1.00 000121 000121				0.00	3.00	0.00	3.00	,, , ,		
81 83986		1.00 060424 060424	220224			7.00	3.00	0.00	3.00	9918		
			-				4.00	0.00	2.00			
81 81007		2.00 060424 060424	220224			120.00	4.00	0.00	0.00	5900		
						-	116.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO AT.T.		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 82043	MODIFIERS QW	SERVICE DATES UNITS FROM THRU 1.00 060424 060424	RENDERING PROVIDER 220224	ricori	TIIICO	BILLED AMOUNT 7.58	ALLOWED NON-AllowED 6.00 1.58	COPAY TPL	PAID	DETAIL 9918		Throom
NAME: KYLEE E	BURGESS 159025422	RECIPIENT II	530000436912	MRN: 060424	060424	222.58	50.00		172.58	0.00	0.00	46.00
20212		SERVICE DATES	RENDERING	000121	000121	BILLED	ALLOWED	COPAY	1,2.30	0.00	0.00	10.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 84156		1.00 060424 060424	220224			8.00	4.00 4.00	0.00 0.00	4.00	9918		
81 82570		1.00 060424 060424	220224			8.00	6.00	0.00	6.00	9918		
							2.00	0.00				
81 83069		1.00 060424 060424	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 84311		2.00 060424 060424	220224			32.00	14.00	0.00	14.00	9918		
							18.00	0.00				
81 82010		1.00 060424 060424	220224			16.00	0.00	0.00	0.00	4524		
81 82945		1.00 060424 060424	220224			8.00	16.00 4.00	0.00 0.00	4.00	9918		
02 02210							4.00	0.00	2.00	,,,,		
81 82247	59	1.00 060424 060424	220224			8.00	5.00	0.00	5.00	9918		
81 83986		1.00 060424 060424	220224			7.00	3.00 3.00	0.00	3 00	9918		
01 03900		1.00 000424 000424	220224			7.00	4.00	0.00	3.00	9910		
81 81007		2.00 060424 060424	220224			120.00	4.00	0.00	0.00	5900		
01 00040	Ota	1 00 060424 060424	220224			7 50	116.00	0.00	<i>c</i> 00	0010		
81 82043	QW	1.00 060424 060424	220224			7.58	6.00 1.58	0.00	6.00	9918		
							1.30	0.00				
NAME: AVERLE			530002258170	MRN:	050004	565 10	254 02		101 00	0 00	0.00	254 02
2024]	152026340	I1658138 SERVICE DATES	RENDERING	052824	052824	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00			
01 07501	E O	1 00 052024 052024	220224			42.00	15.07	0.00	20 00	0010		
81 87581	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	20.00	9918		
81 87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918		
01 07700		4 00 050004 050004	000004			160.00	106.02	0.00	110.00	0.01.0		
81 87798		4.00 052824 052824	220224			168.00	112.00 56.00	0.00 0.00	112.00	9918		
							20.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AYZLYNN BURKS 2024156024920	RECIPIENT ID.: 530001069928 I1660931 SERVICE DATES RENDERING	MRN: 053024 053024	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EO 9918	BS	
81 87498 59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87640 59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03			
81 87641 59 81 87651 59	1.00 053024 053024 220224 1.00 053024 053024 220224		37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87798	8.00 053024 053024 220224		336.00	21.86 224.00	0.00	224.00			
NAME: KRISTEN BURNETT	RECIPIENT ID.: 530000251870	MRN:		112.00	0.00				
2024156024926	i1661994 SERVICE DATES RENDERING	052824 052824	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00		DETAIL EO 9918	BS	
NAME: KRISTIN BURNETT 2024149019467	RECIPIENT ID.: 530000251870	MRN: 031324 031324	342.02			124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 031324 031324 220224		BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00		DETAIL EO 9918	BS	
81 87491 59	1.00 031324 031324 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 031324 031324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 031324 031324 220224		49.86	28.00 21.86	0.00		9918		
81 87591 59	1.00 031324 031324 220224		42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
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PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87661	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031324 031324 220224			BILLED AMOUNT 32.30	ALLOWED NON-AllOWED 21.53 10.77	COPAY TPL 0.00 0.00			S	
NAME: IKERRIA 20241	BUTLER 56024943	RECIPIENT ID.: 530000892299		052024	13.50	4.00		9.50	0.00	0.00	4.00
		SERVICE DATES RENDERING	00_0_	002021	BILLED		COPAY	,,,,,			
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOB	S	
81 36415		1.00 052024 052024 220224			4.50		0.00	0.00	3323		
81 85049		1.00 052024 052024 220224			9.00	4.50 4.00	0.00	4.00	0010		
01 03049		1.00 032024 032024 220224			9.00	5.00	0.00	4.00	9910		
						3.00	0.00				
NAME: KATELYN		RECIPIENT ID.: 53000089856									
20241	59025441	I1665638	051424	051424		23.00		37.00	0.00	0.00	23.00
	MODIFIED	SERVICE DATES RENDERING			BILLED		COPAY			a	
POS PROC CD 81 85384	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 051424 051424 220224			AMOUNT 30.00	NON-AllOWED 10.00	0.00	PAID 10.00		S	
01 03304		1.00 031424 031424 220224			30.00	20.00	0.00	10.00	9910		
81 84597		1.00 051424 051424 220224			30.00	13.00	0.00	13.00	9918		
						17.00	0.00				
	D. 1997 - D.D.	DEGEDERATE TO 1 52000141600	0 15737								
NAME: MARVIN	BUTLER 59025449	RECIPIENT ID.: 530001416089		060424	600 21	458.00		241.21	0.00	0.00	458.00
20241	39023449	SERVICE DATES RENDERING	000424	000424	BILLED		COPAY	241.21	0.00	0.00	450.00
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 87481	59	1.00 060424 060424 220224			42.00	28.00	0.00	28.00			
						14.00	0.00				
81 87640	59	1.00 060424 060424 220224			37.07	22.00	0.00	22.00	9918		
81 87653	59	1.00 060424 060424 220224			37.07	15.07 22.00	0.00	22.00	0010		
01 07033	39	1.00 000424 000424 220224			37.07	15.07	0.00	22.00	9910		
81 87798	59	11.00 060424 060424 220224			462.00	308.00	0.00	308.00	9918		
						154.00	0.00				
81 87641	59	1.00 060424 060424 220224			37.07	22.00	0.00	22.00	9918		
01 00000	F.0	0.00.000404.000404.000004			0.4.00	15.07	0.00	F.C. 0.0	0.01.0		
81 87798	59	2.00 060424 060424 220224			84.00	56.00	0.00	56.00	9918		
						28.00	0.00				
NAME: CANVASE	BYERS	RECIPIENT ID.: 53000024050	3 MRN:								
	49019487	I1651847		050624	174.33	45.00		129.33	0.00	4.36	45.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC Ali		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO 81 GO		MODIFIERS		SERVICE DATES FROM THRU 050624 050624	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 45.00 129.33	COPAY TPL 0.00 0.00	PAID 45.00	DETAIL E 9918 993	OBS	
		BYRD 56024961	I166094	0	.: 530000033411	MRN: 053024	053024		591.53		374.06	0.00	0.00	519.53
POS PRO 81 87	OC CD 7798	MODIFIERS 59	UNITS 9.00	SERVICE DATES FROM THRU 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 378.00	ALLOWED NON-AllOWED 252.00 126.00	COPAY TPL 0.00 0.00	PAID 252.00		OBS	
81 87	7481	59	4.00	053024 053024	220224			168.00	112.00	0.00	112.00	9918		
81 87	7491	59	1.00	053024 053024	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87	7511	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7529	59	2.00	053024 053024	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87	7591	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7653	59	2.00	053024 053024	220224			74.14	44.00	0.00	0.00	5900		
81 87	7661	59	1.00	053024 053024	220224			32.30	30.14 21.53	0.00	21.53	9918		
81 87	7563		1.00	053024 053024	220224			42.50	10.77	0.00	0.00	4021		
81 87	7640	59	1.00	053024 053024	220224			37.07	42.50 22.00 15.07	0.00 0.00 0.00	22.00	9918		
NAME: JE		BYRD 56024976	I166200	2	.: 530000033411	MRN: 053024	053024		458.00		241.21	0.00	0.00	458.00
POS PRO	OC CD	MODIFIERS	UNITS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ORS	
81 87				053024 053024	220224			42.00	28.00 14.00	0.00		9918	OBB	
81 87	7640	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
81 87	7653	59	1.00	053024 053024	220224			37.07	15.07 22.00	0.00	22.00	9918		
81 87	7798	59	11.00	053024 053024	220224			462.00	15.07 308.00 154.00	0.00 0.00 0.00	308.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00			3S	
81 87798	59	2.00 053024 053024	220224			84.00	56.00 28.00	0.00	56.00	9918		
NAME: OLIVER 20241	CABLER .50023005	RECIPIENT ID	.: 530002195589	MRN: 052124	052124	93.00	72.00		21.00	0.00	0.00	72.00
		SERVICE DATES	RENDERING	00222	00	BILLED	ALLOWED	COPAY				, = , 0 0
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL		DETAIL EOE	BS	
81 86003		12.00 052124 052124	220224			93.00	72.00 21.00	0.00	72.00	9918		
NAME: NOLAN C	ALDWELL	RECIPIENT ID	.: 530002317434	MRN:								
20241	.56024982	I1660944		053024	053024		586.03		313.09	0.00	0.00	586.03
	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY			n a	
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 053024 053024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00			35	
01 07400	39	1.00 055024 055024	ZZUZZ I			42.00	14.00	0.00		9910		
81 87498	59	1.00 053024 053024	220224			37.07	22.00	0.00		9918		
							15.07	0.00				
81 87581	59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00 052024 052024	220224			210 05	14.00	0.00	212 02	0010		
81 87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
01 00651	F.0	1 00 052004 052004	000004			40.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 053024 053024	220224			336.00	224.00	0.00	224.00	9918		
01 07770		0.00 03021 033021	220221			230.00	112.00	0.00	221.00	J J ± 0		
NAME: ZOE CAL	.HOIIN	RECIPIENT ID	• 530001264741	MRN:								
	50023013		550001201711		042224	285.07	196.14		88.93	0.00	0.00	140.14
		SERVICE DATES	RENDERING				ALLOWED	COPAY				
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}		DETAIL EOF	3S	
81 87529		2.00 042224 042224	220224			99.72	56.00	0.00		5910		
01 07610	5.0	1.00 042224 042224	220224			27 07	43.72	0.00		0010		
81 87640	59	1.00 042224 042224	44U44			37.07	22.00 15.07	0.00	22.00	フ ブエロ		
							13.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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IC	CN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODI 81 87641 59	IFIERS	SERVICE DATES UNITS FROM THRU 1.00 042224 042224	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOB 9918	S	
81 87653 59		1.00 042224 042224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87801		2.00 042224 042224	220224			74.14	74.14 0.00	0.00	74.14			
NAME: CASE CAMPBEI	LL	RECIPIENT ID	.: 530002215300	MRN:								
2024155017		I1659506		051724	051724	115.82	10.22		105.60	0.00	40.95	10.22
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		S	
81 82607		1.00 051724 051724	220224			22.00	2.53 19.47	0.00	2.53	9918 9936		
81 82746		1.00 051724 051724	220224			22.00	2.10	0.00	2.10	9918 9936		
81 83540		1.00 051724 051724				9.71	19.90 1.08	0.00	1.08	9918 9936		
81 83550		1.00 051724 051724	220224			13.11	8.63 1.47	0.00	1.47	9918 9936		
81 82728		1.00 051724 051724	220224			40.00	11.64 2.29 37.71	0.00 0.00 0.00	2.29	9918 9936		
81 85049		1.00 051724 051724	220224			9.00	0.75 8.25	0.00	0.75	9918 9936		
NAME: CHANCE CAMPE	BELL	RECIPIENT ID	.: 530000641247	MRN:								
2024155017		I1659505 SERVICE DATES			051724	44.00 BILLED	4.97	COPAY	39.03	0.00	19.91	4.97
POS PROC CD MODI	TETERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	3	
81 82306	11 1210	1.00 051724 051724				44.00	4.97	0.00	4.97			
	D = 7 -		. 520001400122	147217								
NAME: JAKYRA CAMPE 2024149019		I1651851	.: 530001402133	MRN: 012224	012224		217.53		124.49	0.00	0.00	189.53
DOG DDOG GD MODI	TETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח ז דר		~	
POS PROC CD MODI 81 87798	IFIERS	UNITS FROM THRU 3.00 012224 012224	PROVIDER 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID 84.00	DETAIL EOB 9918	J	
81 87491 59		1.00 012224 012224	220224			49.86	42.00 28.00	0.00	0.00	5490		
81 87511 59		1.00 012224 012224	220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC		D-1170-D-1170	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EODC	
81	87529	MODIFIERS 59		012224 012224				49.86	28.00	0.00		9918	FOBS	
01	0,325		1.00	01221 01221	220221			19.00	21.86	0.00	20.00	JJ 10		
81	87591	59	1.00	012224 012224	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87661	59	1.00	012224 012224	220224			32.30	21.53	0.00	21.53	9918		
									10.77	0.00				
NAME:	TAYLOR	CAMPBELL		RECIPIENT ID).: 530000978345	MRN:								
		.55017449	I165950			052924	052924	881.59	535.53	3	346.06	0.00	0.00	463.53
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87798	59	9.00	052924 052924	220224			378.00	252.00	0.00	252.00	9918		
81	87481	59	2 00	052924 052924	220224			84.00	126.00 56.00	0.00	F6 00	9918		
0.1	0/401	59	2.00	052924 052924	22022 4			04.00	28.00	0.00	30.00	9910		
81	87491	59	1.00	052924 052924	220224			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				
81	87511	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.75.00	F.0	0.00	050004 050004	000004			00 50	14.00	0.00	56.00	0.01.0		
81	87529	59	2.00	052924 052924	220224			99.72	56.00	0.00	56.00	9918		
81	87591	59	1 00	052924 052924	220224			42.00	43.72 28.00	0.00	28 00	9918		
01	07371	37	1.00	052521 052521	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87653	59	2.00	052924 052924	220224			74.14	44.00	0.00	0.00	5900		
									30.14	0.00				
81	87661	59	1.00	052924 052924	220224			32.30	21.53	0.00	21.53	9918		
0.1	07563		1 00	050004 050004	220224			40 50	10.77	0.00	0 00	4001		
81	87563		1.00	052924 052924	220224			42.50	0.00 42.50	0.00	0.00	4021		
81	87640	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
0_	0.010		_,	002721 002721					15.07	0.00		77_0		
NAME:		CAMPBELL	-165050).: 530000978345	MRN:	010404	15.04	10.00		2 04	0 00	0.00	10.00
	20241	.55017465	I165950		DENDEDING	012424	012424		12.00		3.84	0.00	0.00	12.00
DOG	DRUC CD	MODIFIERS	UNITS	SERVICE DATES	PROVIDER			AMOUNT	ALLOWED NON-AllOWED		PAID	DETAIL	FORG	
		MODIFIERS		012424 012424				15.84	12.00	0.00			EODS	
J <u>+</u>			1.00					10.01	3.84	0.00	12.00	2210		
NAME:		CAMPBELL JR).: 530001316032	MRN:	0.60004	205 25	70		00.00	0.00	0.00	140 14
	20241	.57010970	TT063T./	U		060324	060324	285.07	196.14	ŧ	88.93	0.00	0.00	140.14

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC		DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT		NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ARC .	
	87529	HODIF TERS		060324 060324	220224			99.72	56.00 43.72	0.00		5910	ODD	
81	87640	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59		060324 060324				37.07	22.00 15.07	0.00		9918		
81	87801		2.00	060324 060324	220224			74.14	74.14 0.00	0.00	74.14			
NAME:	ALEXA C	ANDELAS		RECIPIENT ID	.: 530002373446	MRN:								
	20241	.58028558	I166429		D = 110 = D = 110	053024	053024		10.00		13.00	0.00	0.00	10.00
DOC	DDOC CD	MODIETEDC	UNITS	SERVICE DATES				BILLED AMOUNT	ALLOWED	COPAY TPL	PAID	DETAIL E	AD C	
	82247	MODIFIERS 59		FROM THRU 053024	PROVIDER 220224			AMOUNT 8 NO	NON-AllOWED 5.00	0.00		9918	JBS	
01	02217	37	1.00	055021 055021	220221			0.00	3.00	0.00	3.00	JJ±0		
81	82248		1.00	053024 053024	220224			8.00 15.00	5.00 10.00	0.00	5.00	9918		
NAME:	ASHANTT	CANNON		RECIPTENT ID	.: 530000021963	MRN:								
111111111111111111111111111111111111111		56024999	I166200		. 330000011303		053124	13.50	4.00)	9.50	0.00	0.00	4.00
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT		TPL	PAID		OBS	
81	36415		1.00	053124 053124	220224			4.50	0.00	0.00	0.00	3323		
81	85049		1 00	053124 053124	220224			9.00	4.50 4.00	0.00	4.00	9918		
01	03013		1.00	033121 033121	220221			J.00	5.00	0.00	1.00	JJ10		
NAME:	CAMERON	CANNON		RECIPIENT ID	.: 530001354632	MRN:								
	20241	.52026357	I165815			043024	043024		119.93		71.43	0.00	0.00	119.93
			_	SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS			PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	80053		1.00	043024 043024	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	82306		1.00	043024 043024	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83540		1.00	043024 043024	220224			9.71	7.00 2.71	0.00	7.00	9918		
81	83550		1.00	043024 043024	220224			13.11	10.00	0.00	10.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			BILLED AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 82728	1.00 043024 043024 220224			40.00	13.00	0.00		9918		
01 02/20	1.00 043024 043024 220224			40.00	27.00	0.00	13.00	9910		
81 83036	1.00 043024 043024 220224			14.00	12.00	0.00	12.00	9918		
81 84443	1.00 043024 043024 220224			25.20	2.00 22.93	0.00	22.93	9918		
					2.27	0.00				
81 84439	1.00 043024 043024 220224			13.00	9.00 4.00	0.00	9.00	9918		
81 85027	1.00 043024 043024 220224			12.00	5.00	0.00	5.00	9918		
					7.00	0.00				
81 36415	1.00 043024 043024 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: CAMERON CANNON	RECIPIENT ID.: 530001354632	MRN:								
2024152026378	11658154		050624	23.03	13.00		10.03	0.00	0.00	13.00
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87086	1.00 050624 050624 220224			18.53	10.00	0.00		9918		
					8.53	0.00				
81 81015	1.00 050624 050624 220224			4.50	3.00	0.00	3.00	9918		
					1.50	0.00				
NAME: KADEN CANTOR	RECIPIENT ID.: 530001557432	MRN:								
2024158028569	I1664295		041024	109.50	24.60		84.90	0.00	0.00	24.60
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 82150 59 90	1.00 041024 041024 220224			18.00	0.00 18.00	0.00	0.00	3324		
81 83690 90	1.00 041024 041024 220224			14.00	0.00	0.00	0.00	3324		
01 03070 70	1.00 011021 011021 220221			11.00	14.00	0.00	0.00	3321		
81 82784 90	1.00 041024 041024 220224			19.00	0.00	0.00	0.00	3324		
					19.00	0.00				
81 86231 90	1.00 041024 041024 220224			24.00	8.46	0.00	8.46	9918		
					15.54	0.00				
81 86258 90	2.00 041024 041024 220224			34.50	16.14	0.00	16.14	9918		
					18.36	0.00				
NAME: KADEN CANTOR	RECIPIENT ID.: 530001557432	MRN:								
2024158028590		042424	042424	20.34	12.00		8.34	0.00	0.00	12.00
-	SERVICE DATES RENDERING	-		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 80053	1.00 042424 042424 220224			15.84		0.00	12.00			
					3.84	0.00				

1.00 052824 052824 220224

THRU PROVIDER

UNITS FROM

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

PAGE: 90

PAYEE ID

NPI ID

ISSUE DATE

CHECK/EFT NUMBER

PAID

12.00 9918

0.00

0.00

DETAIL EOBS

220224

1598266421

083149459

06/07/2024

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

POS PROC CD MODIFIERS

81 80053

ICN POS PROC CD MODIFIERS 81 36415	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042424 042424 220224	SERVICE D FROM T	OATES CHRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL	JOWED A	COPAY AMOUNT DETAIL E 3323	TPL AMOUNT OBS	PAID AMOUNT
NAME: KADEN CANTOR 2024159025471	RECIPIENT ID.: 530001557432 11665644 SERVICE DATES RENDERING	MRN: 041024 0)41024	BILLED	59.93 ALLOWED	COPAY		0.00	0.00	59.93
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL E 9918	OBS	
81 83036	1.00 041024 041024 220224			14.00	12.00 2.00	0.00	12.00			
81 84443 81 84439	1.00 041024 041024 220224 1.00 041024 041024 220224			25.20 13.00	22.93 2.27 9.00	0.00 0.00 0.00		9918 9918		
81 36415	1.00 041024 041024 220224			4.50	4.00 0.00	0.00		3323		
81 85049	1.00 041024 041024 220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
NAME: KAY CANTOR 2024158028597	RECIPIENT ID.: 530001018321 I1664294 SERVICE DATES RENDERING	MRN: 051024 0)51024	715.12 BILLED	417.64 ALLOWED	COPAY	297.48	0.00	0.00	417.64
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 051024 051024 220224			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL E 9918	OBS	
81 87581 59	1.00 051024 051024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 051024 051024 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 051024 051024 220224			168.00	112.00 56.00	0.00	112.00			
81 87635	1.00 051024 051024 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: CHRISTOPHER CARLISI 2024158028611	RECIPIENT ID.: 530001003945 I1664299 SERVICE DATES RENDERING	MRN: 052824 0)52824	64.34 BILLED	41.00 ALLOWED	COPAY	23.34	0.00	0.00	41.00

15.84

AMOUNT NON-AllOWED TPL

12.00

3.84

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 29.00 15.00	COPAY TPL 0.00 0.00	PAID 29.00	DETAIL EO	BS	
81 3641	5	1.00 052824 052824 220224		4.50	0.00 4.50	0.00	0.00	3323		
	ICA CARLISLE 24158028626	RECIPIENT ID.: 530001576923 I1664300	MRN: 052824 052824	406.36	258.53	3 1	.47.83	0.00	0.00	230.53
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EO 9918	BS	
81 8230	6	1.00 052824 052824 220224		44.00	29.00	0.00	29.00	9918		
81 3641	5	1.00 052824 052824 220224		4.50		0.00	0.00	3323		
81 8779	8	3.00 052824 052824 220224		126.00		0.00	84.00	9918		
81 8749	1 59	1.00 052824 052824 220224		49.86	42.00 28.00	0.00	0.00	5490		
81 8751	1 59	1.00 052824 052824 220224		42.00		0.00	28.00	9918		
81 8752	9 59	1.00 052824 052824 220224		49.86		0.00	28.00	9918		
81 87593	1 59	1.00 052824 052824 220224		42.00		0.00	28.00	9918		
81 8766	1 59	1.00 052824 052824 220224		32.30	14.00 21.53 10.77	0.00 0.00 0.00	21.53	9918		
NAME: JAYDI 201	EN CARR 24155017466	RECIPIENT ID.: 530001260901 I1659513	MRN: 052824 052824	715.12			97.48	0.00	0.00	417.64
DOS DDOS (CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	D.C.	
81 8763!		1.00 052824 052824 220224		150.00			43.61		טט	
81 8749	8 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87583	1 59	1.00 052824 052824 220224		42.00	28.00	0.00	28.00	9918		
81 8763	3	1.00 052824 052824 220224		318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	OC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED		PAID	DETAIL	FOBS	
	7798			052824 052824	220224			168.00	112.00 56.00	0.00				
NAME: TR	RISTAN	CARR		RECIPIENT ID	.: 530001260902	MRN:								
		55017478	I165951	7		052824	052824		417.64		297.48	0.00	0.00	417.64
DOC DDO		MODIFIED	IINITTO		RENDERING			BILLED	ALLOWED	COPAY	חאדה	די עיייט די	EODC	
	7635	MODIFIERS	UNITS	FROM THRU 052824	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43 61	DETAIL 9918	LOBS	
01 07	7033		1.00	032024 032024	220224			130.00	106.39	0.00	43.01	J J ± 0		
81 87	7498	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 87	7581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
01 05	7622		1 00	050004 050004	000004			210 05	14.00	0.00	010 02	0.01.0		
81 87	7633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
81 87	7798		4 00	052824 052824	220224			168.00	106.02 112.00	0.00	112.00	9918		
01 07	1170		4.00	032024 032024	220224			100.00	56.00	0.00	112.00	J J I U		
		ER CARRINGTO			.: 530001637273	MRN:	050004	000 10	506.00		212 00	0 00	0.00	506.00
	202415	55017492	I1659519		DENDEDING	052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
DOS DRO	טכ כים	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	. FORS	
		59		052924 052924	220224			42.00	28.00	0.00		9918	I EODO	
0_ 0.				002721 002721					14.00	0.00		,,_,		
81 87	7498	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 87	7581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918		
81 87	7633		1 00	052924 052924	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 07	1033		1.00	052524 052524	220224			310.03	106.02	0.00	212.03	9910		
81 87	7640		1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 87	7641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 87	7651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918		
81 87	7798		9 00	052924 052924	220224			336.00	21.86 224.00	0.00	224.00	0010		
01 07	1120		0.00	032324 032324	22U2ZI			330.00	112.00	0.00	224.00	99 1 0		
										2.20				
		CARRINGTON			.: 530001643192	MRN:								
	202415	55017508	I1659518	8		052924	052924	899.12	586.03		313.09	0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
	87486	59		052924 052924				42.00	28.00	0.00		9918	EODO	
									14.00	0.00				
81	87498	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
0.4	0==01	= 0						40.00	15.07	0.00		0010		
81	87581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1 00	052924 052924	220224			318.05	14.00 212.03	0.00	212.03	0010		
01	07033		1.00	032924 032924	22022 1			310.03	106.02	0.00	212.03	9910		
81	87640		1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918		
81	87798		0 00	052924 052924	220224			336.00	21.86 224.00	0.00	224.00	0010		
OΤ	0//90		0.00	052924 052924	22022 1			330.00	112.00	0.00	224.00	9910		
									112.00	0.00				
NAME:	JANARIA	H CARTER		RECIPIENT ID	.: 530001419760	MRN:								
	20241	49019515	I165185			052224	052224	1,049.12	629.64		419.48	0.00	0.00	629.64
			_	SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81	87635		1.00	052224 052224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1 00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
01	07100	3,7	1.00	052221 052221	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87498	59	1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00	050004 050004	000004			210.05	14.00	0.00	010 00	0010		
81	87633		1.00	052224 052224	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1 00	052224 052224	220224			37.07	106.02 22.00	0.00	22.00	9918		
01	07010		1.00	052221 052221	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87641	59	1.00	052224 052224	220224			37.07		0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052224 052224	220224			49.86	28.00	0.00	28.00	9918		
0.1	00000		2 2 2	050004 05000	000004				21.86	0.00	224	0050		
81	87798		8.00	052224 052224	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	SHAYTA	CARTER-LEE		RECIPTENT ID	.: 530001137226	MRN:								
		56025011	I166095				052924	40.50	23.88		16.62	0.00	0.00	23.88

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87389	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 36.00	NON-AllowED 23.88 12.12	COPAY TPL 0.00 0.00	PAID 23.88	DETAIL 9918	EOBS	
81 36415	1.00 052924 052924 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: SHAYLA CARTER-LEE 2024156025025	RECIPIENT ID.: 530001137226 I1660953		052924	7.00	5.00		2.00	0.00	0.	00 5.00
POS PROC CD MODIFIERS 81 86592	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 7.00		COPAY TPL 0.00 0.00	PAID 5.00	DETAIL 9918	EOBS	
NAME: SHAYLA CARTER-LEE 2024156025031	RECIPIENT ID.: 530001137226 I1662018 SERVICE DATES RENDERING		052924	280.72 BILLED	184.09 ALLOWED	COPAY	96.63	0.00	0.	00 184.09
POS PROC CD MODIFIERS 81 84702	UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			AMOUNT 22.58	NON-Allowed 12.00 10.58		PAID 12.00	DETAIL 9918	EOBS	
81 80307	1.00 052924 052924 220224			83.81	55.87 27.94	0.00	55.87	9918		
81 G0482	1.00 052924 052924 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: ABIGAIL CASTILLO 2024150023047	RECIPIENT ID.: 530001911164 I1656294		052524		133.53		74.63	0.00	0.	00 105.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052524 052524 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81 87481	1.00 052524 052524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87491 59	1.00 052524 052524 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87591 59	1.00 052524 052524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	1.00 052524 052524 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: BRAYDEN CHAMBERS 2024158028650	RECIPIENT ID.: 530001208389 I1664313	MRN: 050824	050824	93.84	67.00		26.84	0.00	0.	00 67.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC		UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8005	3	1.00 050824 050824 220224		15.84	12.00	0.00	12.00	9918		
					3.84	0.00				
81 8230	6	1.00 050824 050824 220224		44.00	29.00	0.00	29.00	9918		
					15.00	0.00				
81 8303	6	1.00 050824 050824 220224		14.00	12.00	0.00	12.00	9918		
					2.00	0.00				
81 8006	1	1.00 050824 050824 220224		20.00	14.00	0.00	14.00	9918		
					6.00	0.00				
			_							
	TEN CHAMBERS	RECIPIENT ID.: 530001604323		1 0 4 0 1 0	600 64		410 40	0 00	0.00	600 64
20	24149019530	I1651858	011124 011124	1,049.12			419.48	0.00	0.00	629.64
D00 DD00	an wantetena	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D. T.D.	5555	T0D0	
POS PROC		UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 8763	5	1.00 011124 011124 220224		150.00	43.61	0.00	43.61	9918		
01 0540		1 00 011104 011104 00004		40.00	106.39	0.00	00.00	0010		
81 8748	6 59	1.00 011124 011124 220224		42.00	28.00	0.00	28.00	9918		
01 0540	0	1 00 011104 011104 000004		25 25	14.00	0.00	00.00	0010		
81 8749	8 59	1.00 011124 011124 220224		37.07	22.00	0.00	22.00	9918		
01 0764	0	1 00 011104 011104 000004		27 07	15.07	0.00	00.00	0010		
81 8764	0 59	1.00 011124 011124 220224		37.07	22.00	0.00	22.00	9918		
01 0550	1 50	1 00 011104 011104 000004		40.00	15.07	0.00	00.00	0010		
81 8758	1 59	1.00 011124 011124 220224		42.00	28.00	0.00	28.00	9918		
01 0762	2	1 00 011104 011104 000004		210 05	14.00	0.00	010 00	0010		
81 8763	3	1.00 011124 011124 220224		318.05	212.03	0.00	212.03	9918		
01 0764	1	1 00 011124 011124 220224		27 07	106.02	0.00	22.00	0010		
81 8764	1 59	1.00 011124 011124 220224		37.07	22.00	0.00	22.00	9918		
01 0765	1	1 00 011124 011124 220224		40.06	15.07	0.00	20 00	0010		
81 8765	1 59	1.00 011124 011124 220224		49.86	28.00	0.00	20.00	9918		
81 8779	0	8.00 011124 011124 220224		336.00	21.86 224.00	0.00 0.00	224.00	0010		
O1 0//9	0	0.00 011124 011124 220224		330.00	112.00		224.00	9910		
					112.00	0.00				
NAME: DAWS	ON CHANDLER	RECIPIENT ID.: 530000811683	2 MRN:							
	24155017524	I1659536		565 12	374.03		101 00	0.00	0.00	374.03
20.	24133017324	SERVICE DATES RENDERING	032324 032324		ALLOWED		171.07	0.00	0.00	3/4.03
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			NON-Allowed		PAID	ΓΕΤΣΤ Τ.	EOBS	
81 8749		1.00 052924 052924 220224		37.07		0.00		9918	1000	
01 0710		1.00 002/21 002/21 220221		57.07	15.07	0.00	22.00	J J ± O		
81 8758	1 59	1.00 052924 052924 220224		42.00	28.00	0.00	28.00	9918		
= 0.30	~ -			==.50	14.00	0.00	_0.00			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL:			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00 0.00	212.03	DETAIL EOB 9918	S	
81 87798		4.00 052924 052924	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: ELIZABE		RECIPIENT ID	.: 530001137796	MRN:								
20241	50023056	I1656302 SERVICE DATES	DENDEDING	052424	052424		10.00 ALLOWED	COPAY	8.53	0.00	0.00	10.00
POS PROC CD	MODIFIERS		PROVIDER			BILLED AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	ς	
81 87086	11021111111	1.00 052424 052424				18.53	10.00	0.00	10.00			
NAME: ELIZABE	TH CHAPLE	RECIPIENT ID	.: 530001137796	MRN:								
	52026389	11658162	. 330001137730		052424	825.21	542.00		283.21	0.00	0.00	486.00
		SERVICE DATES				BILLED	ALLOWED	COPAY		_		
	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		S	
81 87481	59	4.00 052424 052424	220224			168.00	112.00 56.00	0.00		9918		
81 87640	59	1.00 052424 052424	220224			37.07	22.00	0.00		9918		
							15.07	0.00				
81 87653	59	1.00 052424 052424	220224			37.07	22.00	0.00		9918		
01 00000		11 00 050404 050404	000004			460.00	15.07	0.00		0.01.0		
81 87798		11.00 052424 052424	220224			462.00	308.00 154.00	0.00		9918		
81 87641	59	1.00 052424 052424	220224			37.07	22.00	0.00		9918		
01 07011		1.00 032121 032121	220221			37.07	15.07	0.00		JJ10		
81 87798		2.00 052424 052424	220224			84.00	56.00	0.00		5000		
							28.00	0.00				
NAME: HUDSON (СПУ ОМУИ	RECIPIENT ID	.: 530002359620	MRN:								
	56025034	I1662032	530002359020		053124	899.12	586.03		313.09	0.00	0.00	586.03
20211	30023031	SERVICE DATES	RENDERING	033121	033121	BILLED	ALLOWED	COPAY		0.00	0.00	300.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOB	S	
81 87486	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
01 07400	F.0	1 00 052104 052104	000004			27 07	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00 053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
-	- -						14.00	0.00	_3.00	-		
81 87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				

RECIPIENT ID.: 530002151359 MRN:

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NAME: CHARLEIGH CHATHAM

2024158028670

I1664320

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

DATE: 06/07/2024

220224

PAGE:

		ICN	PAT ACC	T NO.		SERVICE	DATES	BILLED	ALLOWED	NO)N (COPAY	\mathtt{TPL}	PAID
						FROM	THRU	AMOUNT	AMOUNT	ALI	OWED	TNUOMA	AMOUNT	AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87640		1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	053124 053124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	053124 053124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAMF:	KABUN C	CHAPMAN-BUFO	RD	PECIDIENT ID	.: 530002404085	MRN:								
147 11-111		.56025055			. • 550002101005	053124	053124	899.12	586.03		313.09	0.00	0.00	586.03
	20211	.50025055	1100203	SERVICE DATES	RENDERING	033121	033121	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	COBS	
	87486	59		053124 053124	220224			42.00	28.00	0.00	28.00			
									14.00	0.00				
81	87498	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	053124 053124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	053124 053124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	053124 053124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	053124 053124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
MV ME.	. Стоптт	CHAPPELLE		סבקוטובאת דט	.: 530000482283	MRN:								
IAWIAI.		.56025077	I166203		550000402205		052924	299.33	172.09	1	127.24	0.00	0.00	172.09
	202 1 1	.50025077	1100203		RENDERING	032724	002024	BILLED	ALLOWED	COPAY	141.41	0.00	0.00	112.09
POG	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	ZOBS	
81	80307	HODITITING		052924 052924				125.00	55.87	0.00	55.87		טסט	
01	00307		1.00	000001	220221			123.00	69.13	0.00	33.07	J J ± U		
81	G0482		1 00	052924 052924	220224			174.33	116.22	0.00	116.22	9918		
91	00102		1.00	000001				171.55	58.11	0.00	110.22	J J ± 0		
									50.11	0.00				

899.12

586.03

313.09

0.00

0.00

586.03

060424 060424

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח א ד ד	DEMATI	EODC	
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL 9918	FORS	
0.1	0/400	39	1.00 000424 000424	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87640	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	F.0	1 00 060404 060404	000004			40.00	15.07	0.00	00.00	0010		
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 000121 000121	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	MCKINLE	E CHAVIERS	RECIPTENT II	o.: 530000055741	MRN:								
111111		49019547	I1651863	330000003711	020724	020724	1,049.12	629.64	:	419.48	0.00	0.00	629.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00 020724 020724	220224			150.00	43.61	0.00	43.61	9918		
0.1	07406	5 0	1 00 000004 000004	000004			40.00	106.39	0.00	00.00	0010		
81	87486	59	1.00 020724 020724	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 020724 020724	220224			37.07	14.00 22.00	0.00	22 00	9918		
01	0/4/0	37	1.00 020/24 020/24	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 020724 020724	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 020724 020724	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.7.6.4.0			000004			0	106.02	0.00	00.00	0.01.0		
81	87640		1.00 020724 020724	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 020724 020724	220224			37.07	15.07 22.00	0.00	22 00	9918		
01	0/041	39	1.00 020/24 020/24	22022 1			37.07	15.07	0.00	22.00	9910		
81	87651	59	1.00 020724 020724	220224			49.86	28.00	0.00	28.00	9918		
		-		-				21.86	0.00				
81	87798		8.00 020724 020724	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
7 T 7 7 7 T •	7 N (7 N T T T T	CITT DEDC		· E200000000652	N/ID ** •								
NAME:		CHILDERS 59025504	RECIPIENT II	D.: 530000228653	MRN: 042424	042424	56.69	40.00	1	16.69	0.00	0.00	40.00
	∠∪∠ 1 ⊥	JJUZJJU4	±±000000		UTZTZT	UTATAT	30.09	40.00	•	10.07	0.00	0.00	±0.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCI	Γ NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 82306	MODIFIERS		SERVICE DATES FROM THRU 042424 042424	RENDERING PROVIDER 220224			BILLED AMOUNT 44.00	ALLOWED NON-AlloWED 29.00 15.00	COPAY TPL 0.00 0.00	PAID 29.00	DETAIL 1		
81	80048		1.00	042424 042424	220224			12.69	11.00	0.00	11.00	9918		
NAME:	LAYA CH 20241	ILDERS 56025088	I1662039	9	.: 530002201491	MRN: 053124	053124	899.12	586.03		313.09	0.00	0.00	586.03
POS 81	PROC CD 87486	MODIFIERS 59	UNITS	SERVICE DATES FROM THRU 053124 053124	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00		EOBS	
81	87498	59	1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	053124 053124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00	053124 053124	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00	053124 053124	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:	VAYDA C 20241	HILDERS 56025096	I1662040)	.: 530002169370	MRN: 060224	060224	899.12			313.09	0.00	0.00	586.03
DUG	DROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL I	FORS	
	87486			060224 060224	220224			42.00	28.00 14.00	0.00				
81	87498	59	1.00	060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060224 060224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060224 060224	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00	060224 060224	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

100

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
D00 1		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			a	
	PROC CD 87641	MODIFIERS 59	UNITS FROM THRU 1.00 060224 060224	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED	TPL 0.00	PAID	DETAIL EOB 9918	S	
0.1	0/041	39	1.00 000224 000224	220224			37.07	22.00 15.07	0.00	22.00	9910		
81	87651	59	1.00 060224 060224	220224			49.86	28.00	0.00	28.00	9918		
0_	0.00=						-27.00	21.86	0.00		,,,,		
81	87798		8.00 060224 060224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NT 7\ N/(T-1 •	MADIES	CILLI DDEICC	DECIDIENT ID		MIDNI •								
NAME:		CHILDRESS 57010985	RECIPIENT ID 11663179	.: 500000636206	MRN:	052724	699.21	458.00		241.21	0.00	0.00	458.00
	20241	.57010965	SERVICE DATES	RENDERING	032724	052724	BILLED	ALLOWED	COPAY	241.21	0.00	0.00	450.00
POS I	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
	87481	59	1.00 052724 052724	220224			42.00	28.00	0.00		9918	~	
								14.00	0.00				
81	87640	59	1.00 052724 052724	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 052724 052724	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700	F.0	11 00 050504 050504	000004			460.00	15.07	0.00	200.00	0.01.0		
81	87798	59	11.00 052724 052724	220224			462.00	308.00	0.00	308.00	9918		
81	87641	59	1.00 052724 052724	220224			37.07	154.00 22.00	0.00	22.00	9918		
01	07041		1.00 032724 032724	220224			37.07	15.07	0.00	22.00	J J I U		
81	87798	59	2.00 052724 052724	220224			84.00	56.00	0.00	56.00	9918		
								28.00	0.00				
NAME:		N CLARK		.: 530001088870	MRN:	020404	40.06	00.00		01 06	0 00	0.00	00.00
	20241	49019566	I1651866	DENDEDING	030424	030424	49.86	28.00		21.86	0.00	0.00	28.00
DOG I	מפחכ כם	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	C	
	87651	MODIFIERS	1.00 030424 030424	220224			49.86	28.00		28.00		ى ت	
01	07031		1.00 030121 030121	220221			19.00	21.86	0.00	20.00	JJ±0		
NAME:	MY KHI			.: 530001853562	MRN:								
	20241	.56025118	I1660964		053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
D00 1		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D3.TD		a	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81	87486	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87498	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	3, 1,0		1.00 000021 000021				37.07	15.07	0.00	22.00	7720		
81	87581	59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

101

		ICN	PAT ACC	Γ NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES				BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		_ EOBS	
81	87633		1.00	053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:					.: 530002111384	MRN:	0.40504	051 00	400 64		250 64	0.00	0	100 64
	20241	52026404	I165817			042524	042524		492.64		358.64	0.00	0.	00 492.64
DOG	משטט מח	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAII	FODC	
	87635	MODIFIERS		042524 042524				150.00	43.61	0.00		9918	I EODS	
01	07033		1.00	042324 042324	22022 1			130.00	106.39	0.00	43.01	9910		
81	87498	59	1 00	042524 042524	220224			37.07	22.00	0.00	22 00	9918		
0 ±	0,100	3,5	1.00	012321 012321	220221			37.07	15.07	0.00	22.00	J J I O		
81	87581	59	1.00	042524 042524	220224			42.00	28.00	0.00	28.00	9918		
01	0,001		1.00	012021 012021	220221			12.00	14.00	0.00	20.00	7710		
81	87633		1.00	042524 042524	220224			318.05	212.03	0.00	212.03	9918		
0_	0,000			01-0-1 01-0-1				3_3.33	106.02	0.00		2220		
81	87798		4.00	042524 042524	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
81	80053		1.00	042524 042524	220224			15.84	12.00	0.00	12.00	9918		
									3.84	0.00				
81	82306		1.00	042524 042524	220224			44.00	29.00	0.00	29.00	9918		
									15.00	0.00				
81	83540		1.00	042524 042524	220224			9.71	7.00	0.00	7.00	9918		
									2.71	0.00				
81	83550		1.00	042524 042524	220224			13.11	10.00	0.00	10.00	9918		
									3.11	0.00				
81	82728		1.00	042524 042524	220224			40.00		0.00	13.00	9918		
									27.00	0.00				
81	36415		1.00	042524 042524	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
81	85049		1.00	042524 042524	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
37734TT -		OT DMENTES		DEGICE TO		NAD 3.T.								
NAME:		CLEMENTS 58028695	I166432		530000959615	MRN: 032224	032224	1,746.92	0.00	1	746.92	0.00	0.	0.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		N OWED	COPA AMOU		PL OUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		DE			
POS 81	PROC CD 87798	MODIFIERS 59	UNITS FROM THRU	PROVIDER 220224			AMOUNT 378.00	NON-AllOWED 0.00	TPL	PAID		TAIL EOBS 18 9936		
0.1	01190	59	9.00 032224 032224	22022 1			370.00	378.00	0.00 0.00	0.	00 99	10 9930		
81	87481	59	2.00 032224 032224	220224			84.00	0.00	0.00	0	00 99	18 9936		
0 ±	0,101	33	2.00 032221 032221	220221			01.00	84.00	0.00	0.		10))		
81	87491	59	1.00 032224 032224	220224			49.86	0.00	0.00	0.	00 54	90		
								49.86	0.00					
81	87511	59	1.00 032224 032224	220224			42.00	0.00	0.00	0.	00 99	18 9936		
								42.00	0.00					
81	87529	59	2.00 032224 032224	220224			99.72	0.00	0.00	0.	00 99	18 9936		
								99.72	0.00					
81	87591	59	1.00 032224 032224	220224			42.00	0.00	0.00	0.	00 99	18 9936		
								42.00	0.00					
81	87653	59	2.00 032224 032224	220224			74.14	0.00	0.00	0.	00 59	00		
0.1	0.0001	5 0	1 00 00004 00004	000004			20.20	74.14	0.00	•	00 00	10 0006		
81	87661	59	1.00 032224 032224	220224			32.30	0.00	0.00	0.	00 99	18 9936		
0.1	07563		1 00 020004 020004	000004			40 50	32.30	0.00	0	00 40	0.1		
81	87563		1.00 032224 032224	220224			42.50	0.00	0.00	0.	00 40	21		
81	87640	59	1.00 032224 032224	220224			37.07	42.50 0.00	0.00	0	00 00	10 0026		
0.1	0/040	39	1.00 032224 032224	22022 1			37.07	37.07	0.00 0.00	0.	00 99	18 9936		
81	87481	59	4.00 032224 032224	220224			168.00	0.00	0.00	0	nn aa	18 9936		
01	0/401	3,7	1.00 032221 032221	22022 1			100.00	168.00	0.00	0.		10)))		
81	87640	59	1.00 032224 032224	220224			37.07	0.00	0.00	0.	00 99	18 9936		
01	0,010	3,5	1.00 032221 032221				37.07	37.07	0.00	0.		10))		
81	87653	59	1.00 032224 032224	220224			37.07	0.00	0.00	0.	00 99	18 9936		
								37.07	0.00					
81	87798		11.00 032224 032224	220224			462.00	0.00	0.00	0.	00 99	18 9936		
								462.00	0.00					
81	87641	59	1.00 032224 032224	220224			37.07	0.00	0.00	0.	00 99	18 9936		
								37.07	0.00					
81	87798		2.00 032224 032224	220224			84.00	0.00	0.00	0.	00 50	00		
0.1	0.000		1 00 00004 00004	000004			10.50	84.00	0.00	•	00 00	10 0006		
81	87086		1.00 032224 032224	220224			18.53	0.00	0.00	0.	00 99	18 9936		
0.1	07106		1 00 020004 020004	000004			12 50	18.53	0.00	0	00 00	10 0026		
81	87186		1.00 032224 032224	220224			13.50	0.00	0.00	0.	00 99	18 9936		
01	07000		1 00 022224 022224	220224			0 00	13.50	0.00	0	00 00	26		
81	87088		1.00 032224 032224	∠∠∪∠∠ ¹			8.09	0.00 8.09	0.00	0.	00 99	30		
								0.09	0.00					
NAME:	PAISLEY	CLEVELAND	RECIPTENT ID	.: 530002307590	MRN:									
		55017541	I1659551			052924	1,049.12	629.64	1	419.48	0.0	0	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC				SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500				SERVICE		RENDERING			BILLED	ALLOWED	COPAY	27.72		0.00	
	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87635		1.00	052924 0	52924	220224			150.00	43.61	0.00	43.61	9918		
0.1	07406	59	1 00	052024 0	E2024	220224			42.00	106.39 28.00	0.00	20 00	0.01.0		
81	87486	59	1.00	052924 0	32924	220224			42.00	14.00	0.00	20.00	9918		
81	87498	59	1 00	052924 0	E2021	220224			37.07	22.00	0.00	22 00	9918		
OΤ	0/490	59	1.00	052524 0	32324	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	052924 0	52924	220224			42.00	28.00	0.00	28 00	9918		
01	0/301		1.00	032324 0	JZJZI	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1 00	052924 0	52924	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00	052521 0	J	220221			310.03	106.02	0.00	212.03	JJ10		
81	87640		1.00	052924 0	52924	220224			37.07	22.00	0.00	22.00	9918		
01	07010		1.00	032321 0	52521	220221			37.07	15.07	0.00	22.00	JJ 10		
81	87641	59	1.00	052924 0	52924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87651	59	1.00	052924 0	52924	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
81	87798		8.00	052924 0	52924	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
NAME:	JEREMIA				ENT ID	.: 530002376970	MRN:								
	20241	56025137	I166096				053024	053024	23.00			13.00	0.00	0.00	10.00
				SERVICE		RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	82247	59	1.00	053024 0	53024	220224			8.00	5.00	0.00	5.00	9918		
										3.00	0.00				
81	82248		1.00	053024 0	53024	220224			15.00	5.00	0.00	5.00	9918		
										10.00	0.00				
NT 7\ N (T.) •		CODD		DEGIDI	ים מותי	. [20001575056	N/ID NT •								
NAME •	MARINA		T165055		ENI ID	.: 530001575856	MRN:	001604	40 10	27 00		12 02	0 00	0 00	27 00
	202 4 1	55017557	I165955	SERVICE	ראהבכ	RENDERING	021624	021624	40.12 BILLED	27.09 ALLOWED	COPAY	13.03	0.00	0.00	27.09
DOG :	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBG	
	87086	MODIFIERS		021624 0					18.53	10.00	0.00		9918	OBS	
01	07000		1.00	021024 0	21021	220224			10.55	8.53	0.00	10.00	J J ± 0		
81	87186		1 00	021624 0	21624	220224			13.50	9.00	0.00	9 00	9918		
0 1	3,100		1.00	021021 0	21021	220221			13.30	4.50	0.00	2.00	J J ± U		
81	87088		1.00	021624 0	21624	220224			8.09	8.09	0.00	8.09			
	2.000		1.00	55-1 0					0.00	0.00	0.00	3.03			
											3.30				
NAME:	MARINA	COBB		RECIPI	ENT ID	.: 530001575856	MRN:								
		56025143	I166096	7			021624	021624	121.07	78.00		43.07	0.00	0.00	78.00

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	AMOUNT	AMOUNT		OWED A		PL OUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 021624 021624	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87798		2.00 021624 021624	220224			84.00	56.00 28.00	0.00	56.00	9918		
NAME: MARINA C	COBB	RECIPIENT ID	.: 530001575856	MRN:								
202415	58028738	I1664328		021624	021624	578.14	380.00		198.14	0.00	0.00	380.00
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	PAID			
POS PROC CD 81 87481		UNITS FROM THRU 1.00 021624 021624	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	0.00	28.00			
01 07101		1.00 021021 021021	220221			12.00	14.00	0.00	20.00	JJ 10		
81 87640	59	1.00 021624 021624	220224			37.07	22.00	0.00	22.00	9918		
01 07653	F.O.	1 00 001604 001604	RENDERING PROVIDER 220224 220224 220224			27 07	15.07	0.00	22.00	0.01.0		
81 87653	59	1.00 021624 021624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	59	11.00 021624 021624				462.00	308.00 154.00	0.00	308.00	9918		
	COBB	RECIPIENT ID	.: 530000441696	MRN:	050004	40.06	00.00		01 06	0.00	0.00	00.00
202414	19019574	RECIPIENT ID 11651872 SERVICE DATES	PENDEBING	052224	052224	49.86 BILLED	28.00	$C \cap D X V$	21.86	0.00	0.00	28.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	ALLOWED NON-AlloWED	TPL	PAID	DETAIL EOBS		
81 87651		1.00 052224 052224	PROVIDER 220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
NAME: NEVAEH C	COCHRAN	RECIPIENT ID	: 530001313346	MRN:								
	56025154	I1660968	550001515510	052324	052324	124.16	77.53		46.63	0.00	0.00	49.53
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED					
81 87491	59	1.00 052324 052324	220224			AMOUNT 49.86 42.00	28.00 21.86	0.00	0.00	5490		
81 87591	59	1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918		
01 07371		1.00 032321 032321				12.00	14.00	0.00	20.00	JJ 10		
81 87661		1.00 052324 052324	220224			32.30	21.53		21.53	9918		
							10.77	0.00				
NAME: MASON CO	OCKREI.T.	RECIPIENT ID	: 530002228453	MRN:								
	58028757	I1664330	330002220433	050224	050224	76.32	34.00		42.32	0.00	0.00	34.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				- · · · ·
POS PROC CD			PROVIDER			AMOUNT				DETAIL EOBS		
81 83540		1.00 050224 050224	220224			9.71	7.00 2.71	0.00	7.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(OPAY MOUNT	TPL AMOUNT	PAID AMOUNT
			NDERING		BILLED	ALLOWED	COPAY				
POS PROC CI) MODIFIERS		OVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC)BS	
81 83550		1.00 050224 050224 220	0224		13.11	10.00	0.00	10.00	9918		
81 82728		1.00 050224 050224 220	0224		40.00	3.11 13.00	0.00 0.00	13.00	0010		
01 02720		1.00 030224 030224 220	0224		1 0.00	27.00	0.00	13.00	9910		
81 36415		1.00 050224 050224 220	0224		4.50	0.00	0.00	0.00	3323		
01 00110						4.50	0.00		3323		
81 85049		1.00 050224 050224 220	0224		9.00	4.00	0.00	4.00	9918		
						5.00	0.00				
11714E - 1 71EO1		DEGIDIEME ID . [520000100464 MDN.								
NAME: LANDON	1 COFFEY 1152026422	RECIPIENT ID.: 5		052824	899.12	586.03		313.09	0.00	0.00	586.03
202	1132020422		NDERING	032024	BILLED	ALLOWED	COPAY	313.09	0.00	0.00	300.03
POS PROC CI	MODIFIERS		OVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
81 87486			0224		42.00	28.00	0.00	28.00		,20	
0_ 0,100						14.00	0.00		,,,,		
81 87498	59	1.00 052824 052824 220	0224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 052824 052824 220	0224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 052824 052824 220	0224		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 052824 052824 220	0224		37.07	22.00	0.00	22.00	9918		
01 07641	F.O.	1 00 050004 050004 000	0004		27 07	15.07	0.00	00.00	0010		
81 87641	59	1.00 052824 052824 220	0224		37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 052824 052824 220	0224		49.86	15.07 28.00	0.00	28.00	0010		
01 07031	39	1.00 052024 052024 220	0224		49.00	21.86	0.00	20.00	9910		
81 87798		8.00 052824 052824 220	0224		336.00	224.00	0.00	224.00	9918		
01 07770		0.00 002021 002021 220			330.00	112.00	0.00	221.00	JJ 10		
NAME: JAMIR	COHEN	RECIPIENT ID.: 5	530001619600 MRN:								
2024	156025165	I1662060	052324	052324	127.02	78.93		48.09	0.00	0.00	78.93
		SERVICE DATES REN			BILLED		COPAY		_	_	
POS PROC CI) MODIFIERS		OVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC)BS	
81 83540		1.00 052324 052324 220	0224		9.71	7.00	0.00	7.00	9918		
01 02550		1 00 052224 052224 220	0334		10 11	2.71	0.00	10 00	0010		
81 83550		1.00 052324 052324 220	UZZ 1		13.11	10.00 3.11	0.00 0.00	10.00	ヲ ヲ⊥٥		
81 82728		1.00 052324 052324 220	0224		40.00	13.00	0.00	13.00	9918		
01 02/20		1.00 002021 002021 220	V = 2 1		10.00	27.00	0.00	13.00	J J ± U		
						= / • 00	3.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC AT.I		COPAY	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				11100111
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81	83036		1.00	052324 052324	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81	84443		1.00	052324 052324	220224			25.20	22.93	0.00	22.93	9918		
0.4	0.4.4.0.0							10.00	2.27	0.00				
81	84439		1.00	052324 052324	220224			13.00	9.00	0.00	9.00	9918		
0.1	05007		1 00	050204 050204	000004			10.00	4.00	0.00	F 00	0.01.0		
81	85027		1.00	052324 052324	220224			12.00	5.00	0.00	5.00	9918		
									7.00	0.00				
NAME:	ARIEANA	COLF		ספירסדפאיי דה	.: 530000714849	MRN:								
IVAI:IE •		.58028776	I166433		330000711019	050824	050824	715 12	417.64		297.48	0.00	0.00	417.64
	20211	.50020770	1100133	SERVICE DATES	RENDERING	030021	030021	BILLED	ALLOWED	COPAY	257.10	0.00	0.00	117.01
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	BS	
	87635			050824 050824	220224			150.00	43.61	0.00	43.61			
									106.39	0.00				
81	87498	59	1.00	050824 050824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	050824 050824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	050824 050824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87798		4.00	050824 050824	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
373367				D-01-D-1-1-1 T-D		147217								
NAME:	JHERIMA		T16F220		.: 530000915350	MRN:	050204	1 040 10	629.64		410 40	0 00	0 00	600 64
	20241	.50023102	I165330	SERVICE DATES	RENDERING	052324	052324	BILLED	ALLOWED	COPAY	419.48	0.00	0.00	629.64
DOG	DROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC)BC	
	87635	MODIFIERD		052324 052324	220224			150.00	43.61	0.00	43.61		700	
01	07033		1.00	032321 032321	220221			130.00	106.39	0.00	13.01	JJ±0		
81	87486	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
0_	0, 100			001011 001011					14.00	0.00		,,,,		
81	87498	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052324 052324	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

]	ICN	PAT ACCT NO.	RENDERING	SERVICE FROM			ALLOWED AMOUNT ALLOWED		OWED A		TPL AMOUNT	PAID AMOUNT
POS PROC CD MOI 81 87641 59		UNITS FROM THRU	PROVIDER				NON-AllOWED	\mathtt{TPL}		DETAIL EO	BS	
81 87651 59		1.00 052324 052324					28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052324 052324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: MARY COLE	17560	RECIPIENT ID.	: 530001933002	MRN:	050224	174 22	116 22		FO 11	0.00	0.00	116 00
202415501		I1659561 SERVICE DATES	RENDERING			BILLED	116.22 ALLOWED		58.11	0.00	0.00	116.22
POS PROC CD MOI 81 G0482	DIFIERS		PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22	\mathtt{TPL}	116.22		BS	
NAME: MARLON COLI 202415501		RECIPIENT ID.		MRN: 052924	052924	20.00	14.00	CODAN	6.00	0.00	0.00	14.00
POS PROC CD MOI 81 80061	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224			AMOUNT 20.00	ALLOWED NON-AlloWED 14.00 6.00	\mathtt{TPL}		DETAIL EO	BS	
		RECIPIENT ID.	: 530000853885	MRN:								
202415802	28794	I1664343 SERVICE DATES	RENDERING	040224	040224		22.00 ALLOWED		15.07	0.00	0.00	22.00
POS PROC CD MOI 81 87653 59	DIFIERS	UNITS FROM THRU 1.00 040224 040224	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	\mathtt{TPL}	PAID 22.00		BS	
NAME: ANDREW COLI 202415002		RECIPIENT ID. 11653311 SERVICE DATES			052324	342.02	217.53			0.00	0.00	189.53
POS PROC CD MOI	DIFIERS	SERVICE DATES INTES FROM THRII	RENDERING PROVIDER			BILLED AMOUNT				DETAIL EO	B.S.	
81 87798		UNITS FROM THRU 3.00 052324 052324	220224			126.00		0.00	84.00			
81 87491 59		1.00 052324 052324	220224			49.86	28.00 21.86	0.00		5490		
81 87511 59		1.00 052324 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59		1.00 052324 052324	220224			49.86	28.00 21.86	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

PAGE:

DATE: 06/07/2024

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FROM THRU AMOUNT AMOUNT ALLOWED AMOUNT AMOUNT AMOU SERVICE DATES RENDERING BILLED ALLOWED COPAY	'NT AMOUNT
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87591 59 1.00 052324 052324 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00	
81 87661 59 1.00 052324 052324 220224 32.30 21.53 0.00 21.53 9918 10.77 0.00	
NAME: KYRA COLLINS RECIPIENT ID.: 530002333169 MRN:	
2024150023140 I1653316	0.00 586.03
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
$81 87486 59 \qquad \qquad 1.00 052324 052324 220224 \qquad \qquad 42.00 \qquad 28.00 \qquad 0.00 \qquad 28.00 9918 \qquad \qquad 14.00 \qquad 0.00$	
81 87498 59 1.00 052324 052324 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87581 59 1.00 052324 052324 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
81 87633 1.00 052324 052324 220224 318.05 212.03 0.00 212.03 9918	
106.02 0.00	
81 87640 1.00 052324 052324 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
$81 87641 59 \qquad \qquad 1.00 052324 052324 220224 \qquad \qquad 37.07 \qquad 22.00 \qquad 0.00 \qquad 22.00 9918 \qquad \qquad 15.07 \qquad 0.00$	
15.07 0.00 81 87651 59 1.00 052324 052324 220224 49.86 28.00 0.00 28.00 9918	
21.86 0.00	
81 87798 8.00 052324 052324 220224 336.00 224.00 0.00 224.00 9918	
112.00 0.00	
NAME: RONESHA COLLINS RECIPIENT ID.: 530000944041 MRN:	0.00 10.00
2024158028803	0.00 12.00
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 84702 1.00 060424 060424 220224 22.58 12.00 0.00 12.00 9918	
10.58 0.00	
81 36415 1.00 060424 060424 220224 4.50 0.00 0.00 0.00 3323	
4.50 0.00	
NAME: SEVYN COLLINS RECIPIENT ID.: 530002084533 MRN:	0.00
2024158028826 I1664342 060424 060424 1,049.12 629.64 419.48 0.00	0.00 629.64
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AlloWED TPL PAID DETAIL EOBS	
81 87635 1.00 060424 060424 220224 150.00 43.61 0.00 43.61 9918	
106.39 0.00	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87486	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
01 00000		1 00 060404 060404	000004			210 05	14.00	0.00	010 00	0010		
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 060404 060404	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
01 07641	E O	1 00 060424 060424	220224			27 07	15.07	0.00	22.00	0010		
81 87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 060424 060424	220224			49.86	15.07 28.00	0.00 0.00	29 00	9918		
81 87051	59	1.00 000424 000424	220224			49.00	21.86	0.00	20.00	9910		
81 87798		8.00 060424 060424	220224			336.00	224.00	0.00	224 00	9918		
01 07790		0.00 000424 000424	220224			330.00	112.00	0.00	224.00	9910		
							112.00	0.00				
NAME: ELLIS CO)T _i VTN	RECIPTENT ID).: 530002186970	MRN:								
	6025180	I1660975			052324	899.12	586.03	3	313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
	59	1.00 052324 052324	220224			42.00	28.00	0.00		9918		
							14.00	0.00				
81 87498	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87640	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 052324 052324	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87641	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
01 08651		1 00 050004 050004	000004			10.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 052324 052324	220224			49.86	28.00	0.00	28.00	9918		
0.1		0 00 050004 050004	000004			226.00	21.86	0.00	004 00	0010		
81 87798		8.00 052324 052324	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: PENELOPE	т СОМОтт	חהטוחוטיים דר).: 530002142780	MRN:								
	8028837	RECIPIENT II	7. • 33000ZI4Z/80		060424	614.98	402.03	,	212.95	0.00	0.00	402.03
202413	0020037	TT001311		000424	000121	014.00	7UZ.UJ	4	· エ ム ・ ノ ノ	0.00	0.00	402.UJ

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87498	MODIFIERS 59	SERVICE DA UNITS FROM 1.00 060424 060	THRU PROVIDER			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID	DETAIL EO 9918		
81	87581	59	1.00 060424 060	0424 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87633		1.00 060424 060	0424 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 060424 060	0424 220224			168.00	112.00 56.00	0.00	112.00	9918		
81	87651		1.00 060424 060	0424 220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME	: AIDEN C	ONNER 58028861	RECIPIEN	TT ID.: 530000515283		060324	29.34	16.00)	13.34	0.00	0.00	16.00
POS 81	PROC CD 80053	MODIFIERS	SERVICE DA UNITS FROM T 1.00 060324 060	THRU PROVIDER			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EO: 9918	BS	
81	36415		1.00 060324 060	324 220224			4.50	3.84 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81	85049		1.00 060324 060	324 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME	: AIDEN C 20241	ONNER 59025537	RECIPIEN 11665673 SERVICE DA	T ID.: 530000515283		060324	100.00 BILLED	62.00) COPAY	38.00	0.00	0.00	62.00
	PROC CD 86665	MODIFIERS		THRU PROVIDER			AMOUNT 70.00	NON-AllOWED 44.00 26.00	TPL 0.00 0.00	PAID 44.00		BS	
81	86664		1.00 060324 060	324 220224			30.00	18.00 12.00	0.00	18.00	9918		
NAME		CONTRERAS MAR 50023173	RTI RECIPIEN 11656323	T ID.: 530000667781		052424	101.69	70.93	3	30.76	0.00	0.00	70.93
POS 81	PROC CD 80053	MODIFIERS	SERVICE DA	THRU PROVIDER	032121	032121	BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EO		70.33
81	80061		1.00 052424 052	2424 220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00 052424 052	2424 220224			25.20	22.93 2.27	0.00	22.93	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS	
81	84436	59		052424 052424				10.00	7.00	0.00		9918	ПОДО	
01	01100		1.00	002121 002121	220221			10.00	3.00	0.00	,	3310		
81	83525		1.00	052424 052424	220224			17.15	11.00	0.00	11.00	9918		
0_	00010			001111 001111					6.15	0.00		2220		
81	36415		1.00	052424 052424	220224			4.50	0.00	0.00	0.00	3323		
0_	3 4 1 2 3			001111 001111					4.50	0.00	0.00	3323		
81	85049		1.00	052424 052424	220224			9.00	4.00	0.00	4.00	9918		
-									5.00	0.00				
NAME:	: ANIYAH	COOK		RECIPIENT I	o.: 500001872009	MRN:								
		58028898	I166434			060324	060324	141.04	102.93		38.11	0.00	0.0	0 102.93
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	80053		1.00	060324 060324	220224			15.84	12.00	0.00	12.00	9918		
									3.84	0.00				
81	82306		1.00	060324 060324	220224			44.00	29.00	0.00	29.00	9918		
									15.00	0.00				
81	83036		1.00	060324 060324	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81	80061		1.00	060324 060324	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81	84443		1.00	060324 060324	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
81	84439		1.00	060324 060324	220224			13.00	9.00	0.00	9.00	9918		
									4.00	0.00				
81	85049		1.00	060324 060324	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
NAME:	: KINGSTO	N COOK		RECIPTENT I	D.: 530001654204	MRN:								
		50023193	I165333			052224	052224	43.34	28.00		15.34	0.00	0.0	0 28.00
		0000000		SERVICE DATES	RENDERING	00	00222	BILLED	ALLOWED	COPAY	10101			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
	80053			052224 052224				15.84	12.00	0.00	12.00			
									3.84	0.00				
81	83036		1.00	052224 052224	220224			14.00	12.00	0.00	12.00	9918		
			3 0		-				2.00	0.00				
81	36415		1.00	052224 052224	220224			4.50	0.00	0.00	0.00	3323		
			3 0		-			30	4.50	0.00	2.00			
81	85049		1.00	052224 052224	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	AN COOK 4150023206	RECIPIENT ID.: 11656325	C	MRN: 052424	052424		474.00		248.67	0.00	0.00	474.00
POS PROC C 81 87481	D MODIFIERS 59	SERVICE DATES RE UNITS FROM THRU PR 4.00 052424 052424 22	ROVIDER 20224			AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00		DBS	
81 87640	59	1.00 052424 052424 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 052424 052424 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 052424 052424 22	20224				308.00 154.00	0.00	308.00	9918		
81 87086		1.00 052424 052424 22	20224			18.53	10.00 8.53	0.00	10.00	9918		
	Н СООК 4150023217	RECIPIENT ID.: 11656326	C	MRN: 041224	041224		22.00		15.07	0.00	0.00	22.00
	D MODIFIERS 59	SERVICE DATES RE UNITS FROM THRU PR 1.00 041224 041224 22	ROVIDER				NON-AllOWED 22.00		PAID 22.00		DBS	
	NA COOPER 4159025562	RECIPIENT ID.: 11665675	C	MRN: 060524	060524		586.03		313.09	0.00	0.00	586.03
מס שמס כ	D MODIFIERS	SERVICE DATES RE UNITS FROM THRU PR				BILLED AMOUNT		COPAY TPL	PAID	הפתאדו פל)DC	
81 87486			20224			42.00	28.00 14.00	0.00	28.00		Cal	
81 87498	59	1.00 060524 060524 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87640	59	1.00 060524 060524 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060524 060524 22	20224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060524 060524 22	20224			318.05		0.00	212.03	9918		
81 87641	59	1.00 060524 060524 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 060524 060524 22	20224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060524 060524 22	20224			336.00	224.00 112.00	0.00	224.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN-	- PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: RYLEE CORLEY 202415701100		D.: 530000575023	MRN: 060324	060324	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFI					AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87486 59	1.00 060324 060324				42.00	28.00	0.00	28.00			
		-				14.00	0.00				
81 87498 59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581 59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633	1.00 060324 060324	220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641 59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651 59	1.00 060324 060324	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.00.050204.050204	000004			226.22	21.86	0.00	004 00	0010		
81 87798	8.00 060324 060324	220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: OLIVER CORNELI	TO DECIDIENT I	D.: 530001533354	MRN:								
202415002323		.D.: 530001533354		052224	222.58	50.00	1	172.58	0.00	0.00	46.00
202413002323	SERVICE DATES	RENDERING	032224	032224	BILLED	ALLOWED	COPAY	1/2.50	0.00	0.00	40.00
POS PROC CD MODIFI					AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 84156	1.00 052224 052224				8.00	4.00	0.00		9918	пово	
01 01130	1.00 032221 032221				0.00	4.00	0.00	1.00	7710		
81 82570	1.00 052224 052224	220224			8.00	6.00	0.00	6.00	9918		
						2.00	0.00				
81 83069	1.00 052224 052224	220224			8.00	4.00	0.00	4.00	9918		
						4.00	0.00				
81 84311	2.00 052224 052224	220224			32.00	14.00	0.00	14.00	9918		
						18.00	0.00				
81 82010	1.00 052224 052224	220224			16.00	0.00	0.00	0.00	4524		
						16.00	0.00				
81 82945	1.00 052224 052224	220224			8.00	4.00	0.00	4.00	9918		
						4.00	0.00				
81 82247 59	1.00 052224 052224	220224			8.00	5.00	0.00	5.00	9918		
0.1	1 00 0=0001 0=000	000004				3.00	0.00	2 22	0010		
81 83986	1.00 052224 052224	220224			7.00	3.00	0.00	3.00	9918		
						4.00	0.00				

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

LAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
AL 35235-2718	ISSUE DATE	06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD 81 81007	MODIFIERS	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 120.00	ALLOWED NON-AlloWED 4.00 116.00	COPAY	PAID 0.00			
81 82043	QW	1.00 052224 052224 2	220224			7.58	6.00 1.58	0.00		9918		
NAME: CAROLIN 20241	E CORONADO 49019582	RECIPIENT ID.: 11651882		MRN: 010224	010224	49.86	28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651		SERVICE DATES R UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED	COPAY TPL	PAID 28.00	DETAIL EOBS		
NAME: KAYSTEN 20241	COVINGTON 49019589	RECIPIENT ID.: 11651884 SERVICE DATES R		MRN: 051424	051424	713.12 BILLED	109.06 ALLOWED	COPAY	604.06	0.00	221.43	109.06
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU P	PROVIDER 220224			AMOUNT 42.00	NON-Allowed 6.25 35.75			DETAIL EOBS 9918 9936	5	
81 87498	59	1.00 051424 051424 2	220224			37.07	6.25 30.82	0.00		9918 9936		
81 87581	59	1.00 051424 051424 2	220224			42.00	6.25 35.75	0.00	6.25	9918 9936		
81 87633		1.00 051424 051424 2	220224			318.05	61.11 256.94	0.00	61.11	9918 9936		
81 87640		1.00 051424 051424 2	220224			37.07	6.25 30.82	0.00	6.25	9918 9936		
81 87641		1.00 051424 051424 2				37.07	6.25 30.82	0.00		9918 9936		
81 87651	59	1.00 051424 051424 2				49.86	6.25 43.61	0.00		9918 9936		
81 87635		1.00 051424 051424 2	220224			150.00	10.45 139.55	0.00	10.45	9918 9936		
NAME: BRYLA C 20241	OX 50023255	RECIPIENT ID.: 11656330 SERVICE DATES R		MRN: 052224	052224	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU P	PROVIDER 220224			AMOUNT 150.00	NON-AllowED 43.61 106.39	TPL 0.00 0.00		DETAIL EOBS 5001 9918	5	
81 87486	59	1.00 052224 052224 2	220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THE	U PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87498	59	1.00	052224 05222	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052224 05222	4 220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052224 05222	4 220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052224 05222	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052224 05222	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052224 05222	4 220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052224 05222	4 220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:					ID.: 530002307970		050004	10 50	10.00		0 50	0 00	0.00	10.00
	20241	50023270	I165633		~	052324	052324		10.00		8.53	0.00	0.00	10.00
D00	DD 0 G GD	W0D TETED 0		SERVICE DATE				BILLED	ALLOWED		D. T. T.			
		MODIFIERS	UNITS		U PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87086		1.00	052324 05232	4 220224			18.53			10.00	9918		
									8.53	0.00				
MANT.	AVERY C	מגעטאיםסי		DECTDTENT	ID.: 530000856541	MRN:								
MAINE .		.50023283	I165337		10. 330000030341	050624	050624	999 12	586.03		313.09	0.00	0.00	586.03
	20241	20023203	1103337	SERVICE DATE	S RENDERING	030024	030024	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300:03
DUG	PROC CD	MODIFIERS	UNITS	FROM THE				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORS	
	87486	59		050624 05062				42.00	28.00	0.00		9918	HODD	
01	07100		1.00	030021 03002	1 220221			12.00	14.00	0.00	20.00	JJ±0		
81	87498	59	1 00	050624 05062	4 220224			37.07	22.00	0.00	22 00	9918		
0 1	07100	3,7	1.00	030021 03002	1 220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1 00	050624 05062	4 220224			42.00	28.00	0.00	28 00	9918		
01	0,301		1.00	030021 03002	1 220221			12.00	14.00	0.00	20.00	,,,,		
81	87633		1.00	050624 05062	4 220224			318.05		0.00	212.03	9918		
0_	0,000			000021 00002				320,00	106.02	0.00		,,,,		
81	87640		1.00	050624 05062	4 220224			37.07	22.00	0.00	22.00	9918		
~ -								2,	15.07	0.00				
81	87641	59	1.00	050624 05062	4 220224			37.07	22.00	0.00	22.00	9918		
= -		-	_ : 3 €		- -				15.07	0.00				
81	87651	59	1.00	050624 05062	4 220224			49.86	28.00	0.00	28.00	9918		
= -		-	_ : 3 €		- -				21.86	0.00				
									·	-				

REPORT: CRA-PRPD-R 3551548 RA#:

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 050624 050624 220224			BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EOBS 9918	5	
NAME: DRAKE C 20241	REWS 58028925	RECIPIENT ID.: 5300013 I1664359		041624	93.84	67.00		26.84	0.00	0.00	67.00
	W05.TETEE.G	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	DDD3.77 D0D4	~	
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL EOBS	5	
01 00033		1.00 041024 041024 220224			13.04	3.84	0.00	12.00	9910		
81 82306		1.00 041624 041624 220224			44.00	29.00	0.00	29.00	9918		
						15.00	0.00				
81 83036		1.00 041624 041624 220224			14.00	12.00	0.00	12.00	9918		
81 80061		1.00 041624 041624 220224			20.00	2.00 14.00	0.00	14.00	9918		
01 00001		1.00 011021 011021 220221			20.00	6.00	0.00	11.00	2210		
			10106								
NAME: ISAIAH	CROF"1' .55017620	RECIPIENT ID.: 5300019 I1659582		051624	712 12	40.00		673.12	0.00	290.49	40.00
20241	.55017620	SERVICE DATES RENDERING		031024	BILLED	ALLOWED	COPAY	0/3.12	0.00	290.49	40.00
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS	5	
81 87635		1.00 051624 051624 220224			150.00	5.00	0.00	5.00	9918 9936		
81 87486	59	1.00 051624 051624 220224			42.00	145.00 5.00	0.00	E 00	9918 9936		
01 07400	59	1.00 031024 031024 220224			42.00	37.00	0.00	5.00	9910 9930		
81 87498	59	1.00 051624 051624 220224			37.07	5.00	0.00	5.00	9918 9936		
						32.07	0.00				
81 87581	59	1.00 051624 051624 220224			42.00	5.00 37.00	0.00	5.00	9918 9936		
81 87633		1.00 051624 051624 220224			318.05	5.00	0.00	5.00	9918 9936		
						313.05	0.00				
81 87640		1.00 051624 051624 220224			37.07	5.00	0.00	5.00	9918 9936		
81 87641	5.9	1.00 051624 051624 220224			37.07	32.07 5.00	0.00	5 00	9918 9936		
01 07011	33	1.00 031021 031021 220221			37.07	32.07	0.00	3.00	JJ10 JJ30		
81 87651	59	1.00 051624 051624 220224			49.86	5.00	0.00	5.00	9918 9936		
						44.86	0.00				
NAME: KRYSTLE	CROFT	RECIPIENT ID.: 5300010	24909 MRN:								
	56025195	I1662080	053124	053124	108.54	63.93		44.61	0.00	0.00	63.93
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			~	
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL EOBS	5	
81 80053		1.00 053124 053124 220224			15.64	3.84	0.00	12.00	プ プエO		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT A	TPL MOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	COPAY TPL	PAID	DETAIL EOE	20	
81	82728	MODIFIERS		053124 053124	220224			40.00	13.00	0.00	13.00		00	
0 ±	02720		1.00	000121 000121	220221			10.00	27.00	0.00	13.00	JJ 10		
81	83036		1.00	053124 053124	220224			14.00	12.00	0.00	12.00	9918		
					-				2.00	0.00				
81	84443		1.00	053124 053124	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
81	36415		1.00	053124 053124	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
81	85049		1.00	053124 053124	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
		D0001 FII			- 520001106045	14727								
NAME	: ARIEL C		T166000		.: 530001196945	MRN:	052104	100 54	00 02		22 61	0 00	0 00	00 03
	20241	56025212	I166208		DEMDEDING	053124	053124	123.54	89.93		33.61	0.00	0.00	89.93
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOR	o C	
81	80053	MODIFIERS		053124 053124				15.84	12.00	0.00	12.00		00	
01	00055		1.00	033124 033124	22022 1			13.01	3.84	0.00	12.00	9910		
81	82306		1 00	053124 053124	220224			44.00	29.00	0.00	29.00	9918		
01	02300		1.00	000121 000121	220221			11.00	15.00	0.00	27.00	JJ 10		
81	83036		1.00	053124 053124	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81	80061		1.00	053124 053124	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81	84443		1.00	053124 053124	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
81	36415		1.00	053124 053124	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
NAME	: DAMIEN		-166000		.: 530001196946	MRN:	050104	100 54	00.00		22 61	0.00	0 00	22.22
	20241	56025224	I166208		D = 11D = D = 1140	053124	053124	123.54	89.93		33.61	0.00	0.00	89.93
DOG	DD 0.0 CD	MODIFIED	TINTE C	SERVICE DATES				BILLED	ALLOWED	COPAY			. C	
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOE	35	
81	80053		1.00	053124 053124	220224			15.84	12.00	0.00	12.00	9918		
0.1	02206		1 00	052124 052124	220224			44 00	3.84	0.00	20.00	0.01.0		
81	82306		1.00	053124 053124	44U44			44.00	29.00 15.00	0.00 0.00	∠9.00	9918		
81	83036		1 00	053124 053124	220224			14.00	12.00	0.00	12.00	9918		
OΤ	03030		1.00	000124 000124	44U44T			14.00	2.00	0.00	12.00	99±0		
81	80061		1 00	053124 053124	220224			20.00	14.00	0.00	14.00	9918		
0.1	00001		1.00	000121	22022			20.00	6.00	0.00	11.00	J J ± U		
									0.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

RA#:

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 118

		ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
	PROC CD 84443	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 053124 053124 22022	DER		BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93 2.27	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL EOBS 9918	5	
81	36415		1.00 053124 053124 22022	4		4.50	0.00 4.50	0.00	0.00	3323		
		59022092	RECIPIENT ID.: 530 I1665681		052824	563.12	0.00		563.12	0.00	298.81	0.00
POS 1	PROC CD 87486	MODIFIERS 59	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 052824 052824 22022	DER		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 0.00 42.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936	5	
81	87498	59	1.00 052824 052824 22022	4		37.07	0.00 37.07	0.00	0.00	9918 9936		
81	87640	59	1.00 052824 052824 22022	4		37.07	0.00 37.07	0.00	0.00	9918 9936		
81	87581	59	1.00 052824 052824 22022	4		42.00	0.00 42.00	0.00	0.00	9918 9936		
81	87633		1.00 052824 052824 22022	4		318.05	0.00 318.05	0.00	0.00	9918 9936		
81	87641	59	1.00 052824 052824 22022	4		37.07	0.00 37.07	0.00	0.00	9918 9936		
81	87651	59	1.00 052824 052824 22022	4		49.86	0.00 49.86	0.00	0.00	9918 9936		
NAME:	TAYLOR 20241	CRUMP 59022111	RECIPIENT ID.: 530 I1665682	052324	052324		34.07		707.14	0.00	306.85	34.07
DOG 1	משטכ כה	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS	2	
	87481	59	4.00 052324 052324 22022			168.00	7.57 160.43	0.00		9918 9936	,	
81	87640	59	1.00 052324 052324 22022	4		37.07	1.89 35.18	0.00	1.89	9918 9936		
81	87653	59	1.00 052324 052324 22022	4		37.07	1.89 35.18	0.00	1.89	9918 9936		
81	87798		11.00 052324 052324 22022	4		462.00	20.83 441.17	0.00	20.83	9918 9936		
81	87641	59	1.00 052324 052324 22022	4		37.07	1.89 35.18	0.00	1.89	9918 9936		
NAME:	ZEKE CR 20241	UZ 59022134	RECIPIENT ID.: 530 I1665683		051824	713.12	40.00		673.12	0.00	290.49	40.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	BS	
81 87635	HODII IIKO	1.00 051824 051824	220224			150.00	5.00	0.00		9918 9936		
							145.00	0.00				
81 87486	59	1.00 051824 051824	220224			42.00	5.00	0.00	5.00	9918 9936		
							37.00	0.00				
81 87498	59	1.00 051824 051824	220224			37.07	5.00	0.00	5.00	9918 9936	1	
							32.07	0.00				
81 87581	59	1.00 051824 051824	220224			42.00	5.00	0.00	5.00	9918 9936	1	
01 07622		1 00 051004 051004	000004			210 05	37.00	0.00	Г 0/	0010 0036		
81 87633		1.00 051824 051824	220224			318.05	5.00	0.00	5.00	9918 9936	1	
81 87640		1.00 051824 051824	220224			37.07	313.05 5.00	0.00	5 00	9918 9936		
01 0/040		1.00 031824 031824	22022 1			37.07	32.07	0.00	5.00	7910 9930		
81 87641	59	1.00 051824 051824	220224			37.07	5.00	0.00	5 00	9918 9936		
01 07011	33	1.00 031021 031021	220221			37.07	32.07	0.00	3.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
81 87651	59	1.00 051824 051824	220224			49.86	5.00	0.00	5.00	9918 9936	I	
							44.86	0.00				
NAME: ZEA CUE			.: 530001570654	MRN:	0=0004	10.10	27.00		10.00			27.22
20241	56025236	I1662085	D = 110 = D = 110	052924	052924	40.12	27.09		13.03	0.00	0.00	27.09
DOG DDOG GD	MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		D.C.	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
81 87086		1.00 052924 052924	220224			18.53	10.00 8.53	0.00	10.00	9918		
81 87186		1.00 052924 052924	220224			13.50	9.00	0.00	9 00	9918		
01 07100		1.00 032724 032724	22022 1			13.30	4.50	0.00	J.00	7 7 7 2 1 0		
81 87088		1.00 052924 052924	220224			8.09	8.09	0.00	8.09)		
0_ 0.000							0.00	0.00	0.0.			
NAME: BRITLEY	CULBERSON	RECIPIENT ID	.: 530001433125	MRN:								
20241	56025252	I1662086		052524	052524	578.14	380.00		198.14	0.00	0.00	380.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	BS	
81 87481	59	1.00 052524 052524	220224			42.00	28.00	0.00	28.00	9918		
01 07640	F 0	1 00 050504 050504	000004			27 07	14.00	0.00	00.00	0010		
81 87640	59	1.00 052524 052524	ZZUZZ4			37.07	22.00	0.00	22.00	9918		
81 87653	59	1.00 052524 052524	220224			37.07	15.07 22.00	0.00	22 00	9918		
01 0/033	39	1.00 052524 052524	7707 1			37.07	15.07	0.00	۷۷.00	, <u> </u>		
81 87798	59	11.00 052524 052524	220224			462.00	308.00	0.00	308 00	9918		
01 01100	5,7	11.00 032321 032324	22021			102.00	154.00	0.00	500.00	, ,,,,,,		
							_51.55	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC			PL IOUNT	PAID AMOUNT
NAME: MILEIGHA CULLEY 2024156025261	RECIPIENT ID.: 530001187754 I1662087 SERVICE DATES RENDERING	MRN: 053124 053124	699.21 BILLED	458.00) 2 COPAY	241.21	0.00	0.00	458.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224		AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL EOBS 9918	5	
81 87640 59	1.00 053124 053124 220224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653 59	1.00 053124 053124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	11.00 053124 053124 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 053124 053124 220224		37.07	22.00 15.07	0.00 0.00	22.00			
81 87798 59	2.00 053124 053124 220224		84.00	56.00 28.00	0.00	56.00	9918		
NAME: MILEIGHA CULLEY 2024158028939	RECIPIENT ID.: 530001187754 I1664360 SERVICE DATES RENDERING	MRN: 053124 053124	40.12 BILLED	27.09 ALLOWED) COPAY	13.03	0.00	0.00	27.09
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224		AMOUNT 18.53	NON-Allowed 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918	}	
81 87186	1.00 053124 053124 220224		13.50	9.00 4.50	0.00	9.00	9918		
81 87088	1.00 053124 053124 220224		8.09	8.09 0.00	0.00	8.09			
NAME: KALEB CURRY 2024152026445	RECIPIENT ID.: 530001507739 I1658210 SERVICE DATES RENDERING	MRN: 051624 051624	208.36 BILLED	132.93 ALLOWED	3 COPAY	75.43	0.00	0.00	132.93
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 051624 051624 220224		AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918	}	
81 82306	1.00 051624 051624 220224		44.00	29.00 15.00	0.00	29.00	9918		
81 83540	1.00 051624 051624 220224		9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 051624 051624 220224		13.11	10.00	0.00	10.00	9918		
81 82728	1.00 051624 051624 220224		40.00	13.00 27.00	0.00	13.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE) C	
81 83036	1.00 051624 051624 220224		14.00		0.00		9918	SO	
				2.00	0.00				
81 80061	1.00 051624 051624 220224		20.00	14.00	0.00	14.00	9918		
81 84443	1.00 051624 051624 220224		25.20	6.00 22.93	0.00	22 93	9918		
01 01113	1.00 031021 031021 220221		23.20	2.27	0.00	22.73	JJ 10		
81 84439	1.00 051624 051624 220224		13.00	9.00	0.00	9.00	9918		
81 36415	1 00 051624 051624 220224		4.50	4.00 0.00	0.00	0.00	3323		
01 30413	1.00 051624 051624 220224		4.50	4.50	0.00	0.00	3323		
81 85049	1.00 051624 051624 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: WYNTER CURRY	RECIPIENT ID.: 53000115115	9 MRN:							
2024150023309	I1656344	052324 052324	18.53	10.00)	8.53	0.00	0.00	10.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT	NON-AllowED	TPL	PAID		3S	
81 87086	1.00 052324 052324 220224		18.53	10.00 8.53	0.00		9918		
				0.33	0.00				
NAME: K BREAUNNA CURTIS									
2024149019602	I1651894	052124 052124	26.84			13.84	0.00	0.00	13.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE	3.S	
81 82951	1.00 052124 052124 220224		19.00		0.00		9918		
				10.00	0.00				
81 82952	1.00 052124 052124 220224		7.84	4.00 3.84	0.00	4.00	9918		
				3.04	0.00				
NAME: TERESA DALTON	RECIPIENT ID.: 530002383000								
2024159022155	I1665688	060424 060424	251.92			185.92	0.00	0.00	57.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE) C	
81 80053	1.00 060424 060424 220224		15.84	12.00	0.00		9918	00	
				3.84	0.00				
81 36415	1.00 060424 060424 220224		4.50	0.00	0.00	0.00	3323		
81 85049	1.00 060424 060424 220224		9.00	4.50 4.00	0.00	4 00	9918		
01 000 1 9	1.00 000424 000424 220224		9.00	5.00	0.00	4.00	フ ラエロ		
81 84156	1.00 060424 060424 220224		8.00	4.00	0.00	4.00	9918		
				4.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500	DD 0 0 0 D	MODIFIED		SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	D		
	PROC CD 82570	MODIFIERS	UNITS	FROM THRU	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED 6.00	TPL 0.00	PAID	DETAIL 9918	EOBS	
81	02370		1.00	060424 060424					2.00	0.00	0.00	9910		
81	83069		1.00	060424 060424	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00	_,,,			
81	84311		2.00	060424 060424	220224			32.00	14.00	0.00	14.00	9918		
									18.00	0.00				
81	82010		1.00	060424 060424	220224			16.00	0.00	0.00	0.00	4524		
0.1	00045		1 00	060424 060424	220224			0 00	16.00	0.00	4 00	0010		
81	82945		1.00	060424 060424	22022 4			8.00	4.00 4.00	0.00 0.00	4.00	9918		
81	82247	59	1.00	060424 060424	220224			8.00	5.00	0.00	0.00	5472		
0-	0			000121 000121					3.00	0.00		0 1 / 1		
81	83986		1.00	060424 060424	220224			7.00	3.00	0.00	3.00	9918		
									4.00	0.00				
81	81007		2.00	060424 060424	220224			120.00	4.00	0.00	0.00	5900		
0.1	02042	OM	1 00	060424 060424	220224			7 50	116.00	0.00	6 00	0010		
81	82043	QW	1.00	060424 060424	22022 4			7.58	6.00 1.58	0.00	6.00	9918		
									1.50	0.00				
NAME:	GRACELY	NN DAMPIER		RECIPIENT ID	.: 530002103960	MRN:								
	20241	49019612	I165189			052224	052224		586.03		313.09	0.00	0.00	586.03
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
OΤ	87486	59	1.00	052224 052224	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87498	59	1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052224 052224	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1 00	052224 052224	220224			37.07	106.02 22.00	0.00	22.00	0010		
OΤ	0/040		1.00	032224 032224	22022 1			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00	052224 052224	220224			37.07		0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052224 052224	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052224 052224	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	GRACEI,Y	NN DAMPIER		RECIPIENT ID	.: 530002103960	MRN:								
		50023318	I165340				052224	319.55	213.03	3	106.52	0.00	0.00	213.03

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NO ALL			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		BILLED AMOUNT 319.55	ALLOWED NON-AllOWED 213.03 106.52				3	
NAME: NEVAEH DANIEL 2024152026465	RECIPIENT ID.: 530000933774 I1658215 SERVICE DATES RENDERING	MRN: 052824 052824	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87486 59				28.00	0.00		9918	•	
81 87498 59				22.00 15.07	0.00		9918		
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 052824 052824 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 052824 052824 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 052824 052824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TYLAR DANIEL 2024158028963	RECIPIENT ID.: 530002312952 I1664368 SERVICE DATES RENDERING	MRN: 052324 052324	125.00 BILLED	55.48 ALLOWED	COPAY	69.52	0.00	0.00	55.48
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED		PAID	DETAIL EOBS	!	
	1.00 052324 052324 220224		125.00	55.48 69.52		55.48		•	
NAME: PEGGY DANIELS 2024150023338	RECIPIENT ID.: 530000564579 I1653414	MRN: 032624 032624	744.26	491.09	1	253.17	0.00	0.00	491.09
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 032624 032624 220224		AMOUNT 168.00	NON-AllowED 112.00	TPL 0.00	PAID 112.00	DETAIL EOBS 9918	5	
81 87640 59	1.00 032624 032624 220224		37.07	56.00 22.00	0.00	22.00	9918		
81 87653 59	1.00 032624 032624 220224		37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	FORG	
81 87798	FIODIFIERS		220224			462.00	308.00 154.00	0.00	308.00			
81 87086		1.00 032624 032624	220224			18.53	10.00	0.00	10.00	9918		
81 87186		1.00 032624 032624	220224			13.50	9.00 4.50	0.00	9.00	9918		
81 87088		1.00 032624 032624 2	220224			8.09	8.09 0.00	0.00	8.09			
NAME: CONNER I	DANLEY	RECIPIENT ID.	: 530002318917	MRN:								
202415	52026484	I1658217		052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	EORS	
	59		220224			42.00	28.00 14.00	0.00	28.00			
81 87498	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052824 052824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052824 052824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ADDISON			: 530002078024	MRN:	051604	110.00	00.00			0.00	2 22	00.00
202415	50023355	I1656350 SERVICE DATES I	P F N D F P T N C	051624	051624	118.00 BILLED	20.00 ALLOWED	COPAY	98.00	0.00	0.00	20.00
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
81 87075			220224			100.00	9.00 91.00	0.00	9.00	9918		
81 87070		1.00 051624 051624	220224			18.00	11.00 7.00	0.00	11.00	9918		
NAME: AMREE DA			: 530002385402	MRN:	0.50.40.4				101 00	0.00	2 2 2	2=1 25
202415	58028984	I1664373		060424	060424	565.12	374.03		191.09	0.00	0.00	374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PI	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81 8	87498	59	1.00	060424	060424	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81 8	87581	59	1.00	060424	060424	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81 8	87633		1.00	060424	060424	220224			318.05	212.03	0.00	212.03	9918		
										106.02	0.00				
81 8	87798		4.00	060424	060424	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
NAME: I	EMBER D		-155000		PIENT ID	.: 530002299486	MRN:	0=0004	000 10			0.1.0			= 0.5 0.0
	20241	56025282	I166098				053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE		RENDERING			BILLED	ALLOWED	COPAY			~	
	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS	5	
81 8	87486	59	1.00	053024	053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.4.0.0		1 00	050004	050004	000004			25 25	14.00	0.00	00.00	0010		
81 8	87498	59	1.00	053024	053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	00001		1 00	050004	050004	000004			40.00	15.07	0.00	00.00	0010		
81 8	87581	59	1.00	053024	053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00	050004	052004	000004			210 05	14.00	0.00	010 02	0010		
81 8	87633		1.00	053024	053024	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00	052004	052004	000004			27 07	106.02	0.00	00.00	0010		
81 8	87640		1.00	053024	053024	220224			37.07	22.00	0.00	22.00	9918		
01 (07641	Γ0	1 00	052004	052024	22224			27 07	15.07	0.00	22.00	0010		
81 8	87641	59	1.00	053024	053024	220224			37.07	22.00	0.00	22.00	9918		
01 (07651	ΕO	1 00	052024	052024	220224			40.06	15.07	0.00	20 00	0.01.0		
81 8	87651	59	1.00	053024	053024	220224			49.86	28.00	0.00	28.00	9910		
81 8	07700		0 00	052024	052024	220224			226 00	21.86	0.00	224 00	0010		
01 (87798		8.00	053024	053024	220224			336.00	224.00	0.00	224.00	9910		
										112.00	0.00				
NTAME:	JAMIYA	חזזזז כ		DECTE	רד ייואים דר	.: 530001416647	MRN:								
MAME .		50023368	I165343		TEMI ID	330001410047		052324	152.70	103.93		48.77	0.00	0.00	103.93
	20241	30023300	1103343		סידייגת י	RENDERING	032324	032324	BILLED	ALLOWED	COPAY	10.77	0.00	0.00	103.73
DOS DI	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	3	
	82306	MODIFIERD		052324		220224			44.00	29.00	0.00	29.00		J	
01 (02300		1.00	002024	032324	22021			11.00	15.00	0.00	۵۶.00	J J ± U		
81 8	82947		1 00	052324	052324	220224			7.00	4.00	0.00	4 00	9918		
01 (J		1.00	J J J J J I	002021	220221			7.00	3.00	0.00	1.00	J J ± U		
81 8	83036		1 00	052324	052324	220224			14.00	12.00	0.00	12.00	9918		
01			1.00	552521	002021				11.00	2.00	0.00	12.00	J J ± 0		
										2.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MO 81 80061	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 20.00	ALLOWED NON-AllOWED 14.00	COPAY TPL 0.00	PAID 14.00	DETAIL E		
81 84443		1.00 052324 052324	220224			25.20	6.00 22.93	0.00	22.93	9918		
81 84439		1.00 052324 052324	220224			13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918		
81 84450		1.00 052324 052324	220224			10.00	6.00 4.00	0.00	6.00	9918		
81 84460		1.00 052324 052324				15.00	7.00 8.00	0.00		9918		
81 36415		1.00 052324 052324	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: JOSHUA DAV 20241560		RECIPIENT ID 11660986	.: 530000112320	MRN: 053024	053024	1,049.12	629.64		419.48	0.00	0.00	629.64
20211300	123271	SERVICE DATES	RENDERING	033021	033021	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	029.01
POS PROC CD MO	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87486 59	1	1.00 053024 053024	220224			42.00	28.00 14.00	0.00		9918		
81 87498 59		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00			
81 87581 59	1	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00			
81 87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00			
81 87641 59		1.00 053024 053024	220224			37.07	22.00 15.07	0.00		9918		
81 87651 59		1.00 053024 053024				49.86	28.00 21.86	0.00	28.00			
81 87798		8.00 053024 053024				336.00	224.00 112.00	0.00	224.00			
81 87635		1.00 053024 053024	220224			150.00	43.61 106.39		43.61	9918		
NAME: NICO DAVIS 20241500	; 123389	RECIPIENT ID 11656355		MRN: 052424	052424		586.03		313.09	0.00	0.00	586.03
POS PROC CD MO 81 87486 59		SERVICE DATES UNITS FROM THRU 1.00 052424 052424	PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00				OBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

STATE PATE			ICN	PAT ACCT NO.		SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
8	DOG	DPAC CD	MODIFIFDC								חדעם	דד גייים כו	FORC	
15.00 10.0													I EODS	
81 87841 59 1.00 052424 052424 20224 4 20224 4 318.05 114.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	01	0,100	3,5	1.00 032121 03							22.00	2210		
81 8763	81	87581	59	1.00 052424 05	52424 220224			42.00			28.00	9918		
NAME RATIO										0.00				
81 8760 1.00 052424 05242 220224 37.07 22.00 0.00 0.00 0.00 0.00 9918 8 8 8 8 8 8 8 8 8	81	87633		1.00 052424 05	52424 220224			318.05			212.03	9918		
NAME PATRIC P	0.1	0.00		1 00 050404 05				25 25			00.00	0010		
87	81	87640		1.00 052424 05	2424 220224			37.07			22.00	9918		
R	81	87641	50	1 00 052424 05	52424 220224			37 07			22 00	9918		
81 8761 59 1.00 052424 05242 20224 420224 420224 20224	01	07041	3,7	1.00 052424 05	72424 220224			37.07			22.00	JJ±0		
NAME FATI DAVIS 116621 SECULATION 11200	81	87651	59	1.00 052424 05	52424 220224			49.86			28.00	9918		
NAME: PATRILLY DAVIS 2024 502527														
Name Partic Davis Partic Davis Partic Davis Date Partic Davis Date Da	81	87798		8.00 052424 05	52424 220224			336.00			224.00	9918		
POS POC COD MODIFIER NITS SERVICE DATES RENDERING POS									112.00	0.00				
Table Tabl	74 T 74 T 77 T 77 T 77 T 77 T 77 T 77 T	. Dambiai	TA DATITO	DECIDI	יאיי דה • בסרטטט)/21E0 MDM:								
Secric Mode	NAME •				700007 • יתד ואי		053124	899 12	586 03	2	313 00	0 00	0.00	586 03
POS PROC CD MODIFIERS MISS FROM THRU PROVIDER STATE PROVIDER MOUNT NON-Allowed PROVIDER MOUNT NON-Allowed PROVIDER MOUNT NON-Allowed PROVIDER MOUNT NON-Allowed PROVIDER PAID DETAIL BOBS PROVIDER PAID PAID PAID DETAIL BOBS PROVIDER PAID PAI		20241	130023327		ATES RENDERING		033124				313.07	0.00	0.00	300.03
81 87486 59	POS	PROC CD	MODIFIERS								PAID	DETAIL	EOBS	
81 87498 59 1.00 053124 053124 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 053124 053124 220224 42.00 28.00 0.00 28.00 9918 81 87633														
81 87581 59 1.00 053124 053124 220224 42.00 28.00 0.00 28.00 9918 81 87633										0.00				
81 87581 59	81	87498	59	1.00 053124 05	3124 220224			37.07			22.00	9918		
81 87633	0.1	07501	F 0	1 00 052104 05	2104 000004			40.00			20.00	0010		
81 87633	81	8/581	59	1.00 053124 05	3124 220224			42.00			28.00	9918		
Simple S	81	87633		1 00 053124 05	3124 220224			318 05			212 03	9918		
81 87640	01	07033		1.00 033121 03	75121 220221			310.03			212.03	JJ±0		
Service Dates Recipient ID Sarvice Dates Rendering Provider Recipient State Rendering	81	87640		1.00 053124 05	3124 220224			37.07			22.00	9918		
81 87651 59 1.00 053124 053124 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 053124 053124 220224 2									15.07					
81 87651 59	81	87641	59	1.00 053124 05	3124 220224			37.07			22.00	9918		
81 87798 8.00 053124 053124 220224 336.00 224.00 0.00 224.00 9918 NAME: TIFFANI DAVIS RECIPIENT ID: 530000290625 MRN: 2024156025363 11662108 SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER RECIPIENT ID: 530000290625 MRN: 051624 051624 051624 125.00 55.48 69.52 0.00 0.00 55.48 BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	0.1	00651	F.0	1 00 052104 05				40.06			00.00	0010		
81 8798 8.00 053124 053124 220224 336.00 224.00 0.00 224.00 9918 NAME: TIFFANI DAVIS RECIPIENT ID: 530000290625 MRN: 2024156025363 I1662108 051624 051624 125.00 55.48 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	81	87651	59	1.00 053124 05	3124 220224			49.86			28.00	9918		
NAME: TIFFANI DAVIS RECIPIENT ID.: 530000290625 MRN: 2024156025363 I1662108 051624 051624 125.00 55.48 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-ALLOWED TPL PAID DETAIL EOBS	Q 1	97709		8 00 053124 05	3124 220224			336 00			224 00	9919		
NAME: TIFFANI DAVIS RECIPIENT ID.: 530000290625 MRN: 2024156025363 I1662108 051624 051624 125.00 55.48 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-ALLOWED TPL PAID DETAIL EOBS	01	01190		0.00 055124 05	77124 220224			330.00			224.00	9910		
2024156025363 I1662108 051624 051624 125.00 55.48 69.52 0.00 0.00 55.48 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS									112.00	0.00				
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	NAME:	: TIFFANI	DAVIS		INT ID.: 5300002									
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS		20241	L56025363				051624				69.52	0.00	0.00	55.48
	D 0 0	DD06 65	MODIFIE								D3.T5	DD=====	FORG	
OI GUYOU			MODIFIERS										FORS	
69.52 0.00	OΤ	G0400		1.00 051024 05) L U Z 4			125.00				フフエロ		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME	: XEPHYN 20241	DAVIS .56025377	RECIPIENT ID	530002365777	MRN: 060224	060224	899.12	586.03		313.09	0.00	0.0	0 586.03
	20211	.50025511	SERVICE DATES	RENDERING	000221	000221	BILLED	ALLOWED	COPAY	313.07	0.00	0.0	0 500.05
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 060224 060224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 060224 060224	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.75.01	F.0	1 00 060004 060004	000004			40.00	15.07	0.00	00.00	0010		
81	87581	59	1.00 060224 060224	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 060224 060224	220224			318.05	14.00 212.03	0.00	212.03	0010		
0.1	07033		1.00 000224 000224	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 060224 060224	220224			37.07	22.00	0.00	22.00	9918		
0_	0,010							15.07	0.00		2220		
81	87641	59	1.00 060224 060224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 060224 060224	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 060224 060224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: CLARENC	TE DAY	RECIPIENT ID).: 530002058756	MRN:								
147 11-111		50023405	I1653440	550002050750	031624	031624	213.54	137.93		75.61	0.00	0.0	0 137.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	80053		1.00 031624 031624	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81	85049		1.00 031624 031624	220224			9.00	4.00	0.00	4.00	9918		
0.1	00607		1 00 021624 021624	220224			22.00	5.00	0.00	17 00	0010		
81	82607		1.00 031624 031624	220224			22.00	17.00 5.00	0.00	17.00	9918		
81	82306		1.00 031624 031624	220224			44.00	29.00	0.00	29 00	9918		
01	02300		1.00 031021 031021	220221			11.00	15.00	0.00	20.00	JJ±0		
81	82728		1.00 031624 031624	220224			40.00	13.00	0.00	13.00	9918		
								27.00	0.00				
81	83036		1.00 031624 031624	220224			14.00	12.00	0.00	12.00	9918		
								2.00	0.00				
81	84443		1.00 031624 031624	220224			25.20	22.93	0.00	22.93	9918		
0.1	0.4.4.3.5	F.0	1 00 021524 021524	000004			10.00	2.27	0.00		0010		
81	84436	59	1.00 031624 031624	220224			10.00	7.00	0.00	7.00	9918		
								3.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS 81 81	PROC CD 83540 80061 36415	ICN MODIFIERS	PAT ACCT NO. SERVICE UNITS FROM 1.00 031624 1.00 031624 1.00 031624	THRU 031624 031624		SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 9.00 20.00 4.50	ALLOWED AMOUNT ALLOWED NON-AllOWED 7.00 2.00 14.00 6.00 0.00 4.50	O.00 O.00 O.00 O.00 O.00 O.00 O.00	PAID 7.00 14.00	COPAY AMOUNT DETAIL 9918 9918 3323	TPL AMOUN EOBS		PAID AMOUNT
NAME:	CLARENC 20241	E DAY 50023431	I1653441		530002058756	MRN: 040424	040424	1,105.72	719.93		385.79	0.00		0.00	663.93
DOG	DD 0.0 GD	MODIFIED	SERVICE		RENDERING			BILLED	ALLOWED	COPAY	DATE		FORG		
	PROC CD 82044	MODIFIERS	UNITS FROM 1.00 040424	THRU	PROVIDER 220224			AMOUNT 12.00	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	02044	QW	1.00 040424	040424	22022 1			12.00	3.00 9.00	0.00	3.00	9918			
81	80053		1.00 040424	040424	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	80061		1.00 040424	040424	220224			20.00	14.00	0.00	14.00	9918			
									6.00	0.00					
81	36415		1.00 040424	040424	220224			4.50	0.00	0.00	0.00	3323			
									4.50	0.00					
81	85049		1.00 040424	040424	220224			9.00	4.00	0.00	4.00	9918			
0.1	00600		1 00 040404	0.40.40.4	000004			00.00	5.00	0.00	1	0010			
81	82607		1.00 040424	040424	220224			22.00	17.00	0.00	17.00	9918			
0.1	02206		1 00 040424	040404	220224			44.00	5.00	0.00	20.00	0010			
81	82306		1.00 040424	040424	220224			44.00	29.00 15.00	0.00	29.00	9918			
81	83540		1.00 040424	040424	220224			9.71	7.00	0.00	7 00	9918			
01	03310		1.00 010121	010121	220221			J • 7 ±	2.71	0.00	7.00	2210			
81	83550		1.00 040424	040424	220224			13.11	10.00	0.00	10.00	9918			
									3.11	0.00					
81	82728		1.00 040424	040424	220224			40.00	13.00	0.00	13.00	9918			
									27.00	0.00					
81	84481		1.00 040424	040424	220224			24.00	16.00	0.00	16.00	9918			
0.4	0000				00000				8.00	0.00	10.00	0010			
81	83036		1.00 040424	040424	220224			14.00	12.00	0.00	12.00	9918			
0.1	04442		1 00 040424	040404	220224			25 20	2.00	0.00	22.02	0010			
81	84443		1.00 040424	U4U4Z4	220224			25.20	22.93 2.27	0.00	22.93	9918			
81	84436	59	1.00 040424	040424	220224			10.00	7.00	0.00	7 00	9918			
01	01150		1.00 010121	010121	220221			10.00	3.00	0.00	7.00	J J ± 0			
81	87481	59	4.00 040424	040424	220224			168.00	112.00 56.00	0.00	112.00	9918			
									50.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		N(ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT			מדגם	DETAIL EOBS	1	
POS PROC CD MODIFIERS 81 87640 59	1.00 040424 040424 220224		37.07		0.00		9918)	
01 07010 33				15.07	0.00	22.00	JJ10		
81 87653 59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87798	11.00 040424 040424 220224		462.00	308.00	0.00	308.00	9918		
01 08641 50	1 00 040404 040404 000004		25.25	154.00	0.00	00.00	0.01.0		
81 87641 59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
81 87798	2.00 040424 040424 220224		84.00	15.07 56.00	0.00	0.00	5000		
01 07790	2.00 010121 010121 220221		04.00	28.00	0.00		3000		
81 83525	1.00 040424 040424 220224		17.15	11.00	0.00		9918		
				6.15	0.00				
NAME: CLARENCE DAY						- 1 00			10.00
2024150023450	I1653442	040424 040424				51.00	0.00	0.00	12.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING		BILLED AMOUNT			מדעם	DETAIL EOBS	1	
81 84681	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		63.00			12.00		•	
01 01001	1.00 010121 010121 220221		03.00	51.00	0.00		JJ 10		
NAME: ELARA DAY					_				
2024156025401	I1662111	053024 053024		305.64		241.48	0.00	0.00	305.64
DOC DDOC OD MODIETEDO	SERVICE DATES RENDERING		BILLED		COPAY TPL	PAID		1	
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 150.00	NON-AllOWED 43.61	0.00		DETAIL EOBS 9918)	
01 07033	1.00 055021 055021 220221			106.39	0.00	13.01	JJ10		
81 87498 59	1.00 053024 053024 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 053024 053024 220224		42.00	28.00	0.00	28.00	9918		
01 0000	1 00 052004 052004 000004		210 05	14.00	0.00	010 03	0.01.0		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03	9918		
				100.02	0.00				
NAME: ADALINE DEAN	RECIPIENT ID.: 530002315158	MRN:							
2024150023453	I1656357	052424 052424	319.55	213.03	3	106.52	0.00	0.00	213.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT				DETAIL EOBS	5	
81 87507	1.00 052424 052424 220224		319.55		0.00		9918		
				106.52	0.00				
NAME: JALIYAH DEES	RECIPIENT ID.: 530001252695	MRN:							
2024150023457	I1656359	052024 052024	299.33	172.09)	127.24	0.00	0.00	172.09
			277.33	I, 2.00		= - · · - -	- • • •		±,2.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS PROC CD MODIFIERS 81 80307 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224 1.00 052024 052024 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 125.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 55.87 69.13 116.22 58.11	NC ALI COPAY TPL 0.00 0.00 0.00	LOWED A	COPAY TP AMOUNT AMO DETAIL EOBS 9918 9918		PAID AMOUNT
NAME: JAMES DEES 2024150023476 POS PROC CD MODIFIERS 81 87086 81 87186 81 87088	RECIPIENT ID.: 530000364054 11653445 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224	MRN: 051724 051724	40.12 BILLED AMOUNT 18.53 13.50 8.09				0.00 DETAIL EOBS 9918 9918	0.00	27.09
NAME: LONDON DEES 2024150023488 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87641 59 81 87651 59	RECIPIENT ID.: 530001356674 11656360 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032824 032824 220224 1.00 032824 032824 220224 1.00 032824 032824 220224 1.00 032824 032824 220224 1.00 032824 032824 220224 1.00 032824 032824 220224	MRN: 032824 032824	526.05 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	105.25 ALLOWED NON-AllOWED 21.05 20.95 21.05 16.02 21.05 20.95 0.00 318.05 21.05 16.02 21.05 21.05	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	21.05 21.05 0.00 21.05	0.00 DETAIL EOBS 9918 9936 9918 9936 9918 9936 2504 9918 9936 9918 9936	0.00	105.25
NAME: CASSIE DELAFOSSE 2024158029002 POS PROC CD MODIFIERS 81 87486 59 81 87498 59	RECIPIENT ID.: 530002097854 11664378 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	899.12 BILLED AMOUNT 42.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00		0.00 DETAIL EOBS 9918 9918	0.00	586.03

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		3S	
81 87581 59	1.00 060424 060424 220224			42.00	28.00	0.00	28.00	9918		
01 00622	1 00 060404 060404 000004			210 05	14.00	0.00	010 03	0010		
81 87633	1.00 060424 060424 220224			318.05	212.03	0.00	212.03	9918		
81 87640	1 00 060424 060424 220224			37.07	106.02 22.00	0.00	22.00	0010		
81 87840	1.00 060424 060424 220224			37.07	15.07	0.00	22.00	9918		
81 87641 59	1.00 060424 060424 220224			37.07	22.00	0.00	22 00	9918		
01 07041 39	1.00 000424 000424 220224			37.07	15.07	0.00	22.00	JJ±0		
81 87651 59	1.00 060424 060424 220224			49.86	28.00	0.00	28.00	9918		
01 07001 09	1.00 000121 000121 220221			17.00	21.86	0.00	20.00	JJ 10		
81 87798	8.00 060424 060424 220224			336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
	RECIPIENT ID.: 530000713524									
2024150023506	I1656363	052024	052024		172.09		127.24	0.00	0.00	172.09
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			_	
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		3S	
81 80307	1.00 052024 052024 220224			125.00	55.87	0.00	55.87	9918		
01 00400	1 00 050004 050004 000004			174 22	69.13	0.00	116 00	0010		
81 G0482	1.00 052024 052024 220224			174.33	116.22 58.11	0.00	116.22	9918		
					30.11	0.00				
NAME: DRAKE DEMPSEY	RECIPIENT ID.: 530001928684	MRN:								
2024159022204	11665697		060524	547.12	305.64	:	241.48	0.00	0.00	305.64
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81 87498 59	1.00 060524 060524 220224			37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87581 59	1.00 060524 060524 220224			42.00	28.00	0.00	28.00	9918		
					14.00	0.00				
81 87633	1.00 060524 060524 220224			318.05	212.03	0.00	212.03	9918		
01 00625	1 00 060504 060504 000004			150.00	106.02	0.00	12 61	0010		
81 87635	1.00 060524 060524 220224			150.00	43.61	0.00	43.61	9918		
					106.39	0.00				
NAME: PYPER DENESHA	RECIPIENT ID.: 530001156545	MRN:								
2024158029020			041524	136.54	98.93		37.61	0.00	0.00	98.93
_ = = = = = = = = = = = = = = = = = = =	SERVICE DATES RENDERING				ALLOWED		- · · · -		3.00	20.23
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT			PAID	DETAIL EO	3S	
81 80053	1.00 041524 041524 220224			15.84			12.00	9918		
					3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOR	20	
81 82306	1.00 041524 041524 220224		44.00	29.00	0.00		9918	55	
01 0200	1,00 011021 011021 220221		11.00	15.00	0.00	27.00	JJ 10		
81 83036	1.00 041524 041524 220224		14.00	12.00	0.00	12.00	9918		
				2.00	0.00				
81 80061	1.00 041524 041524 220224		20.00	14.00	0.00	14.00	9918		
0.1			0= 00	6.00	0.00		0010		
81 84443	1.00 041524 041524 220224		25.20	22.93	0.00	22.93	9918		
81 84439	1 00 041524 041524 220224		13.00	2.27	0.00	0 00	9918		
01 04439	1.00 041524 041524 220224		13.00	9.00 4.00	0.00	9.00	9910		
81 36415	1.00 041524 041524 220224		4.50	0.00	0.00	0.00	3323		
01 00110	1,00 011021 011021 220221		1.50	4.50	0.00	0.00	3323		
NAME: SARAH DEPEW	RECIPIENT ID.: 530001583621								
2024150023528	I1656364	031224 031224		22.00		15.07	0.00	0.00	22.00
DOG DDOG GD MODIFIED	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			20	
POS PROC CD MODIFIER 81 87653 59	S UNITS FROM THRU PROVIDER 1.00 031224 031224 220224		AMOUNT 37.07	NON-AllOWED 22.00		PAID	DETAIL EOF	35	
81 8/853 59	1.00 031224 031224 220224		37.07	15.07	0.00	22.00	9910		
				13.07	0.00				
NAME: SEBASTIAN DERBFU	SS RECIPIENT ID.: 530001871680	MRN:							
2024150023539	I1656365	041124 041124	60.00	2.00		58.00	0.00	0.00	2.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER			AMOUNT	NON-AllOWED		PAID	DETAIL EOR	3S	
81 81007	1.00 041124 041124 220224		60.00	2.00	0.00	2.00	9918		
				58.00	0.00				
NAME: DRAEDYN DEVAUGHN	RECIPIENT ID.: 530002281640	MRN:							
2024150023547	I1656368	052324 052324	285.07	196.14	:	88.93	0.00	0.00	140.14
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER			AMOUNT			PAID	DETAIL EOR	3S	
81 87529	2.00 052324 052324 220224		99.72	56.00	0.00	0.00	5910		
0.1			0	43.72	0.00		0010		
81 87640 59	1.00 052324 052324 220224		37.07	22.00	0.00	22.00	9918		
81 87641 59	1.00 052324 052324 220224		37.07	15.07	0.00	22 00	0010		
81 87641 59	1.00 002324 002324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 052324 052324 220224		37.07	22.00	0.00	22.00	9918		
			37.07	15.07	0.00	22.00	22-0		
81 87801	2.00 052324 052324 220224		74.14	74.14	0.00	74.14			
				0.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO.	SERVICE		BILLED	ALLOWED	NC			PL:	PAID
		FROM	THRU	AMOUNT	AMOUNT	ALI	LOWED	AMOUNT AN	IOUNT	AMOUNT
NAME: ADRIEL DIAZ	RECIPIENT ID.: 530002322879	MRN:								
2024150023564	I1653459	052224	052224	565.12	374.03		191.09	0.00	0.00	374.03
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}		DETAIL EOBS	5	
81 87498 59	1.00 052224 052224 220224			37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87581 59	1.00 052224 052224 220224			42.00	28.00	0.00	28.00	9918		
0.1				212 25	14.00	0.00	212 22	0010		
81 87633	1.00 052224 052224 220224			318.05	212.03	0.00	212.03	9918		
01 07700	4 00 050004 050004 000004			160.00	106.02	0.00	110 00	0010		
81 87798	4.00 052224 052224 220224			168.00	112.00	0.00	112.00	9918		
					56.00	0.00				
NAME: ADRIEL DIAZ	RECIPIENT ID.: 530002322879	MRN:								
2024150023577	I1656369	052224	052224	40.12	27.09		13.03	0.00	0.00	27.09
2021130023377	SERVICE DATES RENDERING	052221	052221	BILLED	ALLOWED	COPAY	13.03	0.00	0.00	27.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PATD	DETAIL EOBS	;	
81 87086	1.00 052224 052224 220224			18.53	10.00	0.00		9918		
					8.53	0.00				
81 87186	1.00 052224 052224 220224			13.50	9.00	0.00		9918		
					4.50	0.00				
81 87088	1.00 052224 052224 220224			8.09	8.09	0.00	8.09			
					0.00	0.00				
	RECIPIENT ID.: 530000483844	MRN:								
2024149019634	I1651908	051724	051724	102.90			38.90	0.00	0.00	45.00
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	D. 7. T. D.			
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		5	
81 82172	1.00 051724 051724 220224			31.00	19.00 12.00	0.00	19.00	9918		
81 83695	1.00 051724 051724 220224			21.90	13.00	0.00	13 00	9918		
01 03073	1.00 031/24 031/24 220224			21.70	8.90	0.00	13.00	JJ±0		
81 86141	1.00 051724 051724 220224			19.00	13.00	0.00	13 00	9918		
01 00111	1.00 031/21 031/21 220221			13.00	6.00	0.00	13.00	JJ 10		
81 82172	1.00 051724 051724 220224			31.00	19.00	0.00	0.00	5000		
					12.00	0.00				
NAME: APRIL DICKERSON	RECIPIENT ID.: 530002248414	MRN:								
2024150023585	I1653461	052224	052224	825.21	542.00		283.21	0.00	0.00	486.00
	SERVICE DATES RENDERING					COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}		DETAIL EOBS	5	
81 87481 59	4.00 052224 052224 220224			168.00	112.00		112.00	9918		
					56.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT	
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	ד ג ייים כו	EODC		
81	87640	MODIFIERS 59	UNITS FROM THRU 1.00 052224 052224	220224			37.07	22.00	TPL 0.00		DETAIL 9918	FORS		
0.1	0/040	39	1.00 052224 052224	220224			37.07	15.07	0.00	22.00	9910			
0.1	87653	59	1 00 052224 052224	220224			37.07			22.00	0010			
81	0/053	39	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87798		11.00 052224 052224	220224			462.00	308.00	0.00	308.00	0010			
0.1	01190		11.00 052224 052224	220224			402.00	154.00		300.00	9910			
0.1	87641	59	1.00 052224 052224	220224			37.07	22.00	0.00	22 00	9918			
81	0/041	39	1.00 052224 052224	220224			37.07		0.00	22.00	9910			
0.1	07700		2 00 052224 052224	220224			0.4 0.0	15.07	0.00	0 00	E000			
81	87798		2.00 052224 052224	220224			84.00	56.00	0.00	0.00	5000			
								28.00	0.00					
NT	י דדממע	DICKERSON	DECIDIENT ID	.: 530002248414	MRN:									
MAME.		L50023597	I1656370	530002248414	052224	052224	40.12	27.09	1	13.03	0.00	0	00 27.	nα
	20241	130023397	SERVICE DATES	RENDERING	032224	032224	BILLED	ALLOWED	COPAY	13.03	0.00	0.	27.	. 0 9
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORC		
81	87086	MODILIEKS	1.00 052224 052224	220224			18.53	10.00	0.00		9918	EODS		
01	07000		1.00 032224 032224	220224			10.55	8.53	0.00	10.00	9910			
81	87186		1.00 052224 052224	220224			13.50	9.00	0.00	9 00	9918			
01	07100		1.00 032224 032224	220224			13.30	4.50	0.00	9.00	9910			
81	87088		1.00 052224 052224	220224			8.09	8.09	0.00	8.09				
01	07000		1.00 032224 032224	220224			0.09	0.00	0.00	0.09				
								0.00	0.00					
NAME:	DEZERAE	E DILLARD	RECIPTENT ID	.: 530001352386	MRN:									
14211111		50023600	I1653471	330001332300	052324	052324	760.52	457.53	,	302.99	0.00	0 .	00 429.	. 53
	20211	20023000	SERVICE DATES	RENDERING	002021	032321	BILLED	ALLOWED	COPAY	302.77	0.00	٠.	127.	, 33
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87640	59	1.00 052324 052324				37.07	22.00	0.00		9918			
								15.07	0.00					
81	87491	59	1.00 052324 052324	220224			49.86	28.00	0.00	0.00	5490			
								21.86	0.00					
81	87511		1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87529		2.00 052324 052324	220224			99.72	56.00	0.00	56.00	9918			
								43.72	0.00					
81	87591		1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87653	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87661		1.00 052324 052324	220224			32.30	21.53	0.00	21.53	9918			
								10.77	0.00					

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN POS PROC CD MODIFIERS 81 87563 81 87798 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 9.00 052324 052324 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 42.50	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 42.50 252.00 126.00	NO ALL COPAY TPL 0.00 0.00 0.00	OWED A	AMOUNT AMO DETAIL EOBS 4021	PL DUNT	PAID AMOUNT
NAME: BRIK DINGLER 2024150023616 POS PROC CD MODIFIERS 81 87633	RECIPIENT ID.: 530001444663 I1656377 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224	MRN: 052024	052024	1,432.10 BILLED AMOUNT 318.05	944.06 ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00	488.04 PAID 212.03	0.00 DETAIL EOBS 9918	0.00	732.03
81 87640 81 87651	1.00 052024 052024 220224 1.00 052024 052024 220224			37.07 49.86	106.02 22.00 15.07 28.00	0.00 0.00 0.00 0.00	22.00			
81 87633	1.00 052024 052024 220224			318.05	21.86 212.03 106.02	0.00 0.00 0.00		5000		
81 87486 81 87498	1.00 052024 052024 220224 1.00 052024 052024 220224			42.00 37.07	28.00 14.00 22.00	0.00	28.00 22.00			
81 87798 59	13.00 052024 052024 220224			546.00	15.07 364.00	0.00	364.00			
81 87798	1.00 052024 052024 220224			42.00	182.00 28.00 14.00	0.00 0.00 0.00	28.00			
81 87581	1.00 052024 052024 220224			42.00	28.00 14.00	0.00	28.00	9918		
NAME: ALTHENA DIXON 2024149019652 POS PROC CD MODIFIERS 81 88175 81 87624	RECIPIENT ID.: 530000395747 I1651912 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051324 051324 220224 1.00 051324 051324 220224	MRN: 051324	051324	116.09 BILLED AMOUNT 81.00 35.09	46.47 ALLOWED NON-AlloWED 25.00 56.00 21.47 13.62	COPAY TPL 0.00 0.00 0.00 0.00	PAID 25.00 21.47		0.00	46.47
NAME: MARVIN DIXON 2024150023630 POS PROC CD MODIFIERS 81 81007	RECIPIENT ID.: 530001979603 11656383 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032724 032724 220224	MRN: 032724	032724	60.00 BILLED AMOUNT 60.00	2.00 ALLOWED NON-AlloWED 2.00 58.00	COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOBS 9918	0.00	2.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD SUITE 138

REPORT: CRA-PRPD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MARVIN DIXON 2024150023649 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530001979603 I1656384 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 052224	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL PAID	0.00 DETAIL .22 9918		116.22
NAME: VERA DOBBINS 2024156025414 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002001847 I1662120 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052824	299.33 BILLED AMOUNT 125.00 174.33	ALLOWED NON-AlloWED 55.87 69.13	0.00		0.00 EOBS	172.09
NAME: KARLI DOBYNE 2024150023657 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530001552258 I1653483 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	MRN: 052324 052324		NON-AllOWED 43.61	COPAY TPL PAID 0.00 43		0.00 EOBS	629.64
81 87486 59	1.00 052324 052324 220224		42.00	106.39 28.00 14.00	0.00	.00 9918		
81 87498 59 81 87581 59	1.00 052324 052324 220224 1.00 052324 052324 220224		37.07 42.00	22.00 15.07 28.00 14.00	0.00	.00 9918 .00 9918		
81 87633 81 87640	1.00 052324 052324 220224 1.00 052324 052324 220224		318.05 37.07	212.03 106.02 22.00	0.00 212 0.00	.03 9918 .00 9918		
81 87641 59	1.00 052324 052324 220224		37.07	15.07 22.00 15.07	0.00	.00 9918		
81 87651 59 81 87798	1.00 052324 052324 220224 8.00 052324 052324 220224		49.86 336.00	28.00 21.86 224.00 112.00	0.00	.00 9918 .00 9918		
NAME: LUKE DOMINGUEZ 2024158029038	RECIPIENT ID.: 530001035122 I1664393	MRN: 042524 042524	715.12	417.64		0.00	0.00	417.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	D=170=0.7144	SERVICE FROM		AMOUNT	ALLOWED AMOUNT	ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFFER	SERVICE DATES UNITS FROM THRU					ALLOWED NON-AlloWED	COPAY TPL	PAID	התאדו הי)DC	
81 87635		1.00 042524 042524	22021DER			AMOUNT 150 00	43.61	0.00			JBS	
01 07033		1.00 012321 012321	220224 220224			130.00	106.39	0.00	13.01	JJ±0		
81 87498	59	1.00 042524 042524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 042524 042524	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 042524 042524	220224			318.05	14.00	0.00	212 02	0010		
01 0/033		1.00 042524 042524	22022 4			310.05	212.03 106.02	0.00	212.03	9910		
81 87798		4.00 042524 042524	220224			168.00	112.00	0.00	112.00	9918		
							56.00	0.00				
		RECIPIENT ID	0.: 530001454243	MRN:								
20241	50023671	i1656389 SERVICE DATES		011924	011924	37.07	22.00		15.07	0.00	0.00	22.00
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			D G	
POS PROC CD	MODIFIERS	UNITS FROM THRU 1.00 011924 011924	PROVIDER			AMOUN'I'	NON-ATTOMED	U UU J.bp	DAID	DETALL EC	DBS	
01 07055	39	1.00 011924 011924	220224			37.07	15.07	0.00	22.00	9910		
NAME: TANYETA	DORTCH	RECIPIENT ID	530001454244	MRN:								
20241		11656388	. 330001131111	122823	122823	37.07	22.00		15.07	0.00	0.00	22.00
		I1656388 SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU 1.00 122823 122823	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	DBS	
81 87653	59	1.00 122823 122823	220224			37.07	22.00 15.07	0.00	22.00	9918		
							15.07	0.00				
NAME: XAIVER I	DORTCH	RECIPIENT ID		MRN:								
20241	49019671			052224	052224		586.03			0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224	PROVIDER			AMOUNT	NON-ALLOWED	TPL	PAID	DETAIL E	DBS	
81 8/486	59	1.00 052224 052224	220224			42.00	28.00 14 NO	0.00	28.00	9918		
81 87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
01 07190	3,5	1.00 002221 002221				37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 052224 052224	220224			42.00	28.00		28.00	9918		
							14.00	0.00				
81 87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 052224 052224	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00 052224 052224	22U22 4			37.07	22.00 15.07	0.00	22.00	ソソエ ロ		
81 87641	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
-	- -					2,	15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN MODIFIERS 59	UNITS FROM THRU 1.00 052224 052224	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	TPL 0.00 0.00	OWED PAID 28.00	AMOUNT AI DETAIL EOB: 9918	TPL MOUNT S	PAID AMOUNT
81 87798		8.00 052224 052224				336.00	224.00 112.00	0.00	224.00	9918		
202415	58029053	RECIPIENT ID 11664395 SERVICE DATES	RENDERING	052924		BILLED	55.48 ALLOWED	COPAY	69.52			55.48
POS PROC CD 81 G0480	MODIFIERS	UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224			AMOUNT 125.00	NON-AllOWED 55.48 69.52		PAID 55.48		S	
NAME: ARTHUR I 202415	DOWDELL 58029074	RECIPIENT ID 11664397 SERVICE DATES	: 530002041816 RENDERING	MRN: 052824	052824	64.34 BILLED	41.00	COPAY	23.34	0.00	0.00	41.00
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOB; 9918	S	
81 82306		1.00 052824 052824					29.00 15.00	0.00	29.00			
81 36415		1.00 052824 052824	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: TINLEE I 202415	DRANE 50023687	RECIPIENT ID 11653498 SERVICE DATES		MRN: 052324	052324	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU	PROVIDER 220224			AMOUNT 42.00	NON-AlloWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOB 9918	S	
81 87498	59	1.00 052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
	59	1.00 052324 052324				42.00	28.00 14.00	0.00	28.00			
81 87633 81 87640		1.00 052324 052324 1.00 052324 052324	220224 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
	59		220224			37.07	15.07 22.00	0.00	22.00			
81 87651	59	1.00 052324 052324				49.86	15.07 28.00 21.86	0.00 0.00 0.00		9918		

REPORT: CRA-PRPD-R RA#: 3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 052324 052324 220224		AMOUNT 336.00		\mathtt{TPL}	PAID 224.00	DETAIL EC	DBS	
2024152026495	RECIPIENT ID.: 530001127427 I1658241 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924	60.00 BILLED AMOUNT 60.00	2.00 ALLOWED NON-AlloWED 2.00 58.00	COPAY TPL		DETAIL EC	0.00 DBS	2.00
2024157011019	RECIPIENT ID.: 530001494695 11663203 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224	MRN: 060324 060324		28.00	COPAY TPL		DETAIL EC	0.00 DBS	28.00
NAME: KAIDEN DUBOSE 2024156025482 POS PROC CD MODIFIERS 81 87491 59 81 87591 59 81 87661	RECIPIENT ID.: 530000709379 I1661006 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224	MRN: 053024 053024	BILLED	77.53 ALLOWED NON-AlloWED 28.00 21.86 28.00 14.00 21.53 10.77	COPAY	PAID	DETAIL EC 5490 9918	0.00 DBS	49.53
NAME: KAIDEN DUBOSE 2024156025492 POS PROC CD MODIFIERS 81 87086	RECIPIENT ID.: 530000709379 I1662127 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 053024		10.00 ALLOWED NON-AlloWED 10.00 8.53	COPAY TPL 0.00		0.00 DETAIL EC 9918	0.00 DBS	10.00
2024150023704 POS PROC CD MODIFIERS			BILLED		COPAY TPL	PAID 12.00	DETAIL EC		33.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 80164	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 42.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 17.00 25.00	NO ALI COPAY TPL 0.00 0.00	COWED 2 PAID 17.00	AMOUNT AM	PL DUNT	PAID AMOUNT
81 85049	1.00 052224 052224 220224		9.00	4.00 5.00	0.00		9918		
NAME: SOPHIA DUKE 2024149019746 POS PROC CD MODIFIERS	I1651930 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 052224 052224	BILLED AMOUNT	28.00 ALLOWED NON-AllOWED	COPAY TPL	21.86 PAID		0.00	28.00
NAME: ARRY DIMAS	1.00 052224 052224 220224		49.86	28.00 21.86	0.00		9918		
NAME: ABBY DUMAS 2024149019751 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87798 81 87798 81 87798 81 87798	RECIPIENT ID.: 530000753556 I1651931 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 2.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224	MRN: 052124 052124	843.74 BILLED AMOUNT 168.00 37.07 37.07 462.00 37.07 84.00 18.53	552.00 ALLOWED NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00 154.00 22.00 15.07 56.00 28.00 10.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	22.00 22.00 308.00 22.00	9918 9918 9918 9918 5000	0.00	496.00
NAME: ABBY DUMAS 2024159022220 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59	RECIPIENT ID.: 530000753556 11665708 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	699.21 BILLED AMOUNT 42.00 37.07	8.53 458.00 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 22.00 15.07	O.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	22.00	0.00 DETAIL EOBS 9918 9918 9918	0.00	458.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS 59	SERVICE DATES RENDE: UNITS FROM THRU PROVI: 11.00 060424 060424 22022	DER		BILLED AMOUNT 462.00	ALLOWED NON-AlloWED 308.00	COPAY TPL 0.00	PAID 308.00	DETAIL EOBS 9918		
81 87641	59	1.00 060424 060424 22022	4		37.07	154.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87798	59	2.00 060424 060424 22022	4		84.00	56.00 28.00	0.00	56.00	9918		
NAME: SOPHIA	DUNCAN L59022245	RECIPIENT ID.: 530 I1665709		060524	899.12	586.03		313.09	0.00	0.00	586.03
20241	139022243	SERVICE DATES RENDE:		000524	BILLED	ALLOWED	COPAY	313.09	0.00	0.00	300.03
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87486	59	1.00 060524 060524 22022			42.00	28.00 14.00	0.00	28.00			
81 87498	59	1.00 060524 060524 22022	4		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060524 060524 22022	4		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060524 060524 22022	4		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060524 060524 22022	4		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060524 060524 22022	4		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 060524 060524 22022			49.86	28.00 21.86	0.00	28.00			
81 87798		8.00 060524 060524 22022	4		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TORI DU	JNCAN	RECIPIENT ID.: 530	001967125 MRN:								
	L50023715	I1656397		052424	18.53	10.00		8.53	0.00	0.00	10.00
POS PROC CD 81 87086	MODIFIERS	SERVICE DATES RENDE: UNITS FROM THRU PROVI: 1.00 052424 052424 22022	DER		BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918		
NAME: AYDEN I	NNIIC	RECIPIENT ID.: 530	002066516 MRN:								
		i1651932 SERVICE DATES RENDE:	052224	052224		43.61 ALLOWED		106.39	0.00	0.00	43.61
POS PROC CD 81 87635		UNITS FROM THRU PROVIDENCE 1.00 052224 052224 22022	DER			NON-AllOWED 43.61	\mathtt{TPL}	43.61	DETAIL EOBS 9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

3	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
NAME: AYDEN DUNN 202415002		RECIPIENT ID I1653517 SERVICE DATES	.: 530002066516 RENDERING	MRN: 052224	052224	565.12 BILLED	374.03 ALLOWED	S COPAY	191.09	0.00	0.00	374.03
POS PROC CD MOI 81 87498 59	DIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	3S	
81 87581 59		1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 052224 052224	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: KENNETH DUN 202414901		I1651933	.: 530001149119	MRN: 121423	121423	899.12			313.09	0.00	0.00	586.03
POS PROC CD MOI 81 87486 59	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 121423 121423	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00		3S	
81 87498 59		1.00 121423 121423	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59		1.00 121423 121423	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 121423 121423	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 121423 121423	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 121423 121423	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 121423 121423	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 121423 121423	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: TRA NIYAH I 202415602		RECIPIENT ID		MRN: 042324	042324		73.00		56.16	0.00	0.00	73.00
POS PROC CD MOI 81 80053	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 042324 042324	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EOR 9918	3S	
81 83540		1.00 042324 042324	220224			9.71	3.84 7.00 2.71	0.00 0.00 0.00	7.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		N(ALI			PL OUNT	PAID AMOUNT
DOG DDOG OD MODIETEDG	SERVICE DATES RENDERING		BILLED			ח א ד די			
POS PROC CD MODIFIERS 81 83550	UNITS FROM THRU PROVIDER 1.00 042324 042324 220224		AMOUNT 13.11		TPL 0.00		DETAIL EOBS 9918		
01 03330				3.11	0.00	10.00	JJ10		
81 82728	1.00 042324 042324 220224		40.00	13.00	0.00	13.00	9918		
				27.00	0.00				
81 83036	1.00 042324 042324 220224		14.00	12.00	0.00	12.00	9918		
0.0	1 00 040004 040004 00004			2.00	0.00	4.4.00	0010		
81 80061	1.00 042324 042324 220224		20.00		0.00	14.00	9918		
81 85027	1.00 042324 042324 220224		12.00	6.00 5.00	0.00	F 00	9918		
81 83027	1.00 042324 042324 220224		12.00	7.00	0.00		9910		
81 36415	1.00 042324 042324 220224		4.50	0.00	0.00		3323		
0_ 000				4.50	0.00		0020		
	RECIPIENT ID.: 530002150617				_				
2024150023757	I1656398	052224 052224		116.22		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS	SERVICE DATES RENDERING		BILLED AMOUNT			חז גח	DETAIL EOBS		
81 G0482	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		174.33			116.22			
01 00102	1.00 032221 032221 220221		171.55	58.11	0.00		JJ10		
NAME: KAYSEN DUREN									
2024155017650	I1659631	052924 052924		374.03		191.09	0.00	0.00	374.03
DOG DDOG GD WODIFIEDG	SERVICE DATES RENDERING		BILLED		COPAY	D. T.D.	DDD3.11 DODG		
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		AMOUNT 37.07	NON-AllOWED	TPL	PAID			
81 87498 59				1 - 0 -	0.00	22.00	9918		
81 87581 59	1.00 052924 052924 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 052924 052924 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87798	4.00 052924 052924 220224		168.00		0.00	112.00	9918		
				56.00	0.00				
NAME: ELLEN DUVALL	RECIPIENT ID.: 530002032008	MRN:							
2024155017661	I1659633	051724 051724	125.00	55.48	3	69.52	0.00	0.00	55.48
	SERVICE DATES RENDERING		BILLED						
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 G0480	1.00 051724 051724 220224		125.00			55.48	9918		
				69.52	0.00				
NAME: JEANETTE EAKIN	RECIPIENT ID.: 530001533594	MRN:							
	I1653527	052124 052124	40.12	27 00)	13.03	0.00	0.00	27.09
2021130023000	1100001	002121	10.12	21.02	•	±3.03	J. 00	0.00	27.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052124 052124	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL E 9918	EOBS	
81	87186		1.00 052124 052124	220224			13.50	9.00 4.50	0.00		9918		
81	87088		1.00 052124 052124	220224			8.09	8.09	0.00	8.09			
NAME:	JOURNEY 20241	EALY 50023811	RECIPIENT ID 11653528	.: 530002347293	MRN: 052324	052324	319.55	213.03		106.52	0.00	0.00	213.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87507		1.00 052324 052324	220224			319.55	213.03 106.52	0.00		9918		
NAME:	GRAYSON	EASTERLING	RECIPIENT ID	.: 530001648145	MRN:								
		52026524	I1658251			052824	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.400	5 0	1 00 050004 050004	000004			25 25	14.00	0.00	00.00	0.01.0		
81	87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 052024 052024	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 052824 052824	220224			318.05	14.00 212.03	0.00	212.03	0010		
OΤ	07033		1.00 032024 032024	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
01	0,010		1.00 032021 032021	220221			37.07	15.07	0.00	22.00	3310		
81	87641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
74 74 17 TT •	י דמד הזי	בטטבה	RECIPIENT ID	• 520002204262	М⊡ит•								
MAMF •			RECIPIENT 1D 11664404	550004504403		052024	365 05	230.53		134 52	0 00	0.00	202.53
	707 4 1	JUUZ91ZJ	SERVICE DATES	RENDERING	032024	00404		ALLOWED		T) T. J 4	0.00	0.00	202.55
POS	PROC CD	MODIFIERS		PROVIDER				NON-Allowed		PATD	DETATI. F	EOBS	
	87798		3.00 052024 052024				126.00			84.00		1020	
7 –			2112 2222 322021						0.00		•		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG :		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			10DC	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
81	87491	59	1.00	052024 052024	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	Γ0	1 00	050004 050004	220224			40.00	21.86	0.00	20.00	0.01.0		
81	87511	59	1.00	052024 052024	220224			42.00	28.00	0.00	28.00	9918		
0.1	07520	ΕO	1 00	052024 052024	220224			10.06	14.00	0.00	20 00	0010		
81	87529	59	1.00	052024 052024	220224			49.86	28.00	0.00	20.00	9918		
0.1	07501	ΕO	1 00	052024 052024	220224			42.00	21.86	0.00	20 00	0010		
81	87591	59	1.00	052024 052024	220224			42.00	28.00	0.00	20.00	9918		
0.1	07661	Γ0	1 00	050004 050004	220224			22 20	14.00	0.00	01 [2	0.01.0		
81	87661	59	1.00	052024 052024	220224			32.30	21.53	0.00	21.53	9918		
0.1	01015		1 00	052024 052024	220224			4 50	10.77	0.00	2 00	0010		
81	81015		1.00	052024 052024	220224			4.50	3.00	0.00	3.00	9918		
0.1	07006		1 00	052024 052024	220224			10 52	1.50	0.00	10 00	0010		
81	87086		1.00	052024 052024	220224			18.53	10.00	0.00	10.00	9918		
									8.53	0.00				
MTAME •	EMILY E			ספירטדפאיי דר	.: 530001956488	MRN:								
MAME .		50023817	I165353		. 530001930488		052224	178.16	106.00		72.16	0.00	0.00	106.00
	20241	30023017	1103333	SERVICE DATES	RENDERING	032224	032224	BILLED	ALLOWED	COPAY	72.10	0.00	0.00	100.00
DOG .	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	r ODC	
81	80053	MODIFIERS		052224 052224	220224			15.84	12.00	0.00	12.00		2002	
0.1	00055		1.00	032224 032224	220224			13.01	3.84	0.00	12.00	9910		
81	82607		1 00	052224 052224	220224			22.00	17.00	0.00	17 00	9918		
0.1	02007		1.00	032224 032224	220224			22.00	5.00	0.00	17.00	9910		
81	82306		1 00	052224 052224	220224			44.00	29.00	0.00	29 00	9918		
01	02300		1.00	032224 032224	220224			11.00	15.00	0.00	27.00	JJ10		
81	83540		1 00	052224 052224	220224			9.71	7.00	0.00	7 00	9918		
01	03340		1.00	032224 032224	220224			J. 1 ±	2.71	0.00	7.00	JJ10		
81	83550		1 00	052224 052224	220224			13.11	10.00	0.00	10 00	9918		
01	03330		1.00	032221 032221	220221			13.11	3.11	0.00	10.00	JJ10		
81	82728		1 00	052224 052224	220224			40.00	13.00	0.00	13 00	9918		
01	02720		1.00	032221 032221	220221			10.00	27.00	0.00	13.00	JJ 10		
81	80061		1 00	052224 052224	220224			20.00	14.00	0.00	14 00	9918		
0 ±	00001		1.00	032221 032221	220221			20.00	6.00	0.00	11.00	JJ 10		
81	36415		1 00	052224 052224	220224			4.50	0.00	0.00	0 00	3323		
01	30113			002221 002221	220221			1.30		0.00	0.00	3323		
0.1									4.50					
81	85049			052224 052224	220224			9.00	4.50 4.00		4.00	9918		
81	85049			052224 052224	220224			9.00	4.00	0.00	4.00	9918		
81	85049			052224 052224	220224			9.00			4.00	9918		
	85049 EMILY E	DMOND			220224 .: 530001956488	MRN:		9.00	4.00	0.00	4.00	9918		
	EMILY E	DMOND 50023831		RECIPIENT ID		MRN: 052224	052224	9.00	4.00	0.00	4.00	9918	0.00	22.93

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN POS PROC CD MODIFIERS 81 84443	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 27.89	ALLOWED AMOUNT ALLOWED NON-AlloWED 22.93 4.96	NO ALL COPAY TPL 0.00 0.00	OWED A	AMOUNT A DETAIL EOB	TPL MOUNT S	PAID AMOUNT
NAME: KIAN EDWARDS 2024156025528 POS PROC CD MODIFIERS 81 82306	RECIPIENT ID.: 530001612310 I1662139 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224	MRN: 052924 052924	158.70 BILLED AMOUNT 44.00	96.93 ALLOWED NON-AllOWED 29.00	COPAY TPL 0.00	61.77 PAID 29.00		0.00 S	96.93
81 82728 81 83036	1.00 052924 052924 220224 1.00 052924 052924 220224		40.00	15.00 13.00 27.00 12.00	0.00 0.00 0.00 0.00	13.00			
81 84443 81 84439	1.00 052924 052924 220224 1.00 052924 052924 220224		25.20 13.00	2.00 22.93 2.27 9.00	0.00 0.00 0.00 0.00	22.93			
81 83540	1.00 052924 052924 220224		9.00	4.00 7.00 2.00	0.00 0.00 0.00	7.00	9918		
81 36415 81 85049	1.00 052924 052924 220224 1.00 052924 052924 220224		4.50 9.00	0.00 4.50 4.00 5.00	0.00 0.00 0.00 0.00		3323 9918		
NAME: MYYINKA EDWARDS 2024149019797	RECIPIENT ID.: 530001679876 I1651937 SERVICE DATES RENDERING	MRN: 051324 051324	397.12 BILLED	22.50 ALLOWED	COPAY	374.62	0.00	200.55	22.50
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 051324 051324 220224		AMOUNT 37.07	NON-AllOWED 7.50 29.57	TPL 0.00 0.00	7.50		S	
81 87581 59 81 87633	1.00 051324 051324 220224 1.00 051324 051324 220224		42.00	7.50 34.50 7.50 310.55			9918 9936 9918 9936		
2024150023854 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002382745 11653542 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	MRN: 052324 052324	BILLED	262.03 ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL	PAID 22.00	DETAIL EOB		262.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024 PAGE: 148

ICN POS PROC CD MODIFIERS 81 87581 59 81 87633	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 42.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00 14.00 212.03 106.02	O ALI COPAY TPL 0.00 0.00 0.00 0.00	JOWED A	COPAY AMOUNT DETAIL E 9918 9918	TPL AMOUNT GOBS	PAID AMOUNT
NAME: XYAN EDWARDS 2024156025552 POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530001231490 I1662141 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224	MRN: 052924	052924	111.54 BILLED AMOUNT 15.84	76.93 ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID	0.00 DETAIL E 9918	0.00 GOBS	76.93
81 82306 81 84443	1.00 052924 052924 220224 1.00 052924 052924 220224			44.00 25.20	3.84 29.00 15.00 22.93 2.27	0.00 0.00 0.00 0.00	29.00 22.93	9918 9918		
81 84439 81 36415 81 85049	1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224			13.00 4.50 9.00	9.00 4.00 0.00 4.50 4.00	0.00 0.00 0.00 0.00	0.00	9918 3323 9918		
NAME: WAYLON EHLMAN 2024155017688	RECIPIENT ID.: 530002209289 I1659637	MRN: 052924	052924	397.12	5.00	0.00		0.00	0.00	262.03
POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224			BILLED AMOUNT 37.07 42.00 318.05	ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID		GOBS	
NAME: JOSHUA ELDERS 2024155017695 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002308532 11659639 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	MRN: 052324	052324	BILLED		COPAY	58.11 PAID 116.22			116.22
	RECIPIENT ID.: 530001040931 I1651939	MRN: 052124	052124	27.89	22.93		4.96	0.00	0.00	22.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CI 81 84443	O MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052124 052124	RENDERING PROVIDER 220224			BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL I 9918	EOBS	
NAME: PAITO).: 530001209615	MRN:								
2024	4149019824	I1651940		012924	012924	881.59	535.53		346.06	0.00	0.00	463.53
POS PROC CI	O MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	Z ∩DC	
81 87798	59	9.00 012924 012924	220224			378.00	252.00	0.00	252.00		FOBS	
01 07790	3,5	J.00 012J21 012J21	220221			370.00	126.00	0.00	232.00	J J I O		
81 87481	59	2.00 012924 012924	220224			84.00	56.00	0.00	56.00	9918		
							28.00	0.00				
81 87491	59	1.00 012924 012924	220224			49.86	28.00	0.00	0.00	5490		
81 87511	59	1.00 012924 012924	220224			42.00	21.86 28.00	0.00	28 00	9918		
01 0/311	39	1.00 012924 012924	22022 1			42.00	14.00	0.00	20.00	9910		
81 87529	59	2.00 012924 012924	220224			99.72	56.00	0.00	56.00	9918		
							43.72	0.00				
81 87591	59	1.00 012924 012924	220224			42.00	28.00	0.00	28.00	9918		
81 87653	59	2.00 012924 012924	220224			74.14	$14.00 \\ 44.00$	0.00	0 00	5900		
01 0/033	59	2.00 012924 012924	220224			/4.14	30.14	0.00	0.00	3900		
81 87661	59	1.00 012924 012924	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
81 87563		1.00 012924 012924	220224			42.50	0.00	0.00	0.00	4021		
01 07640	F.O.	1 00 010004 010004	000004			25 05	42.50	0.00	00.00	0.01.0		
81 87640	59	1.00 012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918		
							13.07	0.00				
NAME: PAITOR	N ELLIOTT	RECIPIENT II	530001209615	MRN:								
2024	4158029150	I1664415		012924	012924	578.14			198.14	0.00	0.00	380.00
	NODIETED C	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		EOD C	
81 87481	D MODIFIERS	UNITS FROM THRU 1.00 012924 012924	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0 00		DETAIL I 9918	EORS	
01 0/401	39	1.00 012924 012924	22022 1			42.00	14.00	0.00	20.00	9910		
81 87640	59	1.00 012924 012924	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87653	59	1.00 012924 012924	220224			37.07	22.00	0.00	22.00	9918		
01 07700	E 0	11.00 012924 012924	220224			160 00	15.07	0.00	200 00	0010		
81 87798	59	11.00 012924 012924	220224			462.00	308.00 154.00	0.00	308.00	ソソエ ℧		
							131.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCI	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
NAME:	DARRELL 20241	ELLIS 50023867	I1653553		D.: 530001958209	MRN: 040324	040324	87.34 BILLED	57.00 ALLOWED	COPAY	30.34	0.00		0.00	57.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	LEOBS		
81	80053			040324 040324				15.84	12.00 3.84	0.00		9918			
81	82306		1.00	040324 040324	220224			44.00	29.00 15.00	0.00	29.00	9918			
81	83036		1.00	040324 040324	220224			14.00	12.00 2.00	0.00	12.00	9918			
81	36415		1.00	040324 040324	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00	040324 040324	220224			9.00	4.00 5.00	0.00 0.00	4.00	9918			
NAME:		ELLIS BALTAZ			D.: 530001109104	MRN:	052004	246 20	102.02		150 20	0.00		0.00	102.02
	20241	56025567	I1661014	4 SERVICE DATES	RENDERING	053024	053024	346.32 BILLED	193.93 ALLOWED	COPAY	152.39	0.00		0.00	193.93
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	84550		1.00	053024 053024	220224			6.78	6.00 0.78	0.00	6.00	9918			
81	36415		1.00	053024 053024	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00	053024 053024	220224			9.00	4.00 5.00	0.00	4.00	9918			
81	80053			053024 053024				15.84	12.00 3.84	0.00		9918			
81	82607			053024 053024				22.00	17.00 5.00	0.00		9918			
81	82746			053024 053024				22.00	13.00 9.00	0.00		9918			
81	82306			053024 053024				44.00	29.00 15.00	0.00		9918			
81	82728			053024 053024				40.00	13.00 27.00	0.00		9918			
81	83036			053024 053024				14.00	12.00 2.00	0.00		9918			
81	84443			053024 053024				25.20	22.93 2.27	0.00		9918			
81	83970		1.00	053024 053024	220224			123.00	51.00 72.00	0.00	51.00	9918			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	PROC CD 80061	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 20.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 14.00 6.00	COPAY TPL 0.00 0.00	LOWED A PAID 14.00	COPAY AMOUNT DETAIL I 9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME		ELLIS BALTAZ .56025592	ZAR RECIPIENT ID I1662145 SERVICE DATES	:: 530001109104	MRN: 053024	053024	825.21 BILLED	542.00 ALLOWED	COPAY	283.21	0.00	0.00	486.00
	PROC CD 87481	MODIFIERS 59	UNITS FROM THRU 4.00 053024 053024	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00 56.00	TPL 0.00 0.00	PAID 112.00	DETAIL I 9918	EOBS	
81	87640	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 053024 053024	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		2.00 053024 053024	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME		ELLIS BALTAZ .58029164	ZAR RECIPIENT ID I1664416	.: 530001109104	MRN: 053024	053024	40.12	27.09		13.03	0.00	0.00	27.09
DOG	מס מס	MODIETEDO	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED		COPAY	PAID	DETAIL I	EOD C	
	87086	MODIFIERS	1.00 053024 053024	220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	10.00		ZODS	
81	87186		1.00 053024 053024	220224			13.50	9.00 4.50	0.00	9.00	9918		
81	87088		1.00 053024 053024	220224			8.09	8.09 0.00	0.00	8.09			
NAME		AH ELLISON .58029184	RECIPIENT ID		MRN: 042924	042924		217.53		124.49	0.00	0.00	189.53
	PROC CD 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 3.00 042924 042924	PROVIDER			BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00			EOBS	
81	87491	59	1.00 042924 042924	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 042924 042924	220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO. SERVICE DATES RENDER	SERVICE FROM ING	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY TP AMOUNT AMO		PAID AMOUNT
POS PROC CD 81 87529	MODIFIERS 59	UNITS FROM THRU PROVID 1.00 042924 042924 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87591	59	1.00 042924 042924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 042924 042924 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: HAZEL E		RECIPIENT ID.: 5300									
20241	156025601	I1662146 SERVICE DATES RENDER		053124	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVID			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87635		1.00 053124 053124 220224			150.00	43.61 106.39	0.00	43.61			
81 87498	59	1.00 053124 053124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 053124 053124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 053124 053124 220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: BRANDY 20241	EMMONS L55017704	RECIPIENT ID.: 5300 I1659647		052924	825.21	542.00		283.21	0.00	0.00	486.00
		SERVICE DATES RENDER			BILLED		COPAY				
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM THRU PROVID 4.00 052924 052924 220224			AMOUNT 168.00	NON-AllOWED 112.00 56.00	TPL 0.00 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87640	59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 052924 052924 220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 052924 052924 220224			84.00	56.00	0.00	0.00	5000		
01 07770		2.00 032924 032924 220224			01.00	28.00	0.00				
NAME: JUDSON	ERGLE L50023884	RECIPIENT ID.: 5300 I1656414 SERVICE DATES RENDER	00783166 MRN: 052624	052624	899.12 BILLED		0.00		0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY	PAID	היייא דד היי)DC	
81	PROC CD 87498	MODIFIERS 59		220224			37.07	22.00	TPL 0.00		DETAIL EC 9918	JBS	
0.1	0/490	39	1.00 052024 052024	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 052624 052624	220224			42.00	28.00	0.00	20 00	9918		
0.1	0/301	39	1.00 052024 052024	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 052624 052624	220224			318.05	212.03	0.00	212.03	0010		
0.1	07033		1.00 032024 032024	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 052624 052624	220224			37.07	22.00	0.00	22 00	9918		
0.1	0/040		1.00 032024 032024	220224			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00 052624 052624	220224			37.07	22.00	0.00	22 00	9918		
01	07011	3,5	1.00 032021 032021	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 052624 052624	220224			49.86	28.00	0.00	28 00	9918		
0 ±	0,031	3,5	1.00 032021 032021	220221			19.00	21.86	0.00	20.00	JJ±0		
81	87798		8.00 052624 052624	220224			336.00	224.00	0.00	224.00	9918		
0 =	07750		0.00 002021 002021	220221			330.00	112.00	0.00	221.00	JJ 10		
NAME	STORMIE	ERSEN	RECIPIENT ID.	: 530001490541	MRN:								
		.52026554	I1658266		041524	041524	37.07	22.00		15.07	0.00	0.00	22.00
				RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
	87653		1.00 041524 041524				37.07	22.00	0.00		9918		
								15.07	0.00				
NAME	: AMELIA	ERVIN	RECIPIENT ID.	: 530002227773	MRN:								
	20241	.58029203	I1664420		052224	052224	565.12	374.03		191.09	0.00	0.00	374.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	OBS	
81	87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87798		4.00 052224 052224	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME	HUDSON		RECIPIENT ID.	: 530002419205	MRN:	050004	1 040 10	600 64		410 40	0.00	0.00	600 64
	20241	.55017721	I1659651	DEMDED 13:0	052924	052924		629.64		419.48	0.00	0.00	629.64
D00	DD00 05	MODIFIED		RENDERING				ALLOWED	COPAY	D 7 T D		DD.C	
		MODIFIERS		PROVIDER			AMOUNT		TPL		DETAIL EC)R2	
ЯΤ	87635		1.00 052924 052924	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

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	ICN	PAT ACCT NO.		ERVICE ROM	DATES THRU		ALLOWED AMOUNT	NOI ALL(COPAY TE	PL DUNT	PAID AMOUNT
		SERVICE DATES RI	ENDERING	_		BILLED		COPAY				
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87486	59		20224			42.00	28.00	0.00	28.00			
							14.00	0.00				
81 87498	59	1.00 052924 052924 22	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 052924 052924 22	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 052924 052924 22	20224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 052924 052924 22	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 052924 052924 22	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 052924 052924 22	20224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 052924 052924 22	20224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NTN NATT . NA N TA N SAT T	A TITTA ATC	DEGIDIENE ID .	F20001007760	N/DAT •								
NAME: MAKAYLA		RECIPIENT ID.:		MRN:	040004	27 07	22.00		15 07	0 00	0 00	22 00
2024.	155017740	I1659653		40824	040824		22.00		15.07	0.00	0.00	22.00
POS PROC CD	MODIFFED	SERVICE DATES RI UNITS FROM THRU PI				AMOUNT	ALLOWED NON-AlloWED		מדעם	טמייא דו היטטט		
81 87653		1.00 040824 040824 22				37.07		0.00				
01 07033	59	1.00 040824 040824 22	20224			37.07	15.07	0.00	22.00	9910		
							13.07	0.00				
NAME: MARY EV	ZANS	RECIPIENT ID.:	530002283471	MRN:								
	155017750	I1659652			032924	60.00	2.00		58.00	0.00	0.00	2.00
2021	133017730	SERVICE DATES RI		32,21	032721	BILLED			30.00	0.00	0.00	2.00
POS PROC CD	MODIFIERS	UNITS FROM THRU PI				AMOUNT	NON-AllowED		PAID	DETAIL EOBS		
81 81007		1.00 032924 032924 22				60.00	2.00	0.00	2.00	9918		
							58.00	0.00				
NAME: NOVALE		RECIPIENT ID.:	530002195885	MRN:								
20243	152026567	I1658269	0	52824	052824	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES RI				BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU PI				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID			
81 87486	59	1.00 052824 052824 22	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 052824 052824 22	20224			37.07	22.00	0.00	22.00	9918		
01 05501	F.0	1 00 050004 050004	00004			40.00	15.07	0.00	22.22	0010		
81 87581	59	1.00 052824 052824 22	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE I	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL 9918	EOBS	
81 87640		1.00 052824 052824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052824 052824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052824 052824 220224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81 87798		8.00 052824 052824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SHIRLEY	EVANS 50023910	RECIPIENT ID.: 530000355708	MRN: 052424	052424	63 34	42.00)	21.34	0.00	0.00	42.00
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	032121	032121	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		12.00
81 80053 81 83036		1.00 052424 052424 220224 1.00 052424 052424 220224			15.84 14.00	12.00 3.84 12.00	0.00 0.00 0.00		9918 9918		
81 80061		1.00 052424 052424 220224			20.00	2.00 14.00	0.00		9918		
81 36415		1.00 052424 052424 220224			4.50	6.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81 85049		1.00 052424 052424 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: SHIRLEY	EVANS 50023924	RECIPIENT ID.: 530000355708	MRN: 052424	052424	27.89	22.93	3	4.96	0.00	0.00	22.93
POS PROC CD 81 84443	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224			BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00	PAID	DETAIL 9918		
NAME: TATUM E 20241	VANS 52026591	RECIPIENT ID.: 530002369423 11658272 SERVICE DATES RENDERING	MRN: 052824	052824	899.12 BILLED	586.03	3 COPAY	313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81 87498	59	1.00 052824 052824 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	D MODIETEDC	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	חז גח	דעה מעד ד	ZODC	
POS PROC (81 87581		UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL I 9918	FORS	
01 0/301	. 59	1.00 032024 032024 220224			42.00	14.00	0.00	20.00	9910		
81 87633	1	1.00 052824 052824 220224			318.05	212.03	0.00	212.03	9919		
01 07032)	1.00 032024 032024 220224			310.03	106.02	0.00	212.05	J J ± 0		
81 87640	1	1.00 052824 052824 220224			37.07	22.00	0.00	22 00	9918		
01 07010	•	1.00 032021 032021 220221			37.07	15.07	0.00	22.00	JJ10		
81 87641	. 59	1.00 052824 052824 220224			37.07	22.00	0.00	22 00	9918		
01 07011	. 57	1.00 032021 032021 220221			37.07	15.07	0.00	22.00	JJ10		
81 87651	. 59	1.00 052824 052824 220224			49.86	28.00	0.00	28.00	9918		
01 07031	. 37	1.00 032021 032021 220221			17.00	21.86	0.00	20.00	JJ 10		
81 87798	}	8.00 052824 052824 220224			336.00	224.00	0.00	224.00	9918		
0_ 0///0		0.00 00=0== 00=0==				112.00	0.00		,,_,		
NAME: TUCKE	R EVANS	RECIPIENT ID.: 53000236942	2 MRN:								
	24152026604	I1658271	052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC C	D MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81 87486	5 59	1.00 052824 052824 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498	59	1.00 052824 052824 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	. 59	1.00 052824 052824 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633	}	1.00 052824 052824 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 052824 052824 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	. 59	1.00 052824 052824 220224			37.07	22.00	0.00	22.00	9918		
01 00651	F.0	1 00 050004 050004 000004			40.06	15.07	0.00	00.00	0010		
81 87651	. 59	1.00 052824 052824 220224			49.86	28.00	0.00	28.00	9918		
01 07700	.	0 00 050004 050004 000004			226 00	21.86	0.00	004 00	0010		
81 87798	5	8.00 052824 052824 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NTN N(T) • 147 N/T (או הזואור	RECIPIENT ID.: 53000104645	e MDN:								
		I1664427		060224	20 24	16.00		12 21	0 00	0.00	16.00
202	14130073777	SERVICE DATES RENDERING	000324	000324		ALLOWED		13.3 1	0.00	0.00	10.00
מ משחת מ	D MODIFIERS	UNITS FROM THRU PROVIDER				NON-AllowED		חד עם	י דיעיםרו	ZORC	
81 80053		1.00 060324 060324 220224			15.84			12.00		2000	
01 00003	,	1.00 000021 000021 220221			10.04		0.00		J J ± 0		
						J.01	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	-	ICN	PAT ACC	r no.		SERVICE FROM	DATES THRU		ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
	PROC CD M 36415	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED	COPAY	PAID			
81	85049		1.00	060324 060324	220224			9.00	4.00	0.00	4.00	9918		
NAME:	WAYLON EV 2024158	/ANS 3029234	I1664428	RECIPIENT ID	.: 530001046456 RENDERING	MRN: 060324	060324	107.00	11.00		96.00	0.00	0.00	11.00
POS 1 81	PROC CD M 85610	MODIFIERS	UNITS 1.00	FROM THRU 060324	PROVIDER 220224		000324	BILLED AMOUNT 7.00	ALLOWED NON-AllOWED 5.00 2.00	0.00		9918	S	
81	85730		1.00	060324 060324	220224			100.00	6.00 94.00	0.00	6.00	9918		
NAME:	DAISY EVE 2024150		I1653573	3		MRN: 052024	052024	67.89 BILLED	37.93 ALLOWED	COPAY	29.96	0.00	0.00	37.93
	PROC CD M 86038	MODIFIERS	UNITS	FROM THRU 052024	RENDERING PROVIDER 220224 220224			AMOUNT 40.00	NON-AllowED		PAID 15.00		S	
81	84443		1.00	052024 052024	220224			27.89	22.93 4.96	0.00	22.93	9918		
NAME:	DAISY EVE 2024152		I1658273	3	.: 530000869694 RENDERING	MRN: 052024	052024	214.16 BILLED	129.00 ALLOWED	COPAY	85.16	0.00	0.00	24.00
	PROC CD M 80053	MODIFIERS	UNITS		PROVIDER 220224			AMOUNT 15.84	NON-AllowED		PAID 0.00		S	
81	82607		1.00	052024 052024	220224			22.00	17.00 5.00	0.00	0.00	5000		
81	82746			052024 052024					13.00 9.00	0.00		5000		
81	82306			052024 052024				44.00	29.00 15.00	0.00		5000		
81	83540			052024 052024				9.71	7.00 2.71	0.00		5000		
81 81	83550 82728			052024 052024 052024 052024				13.11	10.00 3.11 13.00	0.00 0.00 0.00		5000 5000		
01	02/20		1.00	032024 032024	22022T			40.00	27.00	0.00	0.00	3000		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	AMOUNT	AMOUNT		OWED 2	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID	DETAIL E	EOBS	
81 85049	1.00 052024 052024 220224			9.00	4.00 5.00	0.00	0.00	5000 548	32	
81 84439	1.00 052024 052024 220224			13.00	9.00 4.00	0.00	9.00	9918		
81 86376	1.00 052024 052024 220224			21.00	15.00 6.00	0.00	15.00	9918		
NAME: DREYDEN FANCHER 2024155017766	RECIPIENT ID.: 530002230313	052924			213.03		106.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 319.55	ALLOWED NON-AllOWED 213.03 106.52		PAID 213.03		EOBS	
2024155017776	RECIPIENT ID.: 530001305426 I1659658 SERVICE DATES RENDERING	041124	041124	60.00 BILLED	2.00 ALLOWED	COPAY	58.00	0.00	0.00	2.00
POS PROC CD MODIFIERS 81 81007	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 60.00	NON-AllOWED 2.00	TPL	2.00		EOBS	
NAME: ABIGAIL FENLEY 2024158029243	RECIPIENT ID.: 530002109699 I1664433		060224	00 04	52.00		46.94	0 00	0.00	52.00
POS PROC CD MODIFIERS	CEDVITCE DATEC DENDEDING			חשוודם	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E		32.00
81 84550	UNITS FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224			6.78	6.00 0.78	0.00	6.00	9918		
81 80053	1.00 060324 060324 220224			15.84	12.00 3.84	0.00	12.00	9918		
81 83540	1.00 060324 060324 220224			9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 060324 060324 220224			13.11	10.00	0.00	10.00	9918		
81 82728	1.00 060324 060324 220224			40.00	13.00 27.00	0.00	13.00	9918		
81 36415	1.00 060324 060324 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 060324 060324 220224			9.00	4.00 5.00	0.00	4.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW		OPAY MOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ABIGAIL FENLEY 2024158029264 POS PROC CD MODIFIERS 81 83615	RECIPIENT ID.: 530002109699 I1664434 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224	MRN: 060324 060324	18.00 BILLED AMOUNT 18.00	NON-AllOWED 6.00	1 COPAY TPL 0.00 0.00	PAID	0.00 DETAIL E 9918		6.00
NAME: ICKER FERNANDEZ 2024159022261 POS PROC CD MODIFIERS 81 80053 81 80061 81 84443 81 36415 81 85049	RECIPIENT ID.: 530001303862 I1665724 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	74.54 BILLED AMOUNT 15.84 20.00 25.20 4.50 9.00	52.93 ALLOWED NON-AllOWED 12.00 3.84 14.00 6.00 22.93 2.27 0.00 4.50 4.00 5.00	COPAY	PAID 12.00 14.00 22.93 0.00 4.00	9918991899183323		52.93
NAME: BELLA FIELD 2024158029272 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	T1664427	MRN: 060424 060424	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00 112.00	COPAY	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00 22.00 28.00	DETAIL E 9918 9918 9918 9918 9918 9918 9918		586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DA' FROM THI		ALLOWED AMOUNT	NOI ALLO			TPL MOUNT	PAID AMOUNT
NAME: EMBERLYN FINCH 2024156025617	RECIPIENT ID.: 530001322586 I1661021	MRN: 053024 053		217.53		124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 053024 053024 220224			NON-AllOWED	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL EOB 9918	5	
81 87491 59	1.00 053024 053024 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 053024 053024 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661 59	1.00 053024 053024 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: EMBERLYN FINCH 2024156025634	RECIPIENT ID.: 530001322586 I1662160	MRN: 053024 053		10.00		8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 18.53	NON-AllOWED 10.00	\mathtt{TPL}	PAID 10.00		5	
NAME: RYLIE FLANAGAN 2024159022276	RECIPIENT ID.: 530002115339 I1665727			52.50		510.62	0.00	246.31	52.50
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT		COPAY	DZTD	DETAIL EOB	3	
	1.00 052324 052324 220224		42.00	7.50		7.50		3	
81 87498 59	1.00 052324 052324 220224		37.07 42.00	7.50 29.57	0.00	7.50	9918 9936		
81 87581 59	1.00 052324 052324 220224		42.00	7.50 34.50	0.00	7.50	9918 9936		
81 87633	1.00 052324 052324 220224		318.05		0.00	7.50	9918 9936		
81 87640	1.00 052324 052324 220224		37.07	7.50 29.57	0.00	7.50	9918 9936		
81 87641 59	1.00 052324 052324 220224		37.07	7.50 29.57	0.00	7.50	9918 9936		
81 87651 59	1.00 052324 052324 220224		49.86	7.50 42.36	0.00	7.50	9918 9936		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	SERVIO FROM	CE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
NAME:	CALI FL 20241	ETCHER 57011057	RECIPIENT ID.: 530	060324	4 060324	899.12	586.03		313.09	0.00	0	.00	586.03
ח טט ח	ROC CD	MODIFIERS	SERVICE DATES RENDER UNITS FROM THRU PROVIDE			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EODC		
	87486	59	UNITS FROM THRU PROVIDED 1.00 060324 060324 22022			42.00	28.00	0.00	28.00		FODS		
0.1	0/400	39	1.00 000324 000324 22022	±		42.00	14.00	0.00	20.00	9910			
81	87498	59	1.00 060324 060324 22022	1		37.07	22.00	0.00	22.00	0010			
01	0/4/0		1.00 000324 000324 22022	-		37.07	15.07	0.00	22.00	JJ10			
81	87581	59	1.00 060324 060324 22022	4		42.00	28.00	0.00	28.00	9918			
0 ±	0,301		1.00 000321 000321 22022	-		12.00	14.00	0.00	20.00	J J I O			
81	87633		1.00 060324 060324 22022	4		318.05	212.03	0.00	212.03	9918			
0_	0.000			_		3_3.00	106.02	0.00		2220			
81	87640		1.00 060324 060324 22022	4		37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81	87641	59	1.00 060324 060324 22022	4		37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81	87651	59	1.00 060324 060324 22022	4		49.86	28.00	0.00	28.00	9918			
							21.86	0.00					
81	87798		8.00 060324 060324 22022	1		336.00	224.00	0.00	224.00	9918			
							112.00	0.00					
NAME:		FLETCHER	RECIPIENT ID.: 530			000 10			0.1.0				-04.00
	20241	57011082	I1663218		4 060324	899.12			313.09	0.00	0	.00	586.03
D00 D	2502.25	MODIFIED	SERVICE DATES RENDE			BILLED	ALLOWED	COPAY			FORG		
	ROC CD	MODIFIERS	UNITS FROM THRU PROVIDE			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87486	59	1.00 060324 060324 22022	±		42.00	28.00 14.00	0.00	28.00	9910			
81	87498	59	1.00 060324 060324 22022	1		37.07	22.00	0.00	22.00	0010			
0.1	0/490	39	1.00 000324 000324 22022	I		37.07	15.07	0.00	22.00	9910			
81	87581	59	1.00 060324 060324 22022	4		42.00	28.00	0.00	28.00	9918			
0 ±	0,301		1.00 000321 000321 22022	-		12.00	14.00	0.00	20.00	J J I O			
81	87633		1.00 060324 060324 22022	4		318.05	212.03	0.00	212.03	9918			
-				_			106.02	0.00					
81	87640		1.00 060324 060324 22022	4		37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81	87641	59	1.00 060324 060324 22022	4		37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81	87651	59	1.00 060324 060324 22022	4		49.86	28.00	0.00	28.00	9918			
							21.86	0.00					
81	87798		8.00 060324 060324 22022	4		336.00	224.00	0.00	224.00	9918			
							112.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWEI			PL OUNT	PAID AMOUNT
NAME: LAYLA FOMBY 2024149019840	RECIPIENT ID.: 530001245921 I1651956 SERVICE DATES RENDERING	MRN: 050924 050924	713.12 BILLED	330.49 ALLOWED	382 COPAY	.63	0.00	0.00	330.49
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL 1	PAID	DETAIL EOBS		
81 87486 59	1.00 050924 050924 220224		42.00	18.94 23.06	0.00 0.00	18.94	9918 9936		
81 87498 59	1.00 050924 050924 220224		37.07	18.94	0.00	18.94	9918 9936		
81 87581 59	1.00 050924 050924 220224		42.00	18.13 18.94	0.00	18.94	9918 9936		
81 87633	1.00 050924 050924 220224		318.05	23.06 185.17	0.00 0.00	105 17	9918 9936		
01 0/033	1.00 030924 030924 220224		310.03	132.88	0.00	103.17	9910 9930		
81 87640	1.00 050924 050924 220224		37.07	18.94 18.13	0.00	18.94	9918 9936		
81 87641 59	1.00 050924 050924 220224		37.07	18.94	0.00	18.94	9918 9936		
81 87651 59	1.00 050924 050924 220224		49.86	18.13 18.94	0.00 0.00	18 94	9918 9936		
				30.92	0.00				
81 87635	1.00 050924 050924 220224		150.00	31.68 118.32	0.00	31.68	9918 9936		
NAME: MARIE FORBUS 2024158029292	RECIPIENT ID.: 530001957257 I1664453	MRN: 052824 052824	116.09	46.47	7 60	. 62	0.00	0.00	46.47
	SERVICE DATES RENDERING	032024 032024	BILLED	ALLOWED	COPAY		0.00	0.00	40.47
POS PROC CD MODIFIERS 81 88175	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 81.00	NON-AllOWED 25.00	TPL 0.00	PAID 25.00	DETAIL EOBS		
				56.00	0.00				
81 87624	1.00 052824 052824 220224		35.09	21.47 13.62	0.00	21.47	9918		
NAME: JAMESON FORTNER	RECIPIENT ID.: 530001060550	MRN:							
2024150023961	I1653612 SERVICE DATES RENDERING	052324 052324	899.12 BILLED	586.03	313 COPAY	.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed		PAID	DETAIL EOBS		
81 87486 59	1.00 052324 052324 220224		42.00	28.00	0.00	28.00	9918		
81 87498 59	1.00 052324 052324 220224		37.07	14.00 22.00	0.00 0.00	22.00	9918		
81 87581 59	1.00 052324 052324 220224		42.00	15.07 28.00	0.00 0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 052324 052324 220224		318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R 3551548 RA#:

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
POS PRO	OC CD 37640	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS		
81 8	7641	59	1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8'	7651	59	1.00	052324 052324	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 8'	7798		8.00	052324 052324	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: N		H FOSTER 56025637	I166103	0	.: 530001605294	MRN: 053024	053024	764.98			319.34	0.00		0.00	445.64
POS PRO 81 8'	OC CD 17635	MODIFIERS		SERVICE DATES FROM THRU 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL 9918	EOBS		
81 8	7498	59	1.00	053024 053024	220224			37.07	106.39 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81 8'	7581	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8'	7633		1.00	053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918			
	17798			053024 053024				168.00	112.00 56.00	0.00	112.00				
81 8'	37651		1.00	053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918			
NAME: M		NN FOUST 52026662	I165828	9	.: 530001515075	MRN: 052624	052624	40.12			13.03	0.00		0.00	27.09
POS PRO	OC CD 7086	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 052624 052624	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00		EOBS		
81 8	7186		1.00	052624 052624	220224			13.50	9.00 4.50	0.00	9.00	9918			
81 8	7088		1.00	052624 052624	220224			8.09	8.09	0.00	8.09				
NAME: EI			I166446	0	.: 530000836779	MRN: 052024	052024		55.48		69.52	0.00		0.00	55.48
POS PRO 81 G		MODIFIERS	UNITS 1.00		RENDERING PROVIDER 220224			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		OWLER 59022292				053024		65.93		23.27	0.00	0.00	65.93
POS P		MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	PROVIDER 220224			AMOUNT 44.00		COPAY TPL 0.00 0.00		DETAIL EO 9918	BS	
81	84443		1.00 053024 053024	220224			25.20		0.00	22.93	9918		
81	80061		1.00 053024 053024	220224			20.00	14.00 6.00	0.00	14.00	9918		
NAME:	MARCUS	FRANKS	RECIPIENT ID	.: 530002264103	MRN:								
	20241	56025648	I1662176 SERVICE DATES	RENDERING		052824	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.00	172.09
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		BS	
81	80307		1.00 052824 052824					27.94	0.00	55.87	9918		
81	G0482		1.00 052824 052824	220224			174.33	116.22 58.11		116.22	9918		
NAME:	DARRION	AH FRAZIER	RECIPIENT ID	.: 530001965052	MRN:								
	20241	50023979	I1653625		032524	032524		246.09		168.74	0.00	0.00	246.09
DUG D.	BUG GD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	מדמ	DETAIL EO	RQ	
	84481		1.00 032524 032524				24.00	16.00	0.00	16.00		DO	
81	86376		1.00 032524 032524	220224			21.00	8.00 15.00	0.00	15.00	9918		
								6.00	0.00				
81	84436	59	1.00 032524 032524	220224			10.00	7.00	0.00	7.00	9918		
81	36415		1.00 032524 032524	220224			4.50	3.00 0.00	0.00	0.00	3323		
0 -	00120						2.00	4.50	0.00				
81	86800		1.00 032524 032524	220224			23.00	15.00	0.00	15.00	9918		
81	84432		1.00 032524 032524	220224			24.00		0.00	17.00	9918		
81	85049		1.00 032524 032524	220224			9.00	7.00 4.00	0.00	4.00	9918		
01	90207		1 00 022524 022524	220224			105 00	5.00	0.00	EE 07	0010		
81	80307		1.00 032524 032524	∠∠∪∠∠ 1			125.00	55.87 69.13	0.00	55.87	<i>99</i> 10		
81	G0482		1.00 032524 032524	220224			174.33	116.22 58.11	0.00	116.22	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUN'	Γ	PAID AMOUNT
NAME:	KAI FRA 20241	ZIER 55017785	I165967	7	.: 530001239790	MRN: 052924	052924	899.12	586.03		313.09	0.00		0.00	586.03
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	FODC		
81	87486	MODIFIERS 59		FROM THRU 052924	220224			42.00	28.00	0.00		9918	FORS		
01	07400	39	1.00	032924 032924	22022 1			42.00	14.00	0.00	20.00	9910			
81	87498	59	1.00	052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	052924 052924	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918			
0.4	0.000		1 00					10.05	15.07	0.00		0010			
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918			
0.1	07700		0 00	050004 050004	220224			226 00	21.86	0.00	224 00	0010			
81	87798		8.00	052924 052924	220224			336.00	224.00 112.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	СНАВТ.ОТ	TE FREDERICK	SON	RECIPIENT ID	.: 530002290874	MRN:									
11/2 11/1111 •		.52026673	I165829		550002250071	052824	052824	899.12	586.03		313.09	0.00		0.00	586.03
	20211	.52020075	110001	SERVICE DATES	RENDERING	002021	002021	BILLED	ALLOWED	COPAY	313.03	0.00		•••	300.03
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87486	59		052824 052824	220224			42.00	28.00	0.00		9918			
									14.00	0.00					
81	87498	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918			
0.1	0.000		1 00	050004 050004	000004			212 25	14.00	0.00	010 00	0010			
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918			
0.1	07640		1 00	050004 050004	220224			27 07	106.02	0.00	22.00	0010			
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918			
81	87641	59	1 00	052824 052824	220224			37.07	15.07 22.00	0.00	22 00	9918			
ОТ	0/041	JJ	1.00	032024 032024	77071			31.07	15.07	0.00	22.00	99±0			
81	87651	59	1 00	052824 052824	220224			49.86	28.00	0.00	28 00	9918			
0 ±	0,001		1.00	002021 002021				17.00	21.86	0.00	20.00	J J ± 0			
81	87798		8.00	052824 052824	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO.	SERVICE DAT	ATES IRU	BILLED AMOUNT	ALLOWED AMOUNT	NO. ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: BROOKE FREEMAN 2024152026688		MRN: 052824 052			464.00		240.14	0.00	0.00	464.00
POS PROC CD MODIFIE 81 87481 59	4.00 052824 052824 220224			AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00				OBS	
81 87640 59					22.00 15.07	0.00 0.00	22.00	9918		
81 87653 59					22.00 15.07	0.00	22.00	9918		
81 87798	11.00 052824 052824 220224			462.00	308.00 154.00		308.00	9918		
	RECIPIENT ID.: 530000478783									
2024155017798	SERVICE DATES RENDERING			BILLED	10.00 ALLOWED		8.53	0.00	0.00	10.00
POS PROC CD MODIFIE 81 87086	RS UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53		PAID 10.00		OBS	
NAME: VENSON FREEMON 2024155017808	RECIPIENT ID.: 500002998791	MRN: 052924 052	52924	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIFIE	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E		
81 87635	1.00 052924 052924 220224			150.00	43.61 106.39	0.00 0.00	43.61	9918		
81 87486 59					28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87581 59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633	1.00 052924 052924 220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640	1.00 052924 052924 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87641 59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 052924 052924 220224			336.00	224.00 112.00	0.00	224.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
NAME:		RESHOUR 49019854	RECIPIENT ID		MRN: 052224	052224		464.00		240.14	0.00		0.00	464.00
	PROC CD 87481	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 4.00 052224 052224	PROVIDER 220224			AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00		EOBS		
81	87640	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87653	59	1.00 052224 052224				37.07	22.00 15.07	0.00	22.00	9918			
81	87798		11.00 052224 052224	220224			462.00		0.00	308.00	9918			
NAME:		RESHOUR 50023993	RECIPIENT ID	.: 530001178119	MRN:	052224	18 53	10.00		Ω 53	0.00		0.00	10.00
D00			SERVICE DATES				BILLED	ALLOWED	COPAY				0.00	10.00
	87086	MODIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53		10.00		EOBS		
NAME:		IE FRISON 56025664	RECIPIENT ID	.: 530000288129	MRN:	053024	881 59	535.53		346.06	0 00		0.00	463.53
POS		MODIFIERS	SERVICE DATES	RENDERING PROVIDER	033021	033021	BILLED	ALLOWED	COPAY				0.00	103.33
81	87798	59	9.00 053024 053024				378.00		0.00	252.00				
81	87481	59	2.00 053024 053024				84.00	56.00 28.00	0.00	56.00	9918			
81	87491	59	1.00 053024 053024	220224			49.86	28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	2.00 053024 053024	220224			99.72	56.00 43.72	0.00	56.00	9918			
81	87591	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87653	59	2.00 053024 053024	220224			74.14	44.00 30.14	0.00	0.00	5900			
81	87661	59	1.00 053024 053024	220224			32.30	21.53 10.77	0.00	21.53	9918			
81	87563		1.00 053024 053024	220224			42.50	0.00 42.50	0.00	0.00	4021			

REPORT:	CRA-PRPD-R
RA#:	3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87640		UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EO 9918	3S	
NAME: SAKARA 20241	FRISON 52026714	RECIPIENT ID.: 11658298 SERVICE DATES R		MRN: 052824	052824	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU P	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EO: 9918	3S	
81 87486	59	1.00 052824 052824 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 052824 052824 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052824 052824 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633			220224			318.05	212.03 106.02	0.00	212.03			
81 87640			220224			37.07	22.00 15.07	0.00 0.00		9918		
81 87641			220224			37.07	22.00 15.07	0.00		9918		
81 87651	59		220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 052824 052824 2	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ZY MARC 20241	US FRISON 58029334	RECIPIENT ID.: 11664469		MRN: 060424	060424	124.16			46.63	0.00	0.00	49.53
POS PROC CD 81 87491	MODIFIERS 59	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EO	3S	
81 87591	59	1.00 060424 060424 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661		1.00 060424 060424 2	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: JUAN FU 20241	ENTES 52026744	RECIPIENT ID.: 11658302 SERVICE DATES R		MRN: 052824	052824	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS		ROVIDER			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EO 9918	3S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	r no.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59		SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			
81	87498	59	1.00	052824 052824	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00	052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	052824 052824	220224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81	87798		8.00	052824 052824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	MAXIMUS		T166447		.: 530000508617	MRN:	0.60224	214 64	150 03		FF 71	0.00	0.00	150 02
	20241	58029349	I1664470	SERVICE DATES	RENDERING	060324	060324	Z14.64 BILLED	158.93 ALLOWED	COPAY	55.71	0.00	0.00	158.93
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	80053		1.00	060324 060324	220224			15.84	12.00 3.84	0.00 0.00	12.00	9918		
81	83002		1.00	060324 060324	220224			27.78	21.00 6.78	0.00 0.00	21.00	9918		
81	82670		1.00	060324 060324	220224			41.00	27.00 14.00	0.00 0.00	27.00	9918		
81	80061		1.00	060324 060324	220224			20.00	14.00 6.00	0.00 0.00	14.00	9918		
81	84443		1.00	060324 060324	220224			25.20	22.93 2.27	0.00 0.00	22.93	9918		
81	36415		1.00	060324 060324	220224			4.50	0.00 4.50	0.00 0.00	0.00	3323		
81	85049		1.00	060324 060324	220224			9.00	4.00 5.00	0.00 0.00	4.00	9918		
81	84403		1.00	060324 060324	220224			38.72	31.00 7.72	0.00 0.00	31.00	9918		
81	84270		1.00	060324 060324	220224			32.60	27.00 5.60	0.00	27.00	9918		
NAME:	MAXIMUS 20241	FUENTES 58029376	I166447		.: 530000508617	MRN: 060324	060324	33.00	28.00)	5.00	0.00	0.00	28.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
		MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 33.00	ALLOWED NON-AllOWED 28.00 5.00	COPAY TPL 0.00 0.00	28.00		3S	
NAME	: TANESHA			.: 530001055323	MRN:	020004	25 05	22.02		15 05	0.00	0.00	22.00
	20241	55017824	I1659682 SERVICE DATES	RENDERING	032924	032924	37.07 BILLED	22.00 ALLOWED	COPAY	15.07	0.00	0.00	22.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	3.5	
	87653		1.00 032924 032924				37.07	22.00 15.07	0.00	22.00			
NAME	: FATTMA	GALVAN BAUTI	ISTA RECIPIENT ID	: 530002431376	MRN:								
		52026761	I1658306		052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_	_	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL			3S	
81	87486	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
01	0/4/0		1.00 032024 032024	220224			37.07	15.07	0.00	22.00	JJ10		
81	87581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1	87641	E O	1 00 052024 052024	220224			27 07	15.07	0.00	22.00	0010		
81	8/641	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918		
01	0,031	33	1.00 032021 032021	220221			19.00	21.86	0.00	20.00	J J I O		
81	87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: GIANNA	GALVEZ	RECIPIENT ID	.: 530002250010	MRN:								
		52026771	I1658307			052824	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81	87486	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.O.	1 00 050004 050004	000004			25 25	14.00	0.00	00.00	0.01.0		
81	87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 052824 052824	220224			42.00	15.07 28.00	0.00	28.00	9918		
OΤ	0/301	J 9	1.00 032024 032024	77077			42.00	14.00	0.00	20.00	9910		
								=	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	0C CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORG	
	7633	MODIFIERS	1.00 052824 052824				318.05	212.03	0.00	212.03		EODS	
01 0	7033		1.00 032021 032021	220221			310.03	106.02	0.00	212.03	JJ±0		
81 87	7640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0_ 0.	. 0 - 0							15.07	0.00		2220		
81 87	7641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87	7651	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81 87	7798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
		ANDY).: 530002351881	MRN:								
	20241	50024009	I1656439		052424	052424	899.12			313.09	0.00	0.00	586.03
			SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87	7486	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918		
01 05	T 400	F.0	1 00 050404 050404	000004			25 25	14.00	0.00	00.00	0010		
81 87	7498	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
01 05	7501	Γ0	1 00 050404 050404	220224			40.00	15.07	0.00	20.00	0010		
81 87	7581	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918		
01 0	7633		1 00 052424 052424	220224			318.05	14.00	0.00	212 02	0010		
81 87	1033		1.00 052424 052424	220224			310.05	212.03 106.02	0.00	212.03	9910		
81 87	7640		1.00 052424 052424	220224			37.07	22.00	0.00	22 00	9918		
01 0	7040		1.00 032424 032424	220224			37.07	15.07	0.00	22.00	9910		
81 87	7641	59	1.00 052424 052424	220224			37.07	22.00	0.00	22 00	9918		
01 0	7011		1.00 032121 032121	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87	7651	59	1.00 052424 052424	220224			49.86	28.00	0.00	28.00	9918		
0_ 0.							-2.00	21.86	0.00		2223		
81 87	7798		8.00 052424 052424	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME: JU	UDITH (GARDNER		0.: 530000330291	MRN:								
	20241	57011097	I1663235		060324	060324		591.53		374.06	0.00	0.00	519.53
			SERVICE DATES	RENDERING				ALLOWED					
		MODIFIERS		PROVIDER			AMOUNT			PAID		EOBS	
81 87	7798	59	9.00 060324 060324	220224			378.00		0.00	252.00	9918		
	- 40-			000004				126.00	0.00				
81 87	7481	59	4.00 060324 060324	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO1 ALLO		COPAY TPI MOUNT AMOU		PAID AMOUNT
POS PROC CD 81 87491	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 0.00	DETAIL EOBS 5490		
81 87511	59	1.00 060324 060324	220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87529	59	2.00 060324 060324	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87653	59	2.00 060324 060324	220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661	59	1.00 060324 060324				32.30	21.53 10.77	0.00	21.53			
81 87563		1.00 060324 060324				42.50	0.00 42.50	0.00		4021		
81 87640	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
NAME: ASHLEY 20241	GARLINGTON 58029406	RECIPIENT ID	530001140660	MRN: 060324	060324	699.21	458.00	2	241.21	0.00	0.00	458.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM THRU 1.00 060324 060324	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87640	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	59	11.00 060324 060324	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 060324 060324				37.07	22.00 15.07	0.00	22.00			
81 87798	59	2.00 060324 060324	220224			84.00	56.00 28.00	0.00	56.00	9918		
		RECIPIENT ID	530001172496	MRN:	040004	07 07	24.00		72 07	0.00	0.00	22.00
20241	55017833	SERVICE DATES	RENDERING	040224	U4UZZ4		24.00 ALLOWED		13.01	0.00	0.00	22.00
POS PROC CD 81 87653			PROVIDER				NON-AllOWED 22.00	\mathtt{TPL}	PAID 22.00	DETAIL EOBS 9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN-	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFI 81 81007	SERVICE DATES RS UNITS FROM THRU 1.00 040224 040224	RENDERING PROVIDER			BILLED AMOUNT 60.00	ALLOWED NON-AlloWED 2.00 58.00	COPAY TPL	PAID			
NAME: GRAYSON GARNER 202414901986		D.: 530002105708	MRN: 010824	010824	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIFI: 81 87635	SERVICE DATES RS UNITS FROM THRU 1.00 010824 010824	PROVIDER			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL E 9918	EOBS	
81 87486 59	1.00 010824 010824	220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59	1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 010824 010824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 010824 010824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 010824 010824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 010824 010824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JAVON GARNER 202415902233	I1665745		MRN: 060524	060524	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFI	SERVICE DATES RS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	EOBS	
81 87486 59	1.00 060524 060524				42.00	28.00	0.00		9918	-0-2	
81 87498 59	1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

SERVICE DATES RECIPIENT ID. SAMPLE SERVICE DATES RECIPIENT ID. SAMPLE			ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT	
81 87641 59									BILLED	ALLOWED	COPAY					
Record R														EOBS		
81 87651 59 1.00 060524 060524 22024	81	8/041	59	1.00	000524 000524	220224			37.07			22.00	9918			
81 87796 8.00 060524 060524 220224 336.00 224.00 0.00 224.00 9918	81	87651	59	1.00	060524 060524	220224			49.86	28.00	0.00	28.00	9918			
Total Tota	81	87798		8.00	060524 060524	220224			336.00	224.00	0.00	224.00	9918			
This	NAME:	KATDYN	GARNER		RECIPTENT ID	.: 530001219318	MRN:									
POS PROC CD MODIFIERS STATE SENS	111111					. 330001217310		052324	715.12	417.64		297.48	0.00	0.	.00 417.64	:
81 87498 59									BILLED	ALLOWED	COPAY					
State Stat														EOBS		
81 87581 59	81	87498	59	1.00	052324 052324	220224			37.07			22.00	9918			
81 87633	81	87581	59	1 00	052324 052324	220224			42 00			28 00	9918			
81 87633	01	07501	33	1.00	052521 052521	220221			12.00			20.00	JJ±0			
81 8798	81	87633		1.00	052324 052324	220224			318.05			212.03	9918			
81 87635																
81 87635	81	87798		4.00	052324 052324	220224			168.00			112.00	9918			
NAME: BRI LIYAH GARRETT 2024152026785 TIGS8314 RECIPIENT ID.: 530000703222 MRN: 042324	0.1	07625		1 00	052224 052224	220224			150 00			12 61	0010			
2024152026785	01	07033		1.00	032324 032324	220224			130.00			43.01	9910			
2024152026785																
SERVICE DATES RENDERING SILLED ALLOWED COPAY PAID DETAIL EOBS SILLED ANOUNT NON-Allowed TPL PAID DETAIL EOBS SILLED ANOUNT NON-Allowed TPL PAID DETAIL EOBS SILLED TPL PAID DETAIL EOBS SILLED SILLE	NAME:					.: 530000703222		0.40204	0.61 0.0	161 00		00.00	0 00	0	00 161 00	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED 28.00 0.00 28.00 9918 81 87651 1.00 042324 042324 220224 49.86 28.00 0.00 28.00 9918 81 80053 1.00 042324 042324 220224 15.84 12.00 0.00 12.00 9918 81 82306 1.00 042324 042324 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 042324 042324 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 042324 042324 220224 9.71 7.00 0.00 7.00 9918 81 82728 1.00 042324 042324 220224 40.00 13.00 0.00 13.00 9918 81 83036 1.00 042324 042324 220224 14.00 13.00 0.00 13.00 9918		20241	52026785	1165831		DENDEDING	042324	042324				99.29	0.00	0.	.00 161.93	
81 87651 1.00 042324 042324 220224 49.86 28.00 0.00 21.86 0.00 28.00 9918 81 80053 1.00 042324 042324 220224 15.84 12.00 0.00 0.00 12.00 9918 81 82306 1.00 042324 042324 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 042324 042324 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 042324 042324 220224 13.11 10.00 0.00 10.00 9918 81 82728 1.00 042324 042324 220224 40.00 13.00 0.00 13.00 9918 81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918	POS	PROC CD	MODIFIERS	UNTTS								PATD	DETATI	EOBS		
81 80053 1.00 042324 042324 220224 15.84 12.00 0.00 0.00 12.00 9918 81 82306 1.00 042324 042324 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 042324 042324 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 042324 042324 220224 13.11 10.00 0.00 10.00 9918 81 82728 1.00 042324 042324 220224 40.00 13.00 0.00 13.00 9918 81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918			11001111110											1020		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$										21.86	0.00					
81 82306 1.00 042324 042324 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 042324 042324 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 042324 042324 220224 13.11 10.00 0.00 10.00 9918 81 82728 1.00 042324 042324 220224 40.00 13.00 0.00 13.00 9918 81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918	81	80053		1.00	042324 042324	220224			15.84			12.00	9918			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	00206		1 00	040204 040204	220224			44.00			20.00	0010			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82306		1.00	042324 042324	220224			44.00			29.00	9918			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	83540		1.00	042324 042324	220224			9.71			7.00	9918			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$																
81 82728 1.00 042324 042324 220224 40.00 13.00 0.00 13.00 9918 81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918	81	83550		1.00	042324 042324	220224			13.11			10.00	9918			
27.00 0.00 81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918	0.1	00500		1 00	040204 040224	000004			40.00			12.22	0.01.0			
81 83036 1.00 042324 042324 220224 14.00 12.00 0.00 12.00 9918	81	82728		1.00	042324 042324	220224			40.00			13.00	9918			
	81	83036		1.00	042324 042324	220224			14.00			12.00	9918			
	7 -			1.00	1 1 2 2 2 3 1 2 3 1	_ _			11.00	2.00	0.00	12.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	N	PAT ACCT NO.		SERVICE FROM		AMOUNT	AMOUNT				TPL MOUNT	PAID AMOUNT
DOG DDOG GD WODII		SERVICE DATES					ALLOWED		D. T.D.	DDD111 D0D		
POS PROC CD MODIE 81 80061	FIERS	UNITS FROM THRU	PROVIDER			20.00	NON-AllOWED	TPL 0.00	PAID 14.00	DETAIL EOB	S	
81 80061		1.00 042324 042324 1.00 042324 042324	220224			20.00	14.00 6.00	0.00	14.00	9910		
81 84443		1.00 042324 042324	220224			25.20	22.93	0.00	22.93	9918		
0.1							2.27	0.00	0.00	0.01.0		
81 84439		1.00 042324 042324	220224			13.00	9.00 4.00	0.00	9.00	9918		
81 85027		1.00 042324 042324	220224			12.00	5.00	0.00	5 00	9918		
01 03027		1.00 012321 012321	220221			12.00	7.00	0.00	3.00	JJ±0		
81 36415		1.00 042324 042324	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NAME: PORSCHA GARRE		RECIPIENT ID	.: 530000703517									
20241560256	692	I1662191		052824	052824		116.22		58.11	0.00	0.00	116.22
		SERVICE DATES	RENDERING			BILLED	ALLOWED				~	
POS PROC CD MODIE	FIERS	UNITS FROM THRU 1.00 052824 052824	PROVIDER			AMOUN'I'	NON-AllowED				S	
81 G0482		1.00 052624 052624	220224			1/4.33	58.11	0.00	116.22	9910		
							30.11	0.00				
NAME: VERA GARRISON	N	RECIPIENT ID	.: 530002353002									
20241500240	027	I1653670		052224	052224		10.00			0.00	0.00	10.00
		SERVICE DATES					ALLOWED				~	
POS PROC CD MODIE		UNITS FROM THRU	PROVIDER			AMOUNT 18.53	NON-AllOWED				S	
81 87086		1.00 052224 052224	220224			18.53		0.00	10.00	9918		
							0.33	0.00				
NAME: JOHN GEOGHAGA		RECIPIENT ID										
20241520268	807	I1658317		012624	012624		657.64		441.34	0.00	0.00	657.64
DOG DDOG GD WODII		SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	DDD111 D0D		
POS PROC CD MODIE	FIERS	UNITS FROM THRU	PROVIDER			AMOUN'I'	NON-AllowED	L.b.P	PAID 42 61	DETAIL EOB	S	
81 87635		1.00 012624 012624 1.00 012624 012624	220224			150.00	43.01 106 39	0.00	43.61 28.00	2001 9910		
81 87486 59		1.00 012624 012624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498 59		1.00 012624 012624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581 59		1.00 012624 012624	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00 012624 012624	220224			210 05	14.00	0.00	212 02	0010		
81 87633		1.00 012624 012624	44U44 1			318.05	212.03 106.02	0.00 0.00	212.03	ラ ブエロ		
81 87640		1.00 012624 012624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00		- -		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

PAYEE ID

DATE: 06/07/2024

		ICN	PAT ACCT NO.			SERVICE	DATES	BILLED	ALLOWED	NO	N (COPAY	\mathtt{TPL}		PAID
						FROM	THRU	AMOUNT	AMOUNT		OWED 2	AMOUNT	AMOUN	JT	AMOUNT
			SERVICE		RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87641	59	1.00 012624 0	12624	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00 012624 0	12624	220224			49.86	28.00	0.00	28.00	9918			
0.4					000004			225	21.86	0.00	004.00	2212			
81	87798		8.00 012624 0	12624	220224			336.00	224.00	0.00	224.00	9918			
0.1	05651		1 00 010604 6	10604	000004			40.06	112.00	0.00	00.00	0010			
81	87651		1.00 012624 0	112624	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
NAME:	DEAN GE	'OPCF	RECIPI	יד יימים).: 530000762889	MRN:									
MAIIT.		.56025705	I1662193	LINI IL	330000702009	053024	053024	114.19	84.93	R	29.26	0.00		0.00	84.93
	20211	.50025705	SERVICE	DATES	RENDERING	033021	033021	BILLED	ALLOWED	COPAY	27.20	0.00		0.00	01.75
POS	PROC CD	MODIFIERS	UNITS FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	80053	1102111111	1.00 053024 0		220224			15.84	12.00	0.00	12.00		_0_0		
									3.84	0.00					
81	83036		1.00 053024 0	53024	220224			14.00	12.00	0.00	12.00	9918			
									2.00	0.00					
81	80061		1.00 053024 0	53024	220224			20.00	14.00	0.00	14.00	9918			
									6.00	0.00					
81	84443		1.00 053024 0	53024	220224			25.20	22.93	0.00	22.93	9918			
									2.27	0.00					
81	84439		1.00 053024 0	53024	220224			13.00	9.00	0.00	9.00	9918			
									4.00	0.00					
81	83525		1.00 053024 0)53024	220224			17.15	11.00	0.00	11.00	9918			
									6.15	0.00					
81	85049		1.00 053024 0	053024	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
NT / N/T-1 •	TOCH CH		, DEGID	ים חוום דר		MIDNI •									
NAME .		RARDO VALDEZ .56025721	. RECIPI I1662195	ENI IL).: 530000185814	MRN: 053124	052124	80.49	53.00	1	27.49	0.00		0.00	53.00
	20241	.50025721	SERVICE	טאיידיכ	RENDERING	053124	053124	BILLED	ALLOWED	COPAY	27.49	0.00		0.00	33.00
DOG	מפטט מח	MODIFIERS	UNITS FROM		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORC		
81	80053	MODIFIERS	1.00 053124 (15.84		0.00			EODS		
0.1	00055		1:00 055124 0	733121	220224			13.01	3.84	0.00	12.00	J J ± 0			
81	83036		1.00 053124 0	153124	220224			14.00	12.00	0.00	12 00	9918			
01	03030		1.00 055121	755121	220221			11.00	2.00	0.00	12.00	JJ±0			
81	80061		1.00 053124 0	53124	220224			20.00	14.00	0.00	14.00	9918			
~ -	3000-				== ~ = =				6.00	0.00		22-0			
81	83525		1.00 053124 0	53124	220224			17.15	11.00	0.00	11.00	9918			
									6.15	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM		AMOUNT	AMOUNT	ALI	JOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	36415	MODIFIERS	1.00	053124 053124	PROVIDER 220224			AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	\mathtt{TPL}	PAID 0.00		IOBS	
81	85049		1.00	053124 053124	220224			9.00	4.00		4.00	9918		
	20241	56025738	I166219	6 CEDUTCE DATEC	: 530000185814 RENDERING	053124	053124	חת דודם	12.00 ALLOWED	CODNV				12.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
81	84436	59	1.00	053124 053124	220224			10.00	7.00	0.00	7.00	9918		
81	84479		1.00	053124 053124	PROVIDER 220224 220224			9.00	5.00 4.00	0.00	5.00	9918		
NAME:		GIBSON		RECIPIENT ID	.: 530002235820	MRN:								
	20241	50024037	I165368	4 Service dates	RENDERING	052124	052124	174.33 BILLED	116.22	COPAY	58.11	0.00	0.00	116.22
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	FROM THRU 052124	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22	TPL 0.00 0.00	PAID 116.22	DETAIL E 9918	IOBS	
NAME:		GILES 49019882		4	.: 530001185103		052224		535.53			0.00	0.00	463.53
POS	PRAC CD	MODIFIERS	IINTTS	SERVICE DATES	DDUITUED			∧ M∩TINT	ALLOWED NON-AlloWED	COPAY	PAID	DΕΤΔΤΙ, Ι	CORS	
	87798	59	9.00	052224 052224	220224 220224			378.00	252.00 126.00	0.00	252.00			
81	87481	59	2.00	052224 052224	220224			84.00	56.00	0.00	56.00	9918		
81	87491	59		052224 052224				49.86	28.00 28.00	0.00	0.00	5490		
81	87511	5.0	1 00	052224 052224				42.00	21.86 28.00	0.00	29 00	9918		
									14.00	0.00				
81	87529	59	2.00	052224 052224	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
81	87653	59	2.00	052224 052224	220224			74.14	$14.00 \\ 44.00$	0.00	0.00	5900		
81	87661	59	1.00	052224 052224	220224			32.30	30.14 21.53 10.77	0.00 0.00 0.00	21.53	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM		AMOUNT	AMOUNT	NO ALL	OWED A		TPL AMOUNT	PAID AMOUNT
81 87	7563	MODIFIERS	1.00 052224 052224 2	PROVIDER 220224			AMOUNT 42.50		\mathtt{TPL}	PAID 0.00		3S	
81 87	7640	59	1.00 052224 052224 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
		ILLIAND 50024048	RECIPIENT ID.: 11656445			052124		20.00		35.00	0.00	0.00	20.00
		MODIETEDO	SERVICE DATES R	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	ר א דר.		n a	
81 86	5140		1.00 052124 052124 2	220224			15.00	5.00		5.00	9918	35	
81 86	5038		1.00 052124 052124 2	220224			40.00	15.00 25.00	0.00	15.00	9918		
NAME: BR	RADLEY	GILREATH	RECIPIENT ID.:										
	20241	55017842	I1659703 SERVICE DATES R		052024	052024		55.48 ALLOWED		69.52	0.00	0.00	55.48
			UNITS FROM THRU P	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOR	3S	
81 G0)480		1.00 052024 052024 2	220224			125.00	55.48 69.52	0.00	55.48	9918		
			RECIPIENT ID.:										
	20241	50024077	I1653698 SERVICE DATES R		022624	022624		573.00 ALLOWED		300.05	0.00	0.00	517.00
POS PRO	C CD	MODIFIERS		PROVIDER				NON-Allowed		PAID	DETAIL EOR	3S	
81 87		59	4.00 022624 022624 2	220224			168.00	112.00	0.00	112.00	9918		
81 87	7640	59	1.00 022624 022624 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7653	59	1.00 022624 022624 2				37.07	22.00 15.07	0.00	22.00	9918		
81 87	7798		11.00 022624 022624 2	220224			462.00	308.00	0.00	308.00	9918		
81 87	641	59	1.00 022624 022624 2	220224			37.07	154.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87	7798		2.00 022624 022624 2	220224			84.00	56.00 28.00	0.00	0.00	5000		
81 80	053		1.00 022624 022624 2	220224			15.84	12.00	0.00	12.00	9918		
81 83	3036		1.00 022624 022624 2	220224			14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	DITTID	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 022624 022624 220224		AMOUNT 4.50	NON-AllowED			DETAIL EOB 3323	S	
81 85049	1.00 022624 022624 220224		9.00	4.00 5.00	0.00	4.00	9918		
81 81015	1.00 022624 022624 220224		4.50	3.00 1.50	0.00	3.00	9918		
NAME: ANTONIO GLASCO 2024150024098	RECIPIENT ID.: 500002835119 I1653700	MRN: 032724 032724		11.00		6.19	0.00	0.00	11.00
POS PROC CD MODIFIERS 81 80048	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032724 032724 220224 1.00 032724 032724 220224		BILLED AMOUNT 12.69	ALLOWED NON-AllOWED 11.00 1.69	COPAY TPL 0.00 0.00	PAID 11.00	DETAIL EOB 9918	S	
81 36415	1.00 032724 032724 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: KAMILAH GLIN 2024158029429 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001984310 11664499 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042524 042524 220224	MRN: 042524 042524		28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL	21.86 PAID 28.00	DETAIL EOB	0.00 S	28.00
NAME: RODERIOUS GLOVER 2024150024102 POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530002046625 11653708 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624		30.00 ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00		DETAIL EOB 9918	0.00 S	30.00
			35.00	18.00 17.00	0.00	18.00	9918		
NAME: RODERIOUS GLOVER 2024150024112 POS PROC CD MODIFIERS 81 82150 59 81 83690	RECIPIENT ID.: 530002046625 I1653709 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624	32.00 BILLED AMOUNT 18.00			7.00	0.00 DETAIL EOB 9918 9918	0.00 S	14.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

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	ICN	ICN PAT ACCT NO.		E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	KINSLEE GOGGINS 2024150024118	RECIPIENT ID.: 5300016153 11653713		051424	899.12	586.03		313.09	0.00	0.00	586.03
POS 81	PROC CD MODIFIERS 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051424 051424 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87498 59	1.00 051424 051424 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87640 59	1.00 051424 051424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581 59	1.00 051424 051424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633	1.00 051424 051424 220224			318.05	212.03 106.02	0.00	212.03			
81	87641 59	1.00 051424 051424 220224			37.07	22.00 15.07	0.00		9918		
81	87651 59	1.00 051424 051424 220224			49.86	28.00 21.86	0.00		9918		
81	87798	8.00 051424 051424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	ZAKARY GOLDEN 2024156025747	RECIPIENT ID.: 5300021488		053124	154.04	115.93	.	38.11	0.00	0.00	115.93
	PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81 81	80053 82607	1.00 053124 053124 220224 1.00 053124 053124 220224			15.84 22.00	12.00 3.84 17.00	0.00 0.00 0.00	12.00 17.00			
81	82306	1.00 053121 053121 220221			44.00	5.00 29.00	0.00		9918		
81	83036	1.00 053124 053124 220224			14.00	15.00 12.00	0.00	12.00			
81	80061	1.00 053124 053124 220224			20.00	2.00 14.00	0.00	14.00	9918		
81	84443	1.00 053124 053124 220224			25.20	6.00 22.93	0.00	22.93	9918		
81	84439	1.00 053124 053124 220224			13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918		
NAME:	ERIC GOLDSBY 2024149019899	RECIPIENT ID.: 5300012830 I1651977		052224	1,049.12	629.64	:	419.48	0.00	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACC	r no.		SERVICE		BILLED	ALLOWED	NO			TPL	PAID
				D = 1.170 = D = 1.170	FROM	THRU	AMOUNT	AMOUNT		OWED	AMOUNT A	MOUNT	AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			_	
POS PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87635		1.00	052224 052224	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
81 87486	59	1.00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 87498	59	1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87581	59	1.00	052224 052224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 87633		1.00	052224 052224	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81 87640		1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87641	59	1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87651	59	1.00	052224 052224	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81 87798		8.00	052224 052224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME: ILDA GO	NZALEZ		RECIPIENT ID	.: 530002205848	MRN:								
	.52026837	I1658329			052824	052824	66.34	43.00		23.34	0.00	0.00	43.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 80053			052824 052824	220224			15.84	12.00	0.00		9918		
				-				3.84	0.00				
81 83036		1.00	052824 052824	220224			14.00	12.00	0.00	12.00	9918		
				-				2.00	0.00				
81 80061		1.00	052824 052824	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81 85027		1.00	052824 052824	220224			12.00	5.00	0.00	5.00	9918		
0_ 000		_,,,						7.00	0.00	3.00	2220		
81 36415		1.00	052824 052824	220224			4.50	0.00	0.00	0.00	3323		
01 00110		_,,,						4.50	0.00		3323		
								1.30	0.00				
NAME: ZOE GOO	CH		RECIPIENT ID	.: 530001305425	MRN:								
20241	.55017859	T165971	5	. 55555125	041124	041124	60.00	2.00		58.00	0.00	0.00	2.00
20211	.5551,555		SERVICE DATES	RENDERING	V 11121	V 11121	BILIED	ALLOWED	COPAY	20.00	J. 50	0.00	2.00
POS PROC CD	MODIFIERS	UNITS		PROVIDER				NON-Allowed		PATD	DETATI EOP	S	
81 81007			041124 041124				60.00			2.00		~	
01007		± • 0 0											
			0					58.00	0.00	_,,,			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ALAYA GOODEN 2024152026851	RECIPIENT ID.: 530001489985 I1658330 SERVICE DATES RENDERING	MRN: 052824	052824	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EC 9918	DBS	
81 87498 59	1.00 052824 052824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052824 052824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052824 052824 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 052824 052824 220224			37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 052824 052824 220224			37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 052824 052824 220224			49.86	28.00 21.86	0.00		9918		
81 87798	8.00 052824 052824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JORDYN GOODMAN 2024152026871	RECIPIENT ID.: 530001240315 I1658333	MRN: 052824	052824	13.50	4.00		9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EC	DBS	
81 85049	1.00 052824 052824 220224			9.00	4.00	0.00	4.00	9918		
NAME: KAILYN GOODMAN 2024152026879	RECIPIENT ID.: 530001240314 I1658334 SERVICE DATES RENDERING	MRN: 052824	052824	13.50 BILLED	4.00 ALLOWED	COPAY	9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 4.50	NON-AllOWED 0.00 4.50	TPL 0.00 0.00	PAID 0.00	DETAIL EC	DBS	
81 85049	1.00 052824 052824 220224			9.00	4.00	0.00	4.00	9918		
NAME: JASMINE GOODWIN 2024149019911	RECIPIENT ID.: 530000694284 I1651978	MRN: 052224	052224	704.14	464.00		240.14	0.00	0.00	464.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN POS PROC CD MODIF 81 87481 59 81 87640 59 81 87653 59 81 87798		PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 11.00 052224 052224 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 168.00 37.07 37.07	ALLOWED AMOUNT ALLOWED NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00	NC ALI COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 112.00 22.00	9918 9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME: JASMINE GOODW 20241500241 POS PROC CD MODIF 81 87086	132	RECIPIENT ID.: 530000694284 11653725 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224	052224		154.00 10.00 ALLOWED NON-AllOWED 10.00 8.53	0.00	8.53	0.00 DETAIL E	0.00 EOBS	10.00
NAME: HAYLEE GOURLE 20241520268 POS PROC CD MODIF 81 87498 59 81 87581 59 81 87633	886	RECIPIENT ID.: 530002376172 I1658339 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224		052824	397.12 BILLED AMOUNT 37.07 42.00	262.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 22.00 28.00 212.03		0.00	262.03
NAME: TAMMY GOZA 20241500241 POS PROC CD MODIF 81 G0482		RECIPIENT ID.: 530000664355 I1653740 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224	MRN: 051624	051624	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY	58.11 PAID 116.22	0.00 DETAIL E 9918	0.00	116.22
NAME: DEYZEL GRAHAM 20241580294 POS PROC CD MODIF 81 87635	452	RECIPIENT ID.: 530001849655 I1664505 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		060424	BILLED	629.64 ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61			629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 060424 060424 220224		42.00	28.00 14.00	0.00	28.00			
81 87498 59	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 060424 060424 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060424 060424 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 060424 060424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 060424 060424 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: STEPHANIE GRAHAM	RECIPIENT ID.: 5300014944	02 MRN:							
2024157011125	I1663248	060324 060324	578.14	380.00		198.14	0.00	0.00	380.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87481 59	1.00 060324 060324 220224		42.00	28.00 14.00	0.00	28.00			
81 87640 59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	11.00 060324 060324 220224		462.00	308.00 154.00	0.00	308.00	9918		
NAME: LEGEND GRAVES	RECIPIENT ID.: 5300023626								
2024155017868	I1659721	052924 052924	565.12	374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87498 59	1.00 052924 052924 220224		37.07	22.00 15.07	0.00	22.00			
81 87581 59	1.00 052924 052924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052924 052924 220224		318.05	212.03 106.02	0.00	212.03	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052924 052924 220224		BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EOB 9918	S	
NAME: TABITHA GRAVES	RECIPIENT ID.: 530001958416 I1653750		166 62	110 02		46 60	0 00	0.00	110 02
2024150024169	SERVICE DATES RENDERING	052224 052224	166.62 BILLED	119.93 ALLOWED	COPAY	46.69	0.00	0.00	119.93
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 80053	1.00 052224 052224 220224		15.84	12.00	0.00		9918		
				3.84	0.00				
81 82607	1.00 052224 052224 220224		22.00	17.00	0.00	17.00	9918		
				5.00	0.00				
81 82746	1.00 052224 052224 220224		22.00	13.00	0.00	13.00	9918		
81 84481	1.00 052224 052224 220224		24.00	9.00 16.00	0.00	16 00	9918		
01 04401	1.00 032221 032221 220221		24.00	8.00	0.00	10.00	JJ±0		
81 80061	1.00 052224 052224 220224		20.00	14.00	0.00	14.00	9918		
				6.00	0.00				
81 84443	1.00 052224 052224 220224		25.20	22.93	0.00	22.93	9918		
01 04430	1 00 050004 050004 000004		12.00	2.27	0.00	0.00	0010		
81 84439	1.00 052224 052224 220224		13.00	9.00 4.00	0.00	9.00	9918		
81 82570	1.00 052224 052224 220224		8.00	6.00	0.00	6 00	9918		
01 02370	1.00 032221 032221 220221		0.00	2.00	0.00	0.00	JJ±0		
81 82043 QW	1.00 052224 052224 220224		7.58	6.00	0.00	6.00	9918		
				1.58	0.00				
81 85049	1.00 052224 052224 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: TABITHA GRAVES	RECIPIENT ID.: 530001958416	MRN:							
2024150024189	I1653751	052224 052224	120.00	33.00		87.00	0.00	0.00	33.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 83880	1.00 052224 052224 220224		120.00	33.00		33.00	9918		
				87.00	0.00				
NAME: KALETCH CRAY	RECIPIENT ID.: 530000388324	MRN:							
	I1653754	052224 052224	247.66	157.00		90.66	0.00	0.00	157.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			NON-AllowED			DETAIL EOB	S	
81 80053	1.00 052224 052224 220224		15.84			12.00	9918		
				3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC				SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS	PROC CD	MODIFIERS	UNITS	SERVICE FROM	DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EC	NR C	
81	85049	MODIFIERS		052224		220224			9.00	4.00	0.00		9918	000	
0.1	00006		1 00	050004	050004	000004			4.4.00	5.00	0.00	00.00	0010		
81	82306		1.00	052224 (052224	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83540		1.00	052224	052224	220224			9.71	7.00	0.00	7.00	9918		
										2.71	0.00				
81	83550		1.00	052224	052224	220224			13.11	10.00	0.00	10.00	9918		
81	82728		1 00	052224 (052224	220224			40.00	3.11 13.00	0.00	13 00	9918		
01	02720		1.00	03221	032221	220221			10.00	27.00	0.00	13.00	JJ±0		
81	83036		1.00	052224	052224	220224			14.00	12.00	0.00	12.00	9918		
81	84481		1 00	052224 (052224	220224			24.00	2.00 16.00	0.00	16 00	9918		
ΟŢ	04401		1.00	052224	032224	220224			24.00	8.00	0.00	10.00	9910		
81	86376		1.00	052224	052224	220224			21.00	15.00	0.00	15.00	9918		
0.1	0.4.40.6	5 0	1 00	050004	050004	000004			10.00	6.00	0.00		0010		
81	84436	59	1.00	052224 (052224	220224			10.00	7.00 3.00	0.00	7.00	9918		
81	86800		1.00	052224	052224	220224			23.00	15.00	0.00	15.00	9918		
										8.00	0.00				
81	84432		1.00	052224 (052224	220224			24.00	17.00	0.00	17.00	9918		
										7.00	0.00				
NAME:	KALEIGH	GRAY		RECIP:	IENT ID	.: 530000388324	MRN:								
	20241	56025789	I166221				052224	052224	22.58	12.00		10.58	0.00	0.00	12.00
DOG	DDOG GD	MODIFIEDC	TIMITUC	SERVICE		RENDERING			BILLED	ALLOWED	COPAY	DATD	התיאדו הכ	ND C	
81	PROC CD 84702	MODIFIERS	UNITS	FROM 052224 (THRU 052224	PROVIDER 220224			AMOUNT 22.58	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL EC 9918)BS	
0_	01/01		_,,,	00						10.58	0.00		77_0		
		CD I II CON		55655			MDM.								
NAME:		GRAYSON 56025815	I166221		TEN.I. TD	.: 530000388074	MRN: 053124	053124	13.50	4.00)	9.50	0.00	0.00	4.00
	20211	50025015	1100221		DATES	RENDERING	033121	055121	BILLED	ALLOWED	COPAY	J. 50	0.00	0.00	1.00
	PROC CD	MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81	36415		1.00	053124 (053124	220224			4.50	0.00	0.00	0.00	3323		
81	85049		1 00	053124 (053124	220224			9.00	4.50 4.00	0.00	4 00	9918		
01	00010		1.00	000121					J.00	5.00	0.00	1.00	J J ± 0		
		apatraa		5-2-			1477-7								
NAME:		N GRAYSON 56025826	I166221		TENI, ID	.: 530001324797	MRN: 053124	053124	1,049.12	629.64	1	419.48	0.00	0.00	629.64
	707 4 1	30023020	TT00221	. 0			000124	000124	1,049.12	049.04	I	ユエク・ユ ひ	0.00	0.00	029.04

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC			TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING	PROM	TIIKO	BILLED	ALLOWED	COPAY	JOWED A	AMOUNI A	MOONI	AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87635		1.00 053124 053124	220224			150.00	43.61	0.00				
							106.39	0.00				
81 87486	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	= 0		000004				14.00	0.00		0.01.0		
81 87498	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 053124 053124	220224			42.00	15.07 28.00	0.00	20 00	9918		
01 0/301	39	1.00 053124 053124	22022 4			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 033121 033121	220221			310.03	106.02	0.00	212.03	JJ 10		
81 87640		1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 053124 053124	220224			49.86	28.00	0.00	28.00	9918		
0.1			000004			005.00	21.86	0.00	224	0.01.0		
81 87798		8.00 053124 053124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JEFFERY	/ CPFFN	חד יווידותד דר	.: 530001943931	MRN:								
	156025849	I1662220	330001743731		052924	174.33	116.22		58.11	0.00	0.00	116.22
20211	130023019	SERVICE DATES	RENDERING	032321	032721	BILLED	ALLOWED	COPAY	30.11	0.00	0.00	110.22
POS PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 G0482		1.00 052924 052924	220224			174.33	116.22		116.22			
							58.11	0.00				
NAME: CHANDLE			530001043992	MRN:								
20241	158029526	I1664509		060424	060424	899.12			313.09	0.00	0.00	586.03
DOG DDOG GD	MODITION	SERVICE DATES				BILLED	ALLOWED	COPAY	חאדה		a	
POS PROC CD 81 87486		UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL EOB	S	
01 0/400	39	1.00 000424 000424	22022 4			42.00	14.00	0.00		9910		
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00		9918		
01 07170	3,5	1.00 000121 000121	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT		NO ALL	OWED A	COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
	PROC CD 87641	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00		3S	
81	87651	59	1.00	060424 060424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	060424 060424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		GREGORY 50024232	I165376	8	.: 530001241499	MRN: 052024	052024		116.22		58.11	0.00	0.00	116.22
	PROC CD G0482	MODIFIERS		SERVICE DATES FROM THRU 052024 052024	PROVIDER			BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22		3S	
NAME:		GREGORY 56025857	I166222		.: 530002054746		052124	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.00	172.09
	PROC CD 80307	MODIFIERS			PROVIDER 220224			AMOUNT 83.81	NON-Allowed 55.87 27.94	TPL 0.00 0.00	PAID 55.87		3S	
81	G0482		1.00	052124 052124	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:		N GRIFFIN 56025871	I166105		.: 530002376520	MRN: 053024	053024	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
	PROC CD 87486	MODIFIERS 59	UNITS 1.00		PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00		3S	
81	87498	59	1.00	053024 053024	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EC 9918	BS	
NAME: COLT GRI			: 530001927679	MRN:	0.60204	F 4 F 1 O	205 64		0.41 4.0	0.00	0.00	205 64
202415	57011141	I1663251 SERVICE DATES	RENDERING	060324	060324	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	BS	
81 87635	11051111110		220224			150.00	43.61 106.39	0.00	43.61			
81 87498	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: KINSLEE	GRIFFIN	RECIPIENT ID.	: 530002222566	MRN:								
	50024243	I1653773	3300011111000	040124	040124	547.12	305.64		241.48	0.00	0.00	305.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		BS	
81 87498	59	1.00 040124 040124	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040124 040124	220224			42.00	15.07 28.00	0.00	28.00	0010		
01 07301	39	1.00 040124 040124	ZZUZZ I			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 040124 040124	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87635		1.00 040124 040124	220224			150.00	43.61	0.00	43.61	9918		
							106.39	0.00				
NAME: KORRIE G	GR T F F T N	RECIPTENT ID	: 530002235614	MRN:								
	55017888	I1659732	330002233011	052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED		COPAY				
POS PROC CD			PROVIDER			AMOUNT			PAID	DETAIL EC	BS	
81 87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
01 07400	Γ0	1 00 050004 050004	000004			27 07	14.00	0.00	22.00	0.01.0		
81 87498	59	1.00 052924 052924	220224			37.07	22.00 15.07	0.00	22.00	AATR		
81 87640	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1.00 002021				37.07	15.07	0.00	22.00	J J ± 0		
81 87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOU		PAID AMOUNT
DOG	DDOG GD	MODIFIED	TINTTTC	SERVICE DATES	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED		חדגם	DETAIL	EODC		
81	PROC CD 87633	MODIFIERS	UNITS	FROM THRU 052924	220224			318.05	NON-AllOWED 212.03	TPL 0.00	PAID 212.03		FORS		
OΤ	07033		1.00	052924 052924	220224			310.03	106.02	0.00	212.03	9910			
81	87641	59	1 00	052924 052924	220224			37.07	22.00	0.00	22 00	9918			
01	07011	3,7	1.00	032321 032321	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918			
0_	0,00=			00-2-1 00-2-1				25.00	21.86	0.00		,,,,			
81	87798		8.00	052924 052924	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	HANNAH	GRIMES		RECIPIENT ID	.: 530001032203	MRN:									
111111		.59022384	I166576		. 330001032203	041024	041024	70.04	52.93	3	17.11	0.00		0.00	52.93
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					0-770
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	80053		1.00	041024 041024	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	80061		1.00	041024 041024	220224			20.00	14.00	0.00	14.00	9918			
									6.00	0.00					
81	84443		1.00	041024 041024	220224			25.20	22.93	0.00	22.93	9918			
0.1	05040		1 00	041004 041004	000004			0 00	2.27	0.00	4 00	0010			
81	85049		1.00	041024 041024	220224			9.00	4.00 5.00	0.00	4.00	9918			
									5.00	0.00					
NAME:	ANNALEI	GH GRIMMETT		RECIPIENT ID	.: 530002184540	MRN:									
		.56025885	I166223			053024	053024	215.19	152.93	3	62.26	0.00		0.00	152.93
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	80053		1.00	053024 053024	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	85049		1.00	053024 053024	220224			9.00	4.00	0.00	4.00	9918			
0.1	00607		1 00	052004 052004	000004			00.00	5.00	0.00	17 00	0010			
81	82607		1.00	053024 053024	220224			22.00	17.00	0.00	17.00	9918			
0.1	82746		1 00	052024 052024	220224			22.00	5.00 13.00	0.00	12 00	9918			
81	02/40		1.00	053024 053024	44U44T			22.00	9.00	0.00	13.00	99±0			
81	82306		1 00	053024 053024	220224			44.00	29.00	0.00	29 00	9918			
0 ±	32300		1.00	000001 000001				11.00	15.00	0.00	20.00	J J ± 0			
81	84481		1.00	053024 053024	220224			24.00	16.00	0.00	16.00	9918			
•	-								8.00	0.00		-			
81	83036		1.00	053024 053024	220224			14.00	12.00	0.00	12.00	9918			
									2.00	0.00					

REPORT: CRA-PRPD-R 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

ALABAMA MEDICAID AGENCY

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

	ICN	- P <i>i</i>	AT ACCI		25125555	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
POS PROC 81 844		ers ui		SERVICE DATES FROM THRU 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93 2.27	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL 9918	EOBS		
81 844	39		1.00	053024 053024	220224			13.00	9.00 4.00	0.00	9.00	9918			
81 835	40		1.00	053024 053024	220224			9.00	7.00	0.00	7.00	9918			
81 835	25		1.00	053024 053024	220224			17.15	11.00 6.15	0.00	11.00	9918			
	SON GRISSOM 024156025897	7 II	1662235	5	.: 530001412699	MRN: 053124	053124	899.12	586.03		313.09	0.00		0.00	586.03
POS PROC		ERS UI	NITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81 874	86 59		1.00	053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 874	98 59		1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 875	81 59		1.00	053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 876	33		1.00	053124 053124	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 876	40		1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 876	41 59		1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 876	51 59		1.00	053124 053124	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 877	98		8.00	053124 053124	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: COO	PER GUESS 024149019923	3 11	1652002	2	.: 530002150701	MRN: 011824	011824	49.86	28.00		21.86	0.00		0.00	28.00
POS PROC 81 876	CD MODIFIE 51		NITS 1.00	SERVICE DATES FROM THRU 011824 011824	PROVIDER			BILLED AMOUNT 49.86		COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS		
	AN GULLEDGE 024149019929		1652003	3	.: 530002400458	MRN: 052224	052224		629.64	COPAY	419.48	0.00		0.00	629.64
POS PROC 81 876	CD MODIFIE		NITS		RENDERING PROVIDER 220224			AMOUNT 150.00		TPL 0.00 0.00	PAID 43.61		EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
01 07/00	59	1 00 052224 052224	220224			37.07	14.00	0.00	22 00	0010		
81 87498	39	1.00 052224 052224	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	20 00	9918		
01 07301	39	1.00 032224 032224	220224			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 052224 052224	220224			318.05	212.03	0.00	212 03	9918		
01 07033		1.00 032221 032221	220221			310.03	106.02	0.00	212.03	JJ10		
81 87640		1.00 052224 052224	220224			37.07	22.00	0.00	22 00	9918		
01 07010		1.00 032221 032221	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87641	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
01 07011	3,5	1.00 002221 002221	220221			37.07	15.07	0.00	22.00	3310		
81 87651	59	1.00 052224 052224	220224			49.86	28.00	0.00	28.00	9918		
01 07001						-27.00	21.86	0.00		2220		
81 87798		8.00 052224 052224	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: GRACELY	YNN GUNTER	RECIPIENT ID	.: 530001078827	MRN:								
20241	52026896	I1658353		052824	052824	382.52	241.41	. 1	141.11	0.00	0.00	213.41
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87798		3.00 052824 052824	220224			126.00	84.00	0.00	84.00	9918		
							42.00	0.00				
81 87491	59	1.00 052824 052824	220224			49.86	28.00	0.00	0.00	5490		
							21.86	0.00				
81 87511	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87529	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87591	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
01 08661	5 0	1 00 050004 050004	000004			20.20	14.00	0.00	01 50	0010		
81 87661	59	1.00 052824 052824	220224			32.30	21.53	0.00	21.53	9918		
01 0000		1 00 050004 050004	000004			26.00	10.77	0.00	02.00	0010		
81 87389		1.00 052824 052824	220224			36.00	23.88	0.00	23.88	9918		
01 26415		1 00 050004 050004	000004			4 50	12.12	0.00	0 00	2202		
81 36415		1.00 052824 052824	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NAME: GRACELY												
MAND. GIVACEDI	ANN CHINTED	סבקוסובאיי דר	• 530001078827	MPN:								
20241	NN GUNTER L55017902	RECIPIENT ID 11659738	.: 530001078827	MRN: 052824	052824	15.00	6.00	1	9.00	0.00	0.00	6.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY	TPL AMOUN		PAID AMOUNT
	PROC CD 84703	MODIFIERS LC		SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224	PROM	11110	BILLED AMOUNT 15.00	ALLOWED NON-AllowED 6.00 9.00	COPAY TPL	PAID			V I	ANOUNT
NAME:	SARA GU		I165377		.: 530000223033	MRN:	041104	164 20	02.00		71 20	0 00		0 00	02.00
	20241	50024259	11053//	SERVICE DATES	RENDERING	041124	041124	164.32 BILLED	93.00 ALLOWED	COPAY	71.32	0.00		0.00	93.00
POS 1	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	82607			041124 041124	220224			22.00	17.00	0.00	17.00				
0.1	00046		1 00	041104 041104	000004			00.00	5.00	0.00	12.00	0010			
81	82746		1.00	041124 041124	220224			22.00	13.00 9.00	0.00 0.00	13.00	9918			
81	82306		1.00	041124 041124	220224			44.00	29.00	0.00	29.00	9918			
									15.00	0.00					
81	83540		1.00	041124 041124	220224			9.71	7.00	0.00	7.00	9918			
0.1	02550		1 00	041104 041104	000004			10 11	2.71	0.00	10.00	0010			
81	83550		1.00	041124 041124	220224			13.11	10.00 3.11	0.00 0.00	10.00	9918			
81	82728		1.00	041124 041124	220224			40.00	13.00	0.00	13.00	9918			
									27.00	0.00					
81	36415		1.00	041124 041124	220224			4.50	0.00	0.00	0.00	3323			
0.1	05040		1 00	041104 041104	000004			0.00	4.50	0.00	4 00	0010			
81	85049		1.00	041124 041124	220224			9.00	4.00 5.00	0.00 0.00	4.00	9918			
									3.00	0.00					
NAME:	JENNIFE	R GURGANUS		RECIPIENT ID	.: 530002069218	MRN:									
	20241	59022400	I166576			060424	060424		155.93		62.11	0.00		0.00	155.93
D00 1		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			HODG		
	PROC CD 80053	MODIFIERS	UNITS	FROM THRU 060424	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL	EOBS		
0.1	80053		1.00	000424 000424	220224			13.64	3.84	0.00	12.00	3310			
81	85049		1.00	060424 060424	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
81	82607		1.00	060424 060424	220224			22.00	17.00	0.00	17.00	9918			
81	82746		1 00	060424 060424	220224			22.00	5.00	0.00	12 00	0010			
ОΤ	04/40		1.00	000424 000424	44U44 1			22.00	13.00 9.00	0.00 0.00	13.00	ララ エロ			
81	82306		1.00	060424 060424	220224			44.00	29.00	0.00	29.00	9918			
									15.00	0.00					
81	84481		1.00	060424 060424	220224			24.00	16.00	0.00	16.00	9918			
									8.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PE	ROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
	83036		1.00 060424 060424				14.00	12.00	0.00		9918		
81 8	84443		1.00 060424 060424	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 8	84439		1.00 060424 060424	220224			13.00	9.00 4.00	0.00	9.00	9918		
81 8	83540		1.00 060424 060424	220224			9.00	7.00 2.00	0.00	7.00	9918		
81 8	80061		1.00 060424 060424	220224			20.00	14.00 6.00	0.00	14.00	9918		
NAME: S	SHAWNA			D.: 530002210514	MRN:								
	20241	56025910	I1661064		053024	053024	121.51	88.00		33.51	0.00	0.00	88.00
DOC DI		MODIETEDC	SERVICE DATES				BILLED	ALLOWED	COPAY	ח א דר		OD C	
	82607	MODIFIERS	UNITS FROM THRU 1.00 053024 053024				AMOUNT 22.00	NON-AllOWED 17.00	TPL 0.00	PAID 17 00	DETAIL E	JBS	
01 (02007		1.00 033024 033024	22022 1			22.00	5.00	0.00	17.00	JJ10		
81 8	82306		1.00 053024 053024	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 8	83540		1.00 053024 053024	220224			9.71	7.00 2.71	0.00	7.00	9918		
81 8	83550		1.00 053024 053024	220224			13.11	10.00 3.11	0.00	10.00	9918		
81 8	80061		1.00 053024 053024	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 8	80048		1.00 053024 053024	220224			12.69	11.00 1.69	0.00 0.00	11.00	9918		
NAME: F	RAMIAH 20241	GUYTON 49019941	RECIPIENT I	D.: 530001087646	MRN: 052224	052224	1,427.59	899.53		528.06	0.00	0.00	871.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 8	87481	59	4.00 052224 052224	220224			168.00	112.00 56.00	0.00		9918		
81 8	87640	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00 0.00		9918		
81 8	87653	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87798		11.00 052224 052224	220224			462.00	308.00 154.00	0.00	308.00	9918		

REPORT: CRA-PRPD-R RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM DROVIDED REMITTANCE ADVICE

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

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-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81 87640 5	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
01 07401	59	1 00 052224 052224	220224			40.06	15.07	0.00	0 00	E 400		
81 87491 5	39	1.00 052224 052224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511		1.00 052224 052224	220224			42.00	28.00	0.00	28.00	0010		
01 0/311		1.00 052224 052224	220224			42.00	14.00	0.00	20.00	J J ± 0		
81 87529		2.00 052224 052224	220224			99.72	56.00	0.00	56.00	9918		
01 07323		2.00 032221 032221	220221			JJ • 12	43.72	0.00	30.00	JJ±0		
81 87591		1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
01 07071							14.00	0.00		2220		
81 87661		1.00 052224 052224	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
81 87563		1.00 052224 052224	220224			42.50	0.00	0.00	0.00	4021		
							42.50	0.00				
81 87798 5	59	9.00 052224 052224	220224			378.00	252.00	0.00	252.00	9918		
							126.00	0.00				
NAME: RAMIAH GU			.: 530001087646	MRN:	050004	10 52	10.00		0 52	0 00	0.00	10.00
2024150	0024275	I1653781	DEMDEDING	052224	052224	18.53			8.53	0.00	0.00	10.00
POS PROC CD I	MODIFIFDC	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	r ODC	
81 87086	MODIFIERS	1.00 052224 052224	220224			18.53	10.00	0.00	10.00		Cao	
81 87080		1.00 032224 032224	22022 1			10.55	8.53	0.00	10.00	9910		
							0.55	0.00				
NAME: JAMES HAG	GANS	RECIPIENT ID	.: 530002056319	MRN:								
2024150	0024280	I1653788		050624	050624	544.06	116.22		427.84	0.00	0.00	116.22
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 80053		1.00 050624 050624	220224			15.84	0.00	0.00	0.00	1831		
							15.84	0.00				
81 83036		1.00 050624 050624	220224			14.00	0.00	0.00	0.00	1831		
							14.00	0.00				
81 80061		1.00 050624 050624	220224			20.00	0.00	0.00	0.00	1831		
01 26415		1 00 050604 050604	000004			4 50	20.00	0.00	0.00	2202		
81 36415		1.00 050624 050624	220224			4.50	0.00	0.00	0.00	3323		
01 05040		1 00 050624 050624	220224			0 00	4.50	0.00	0 00	1001		
81 85049		1.00 050624 050624	220224			9.00	0.00	0.00	0.00	1831		
81 84156		1.00 050624 050624	220224			8.00	9.00 0.00	0.00	0 00	1831		
01 04120		1.00 030024 030024	44044 1			0.00	8.00	0.00	0.00	T03T		
							0.00	0.00				

CMS 1500 CLAIMS PAID PAYEE ID 220224

DATE: 06/07/2024

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PAID

AMOUNT

PAGE:

CORE DIAGNOSTIC LABORATORIES LLC St B

1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-271	8				NPI ID CHECK/EFT NU ISSUE DATE	MBER	1598266421 083149459 06/07/2024	
ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS
81 82570	1.00 050624 050624 220224		8.00	0.00	0.00		0.00 1831	
				8.00	0.00			
81 83069	1.00 050624 050624 220224		8.00	0.00	0.00		0.00 1831	

			1 10011	11110	AMOUNI	AMOUNT		IOWED 7	Anouni An	100111	AMOUNT
	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS	5	
81 82570	1.00 050624 050624	220224			8.00	0.00	0.00	0.00	1831		
						8.00	0.00				
81 83069	1.00 050624 050624	220224			8.00	0.00	0.00	0.00	1831		
01 03009	1.00 030021 030021	220221			0.00	8.00	0.00	0.00	1001		
81 84311	2.00 050624 050624	220224			32.00	0.00	0.00	0 00	1831		
01 04311	2.00 030024 030024	220224			32.00	32.00		0.00	1031		
01 00010	1 00 050604 050604	000004			16.00		0.00	0 00	1001		
81 82010	1.00 050624 050624	220224			16.00	0.00	0.00	0.00	1831		
						16.00	0.00				
81 82945	1.00 050624 050624	220224			8.00	0.00	0.00	0.00	1831		
						8.00	0.00				
81 82247 59	1.00 050624 050624	220224			8.00	0.00	0.00	0.00	1831		
						8.00	0.00				
81 83986	1.00 050624 050624	220224			7.00	0.00	0.00	0.00	1831		
						7.00	0.00				
81 81007	2.00 050624 050624	220224			120.00	0.00	0.00	0 00	1831		
01 01007	2.00 030021 030021	220221			120.00	120.00	0.00	0.00	1031		
81 82043 OW	1.00 050624 050624	220224			7.58	0.00	0.00	0 00	1831		
01 02043 QW	1.00 030024 030024	220224			7.50	7.58	0.00	0.00	1031		
01 00207	1 00 050604 050604	220224			83.81	0.00		0 00	1001		
81 80307	1.00 050624 050624	220224			83.81		0.00	0.00	1831		
						83.81	0.00				
81 G0482	1.00 050624 050624	220224			174.33	116.22	0.00	116.22	9918		
						58.11	0.00				
NAME: MCKENZI HAINES		.: 530000627715									
2024155017935	I1659743		052924	052924	150.00	43.61		106.39	0.00	0.00	43.61
	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	3	
	1.00 052924 052924				150.00			43.61			
							0.00				
						100.35	0.00				
NAME: MARCUS HALL	PECIDIENT ID	• 530002142185	MDM:								
2024159022451	I1665766	330002142103	041224	041224	61 04	48.93		10 11	0.00	0 00	48.93
2024159022451		DENDEDING	041224	041224				12.11	0.00	0.00	40.23
	SERVICE DATES				BILLED	ALLOWED		DATD		,	
POS PROC CD MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT		TPL		DETAIL EOBS		
81 80053	1.00 041224 041224	220224			15.84	12.00	0.00	12.00	9918		
						3.84	0.00				
81 80061	1.00 041224 041224	220224			20.00	14.00	0.00	14.00	9918		
						6.00	0.00				
81 84443	1.00 041224 041224	220224			25.20	22.93	0.00	22.93	9918		
						2.27	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: TRACY HALL 2024150024312 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530001409957 I1656479 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 052224	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	58.11 PAID 116.22	0.00 DETAIL EOI 9918	0.00 BS	116.22
NAME: ERNEST HAM 2024156025939 POS PROC CD MODIFIERS 81 84156	RECIPIENT ID.: 530001941975 I1662243 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224	MRN: 053124 053124	222.58 BILLED AMOUNT 8.00	50.00 ALLOWED NON-AllOWED 4.00 4.00) 1' COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOD 9918	0.00 BS	46.00
81 82570 81 83069	1.00 053124 053124 220224 1.00 053124 053124 220224		8.00	6.00 2.00 4.00 4.00	0.00 0.00 0.00 0.00	4.00	9918		
81 84311 81 82010 81 82945	2.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224		32.00 16.00 8.00	14.00 18.00 0.00 16.00 4.00	0.00 0.00 0.00 0.00 0.00		9918 4524 9918		
81 82247 59 81 83986	1.00 053124 053124 220224 1.00 053124 053124 220224		8.00 7.00	4.00 5.00 3.00 3.00 4.00	0.00 0.00 0.00 0.00 0.00		9918 9918		
81 81007 81 82043 QW	2.00 053124 053124 220224 1.00 053124 053124 220224		120.00	4.00 116.00 6.00 1.58	0.00 0.00 0.00 0.00		5900 9918		
NAME: LANDON HAMILTON 2024157011153 POS PROC CD MODIFIERS 81 87486 59 81 87498 59	RECIPIENT ID.: 530001421787 I1663261 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224	MRN: 060324 060324	899.12 BILLED AMOUNT 42.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00	3 3: COPAY TPL 0.00 0.00 0.00	PAID 28.00 22.00		0.00 BS	586.03
81 87581 59	1.00 060321 060321 220221		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00			

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 8.00 060324 060324	220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 318.05 37.07 49.86 336.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00 112.00	NO ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 212.03 22.00 22.00	AMOUNT AM DETAIL EOBS 9918 9918 9918 9918	PL IOUNT	PAID AMOUNT
NAME: ANGELA HAMI 202415003	24322	I1656486 SERVICE DATES	:: 530001910457	MRN: 052224	052224	174.33 BILLED	116.22 ALLOWED	COPAY		0.00	0.00	116.22
POS PROC CD MOI 81 G0482	DIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918	5	
NAME: KARLY HAMMO 20241560		I1662246	530002154324	MRN: 053124	053124		615.10		444.61	0.00	0.00	403.07
POS PROC CD MOI 81 87633	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053124 053124	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL EOBS 9918	5	
81 87633		1.00 053124 053124	220224			318.05	212.03 106.02	0.00	0.00	5000		
81 87498		1.00 053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87502 59		1.00 053124 053124	220224			81.38	48.29 33.09	0.00	48.29	9918		
81 87634 59		1.00 053124 053124	220224			105.30	49.14 56.16	0.00	49.14	9918		
81 87651		1.00 053124 053124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87635		1.00 053124 053124	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: KINLEY HAMI 202415002		RECIPIENT ID 11656487 SERVICE DATES	:: 500002978024 RENDERING	MRN: 052424	052424	1,009.85 BILLED	587.10	COPAY	422.75	0.00	0.00	375.07
POS PROC CD MOI 81 87635	DIFIERS		PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00		DETAIL EOBS 9918	}	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL 1	EORS	
81	87633	MODIFIERD	1.00 052424 052424	220224			318.05	212.03	0.00	212.03		EODD	
-								106.02	0.00				
81	87633		1.00 052424 052424	220224			318.05	212.03	0.00	0.00	5000		
								106.02	0.00				
81	87498		1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
0.4	0==00		1 00 050404 050404	000004			24 22	15.07	0.00	10.00	2212		
81	87502	59	1.00 052424 052424	220224			81.38	48.29	0.00	48.29	9918		
0.1	07624	ГО	1 00 052424 052424	220224			105 20	33.09	0.00	40 14	0010		
81	87634	59	1.00 052424 052424	220224			105.30	49.14 56.16	0.00	49.14	9918		
								30.10	0.00				
NAME	: ELLIOT	HANDLEY	RECIPTENT ID).: 530002389555	MRN:								
		156025972	I1662254			053124	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL 1	EOBS	
81	87486	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.400			000004				14.00	0.00				
81	87498	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 053124 053124	220224			42.00	15.07 28.00	0.00	20 00	9918		
0.1	0/301	39	1.00 053124 053124	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	9918		
0 ±	0,033		1.00 033121 033121	220221			310.03	106.02	0.00	212.03	J J I O		
81	87640		1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 053124 053124	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 053134 053134	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00 053124 053124	220224			336.00	224.00 112.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: MICHAEL	L HANEY	RECIPIENT ID).: 530001207317	MRN:								
		155017950	I1659753			052924	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED		COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED		PAID		EOBS	
81	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
				000004				14.00	0.00		001-		
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	ЛТ	PAID AMOUNT
500	DD 0 0 0 D	W0D TETED 0		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. 1. T. D.	D			
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87581	59		052924 052924	220224			42.00	28.00 14.00	0.00		9918			
81	87633		1.00	052924 052924	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00	052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918			
81	87798		8.00	052924 052924	220224			336.00	21.86 224.00	0.00	224.00	9918			
									112.00	0.00					
NAME	: JAKOBI		T165000		.: 530002236863	MRN:	050004	565 10	254 02		101 00	0.00		0.00	254 02
	20241	49019958	I165200		DENDEDING	052224	052224	565.12			191.09	0.00		0.00	374.03
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC		
81	87498	59		052224 052224	220224			37.07	22.00	0.00		9918	EODS		
01	0/400	37	1.00	032224 032224	220224			37.07	15.07	0.00		J J I U			
81	87581	59	1.00	052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00	052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00	052224 052224	220224			168.00	112.00 56.00	0.00		9918			
NAME	SERENIT		T166226		.: 530001445337	MRN:	060224	20. 24	16 00		12 24	0.00		0 00	16 00
	20241	57011175	I166326	SERVICE DATES	RENDERING	060324	000324	29.34 BILLED	16.00 ALLOWED	COPAY	13.34	0.00		0.00	16.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS		
81	80053	MODII IIMO		060324 060324	220224			15.84	12.00	0.00	12.00	9918	порр		
81	36415		1.00	060324 060324	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00	060324 060324	220224			9.00	4.00 5.00	0.00	4.00	9918			
NAME	: SERENIT	Y HANNAH		RECIPIENT ID	.: 530001445337	MRN:									
		58029556	I166453				060324	699.21 BILLED	458.00 ALLOWED		241.21	0.00		0.00	458.00
	PROC CD 87481	MODIFIERS 59	UNITS 1.00		PROVIDER			AMOUNT 42.00	NON-AllOWED 28.00	\mathtt{TPL}	28.00		EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

201

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FODC	
81	87640	MODIFIERS 59	1.00 060324 060324	220224			37.07	22.00	0.00		9918	FODS	
01	07040	39	1.00 000324 000324	220224			37.07	15.07	0.00	22.00	9910		
81	87653	59	1.00 060324 060324	220224			37.07	22.00	0.00	22 00	9918		
01	07033	3,5	1.00 000321 000321	220221			57.07	15.07	0.00	22.00	JJ±0		
81	87798	59	11.00 060324 060324	220224			462.00	308.00	0.00	308.00	9918		
01	01150	3,7	11:00 000321 000321	220221			102.00	154.00	0.00	300.00	JJ±0		
81	87641	59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
01	0,011	3,5	1.00 000021 000021	220221			37.07	15.07	0.00	22.00	7710		
81	87798	59	2.00 060324 060324	220224			84.00	56.00	0.00	56.00	9918		
01	07720	3,5	2.00 000321 000321	220221			01.00	28.00	0.00	30.00	7710		
NAME:	SERENIT	Y HANNAH	RECIPIENT ID	.: 530001445337	MRN:								
		.58029582	I1664538		060324	060324	50.00	20.00)	30.00	0.00	0.00	20.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	83615		1.00 060324 060324	220224			18.00	6.00	0.00		9918		
								12.00	0.00				
81	82150	59	1.00 060324 060324	220224			18.00	7.00	0.00	7.00	9918		
								11.00	0.00				
81	83690		1.00 060324 060324	220224			14.00	7.00	0.00	7.00	9918		
								7.00	0.00				
NAME:		HANNIBLE		530001189964	MRN:								
	20241	.49019969	I1652011		022224	022224	188.36			69.43	0.00	0.00	118.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00 022224 022224	220224			15.84	12.00	0.00	12.00	9918		
0.1	00006		1 00 000004 000004	000004			4.4.00	3.84	0.00	00.00	0.01.0		
81	82306		1.00 022224 022224	220224			44.00	29.00	0.00	29.00	9918		
0.1	02540		1 00 000004 000004	22224			0 71	15.00	0.00	7 00	0010		
81	83540		1.00 022224 022224	220224			9.71	7.00	0.00	7.00	9918		
0.1	02550		1 00 022224 022224	220224			10 11	2.71	0.00	10 00	0010		
81	83550		1.00 022224 022224	220224			13.11	10.00	0.00	10.00	9918		
0.1	82728		1 00 022224 022224	220224			40.00	3.11	0.00	12 00	0010		
81	04140		1.00 022224 022224	∠∠∪∠∠ 1			40.00	13.00 27.00	0.00	13.00	9918		
81	83036		1.00 022224 022224	220224			14.00	12.00	0.00	12 00	9918		
OΤ	03030		1.00 022224 022224	△△∪△△ ⊐			14.00	2.00	0.00	12.00	99±0		
81	84443		1.00 022224 022224	220224			25.20	22.93	0.00	22 02	9918		
01	01143		1.00 022221 022221	22V221			23.20	2.27	0.00	22.93	J J ± U		
								۷ • ۷ /	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			'PL IOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84439	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224		BILLED AMOUNT 13.00	ALLOWED NON-AllOWED 9.00 4.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918	\$	
81 36415	1.00 022224 022224 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 022224 022224 220224		9.00	4.00 5.00	0.00	4.00	9918		
	RECIPIENT ID.: 530001939669								
2024150024342	I1653842 SERVICE DATES RENDERING	051724 051724	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		}	
81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: BRODY HARBISON	RECIPIENT ID.: 530001497245								
2024150024358	I1653843	052324 052324	88.54	64.93		23.61	0.00	0.00	64.93
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING	052324 052324	BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00		•	
01 00033	1.00 032321 032321 220221		13.01	3.84	0.00	12.00	JJ10		
81 83036	1.00 052324 052324 220224		14.00	12.00	0.00	12.00	9918		
01 00051	1 00 050004 050004 000004		00.00	2.00	0.00	14.00	0.01.0		
81 80061	1.00 052324 052324 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 052324 052324 220224		25.20	22.93	0.00	22.93	9918		
				2.27	0.00				
81 36415	1.00 052324 052324 220224		4.50	0.00	0.00	0.00	3323		
01 05040	1 00 052224 052224 220224		0 00	4.50	0.00	4 00	0010		
81 85049	1.00 052324 052324 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: NOLAN HARBISON	RECIPIENT ID.: 530001869273	MRN:							
2024152026911	I1658369	052824 052824	547.12	305.64		241.48	0.00	0.00	305.64
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EOBS	;	
01 07033	1.00 002021 002021 220221		130.00	106.39	0.00	15.01	J J ± 0		
81 87498 59	1.00 052824 052824 220224		37.07	22.00	0.00	22.00	9918		
01 07501 50	1 00 052024 052024 220224		40.00	15.07	0.00	20.00	0.01.0		
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
				11.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

POS PROC CD MODIFIERS	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	SERVICE DATE FROM THRU	J AMOUNT BILLED AMOUNT	AMOUNT ALLOWED NON-AllOWED 212.03	COPAY TPL	OWED PAID 212.03	DETAIL EOBS		PAID AMOUNT
2024156025991 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224	052924 0529		ALLOWED NON-AllOWED 55.87 27.94	COPAY TPL 0.00 0.00		DETAIL EOBS 9918	0.00	172.09
NAME: LOLA HARNESS 2024152026920 POS PROC CD MODIFIERS 81 86003	RECIPIENT ID.: 530001483043 11658371 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 12.00 052324 052324 220224	MRN: 052324 0523	93.00 BILLED AMOUNT 93.00	72.00 ALLOWED NON-AllOWED 72.00 21.00	COPAY TPL 0.00 0.00	21.00 PAID 72.00	0.00 DETAIL EOBS 9918	0.00	72.00
2024159022475 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002033275 I1665774 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	022024 0220	D24 21.00 BILLED AMOUNT 21.00	15.00	COPAY TPL 0.00 0.00	6.00 PAID 15.00	0.00 DETAIL EOBS 9918	0.00	15.00
2024156026006	RECIPIENT ID.: 530002362816 I1661076 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	052324 0523	319.55 BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03	COPAY TPL	PAID	DETAIL EOBS	0.00	213.03
2024158029608 POS PROC CD MODIFIERS 81 80053		MRN: 042624 0426	BILLED	98.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00	COPAY TPL		DETAIL EOBS 9918	0.00	98.93

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

PAYEE ID

PAGE:

DATE: 06/07/2024

	PROC CD	ICN MODIFIERS	UNITS FROM THRU PROV		DATES THRU	BILLED AMOUNT BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED	NON ALLC COPAY TPL	WED A	AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
81	83036		1.00 042624 042624 2202	24		14.00	12.00 2.00	0.00 0.00	12.00	9918		
81	80061		1.00 042624 042624 2202	24		20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00 042624 042624 2202	24		25.20	22.93	0.00	22.93	9918		
81	84439		1.00 042624 042624 2202	24		13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918		
NAME	: AYDEN H	IARRIS	RECIPIENT ID.: 53	0001397590 MRN:								
	20241	55017963	I1659761	052924	052924	813.46	484.64		28.82	0.00	0.00	484.64
DOG	DDOG GD	MODIFIED		ERING		BILLED	ALLOWED	COPAY TPL	PAID			
	87635	MODIFIERS	UNITS FROM THRU PROV 1.00 052924 052924 2202			AMOUNT 150.00	NON-AllOWED 43.61	0.00	43.61	DETAIL EOBS		
01	07033		1.00 032321 032321 2202	2.1		150.00	106.39	0.00	15.01	JJ10		
81	87498	59	1.00 052924 052924 2202	24		37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052924 052924 2202	24		42.00	28.00	0.00	28.00	9918		
81	87633		1.00 052924 052924 2202	24		318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81	87798		4.00 052924 052924 2202	24		168.00	112.00 56.00	0.00	112.00	9918		
81	80053		1.00 052924 052924 2202	24		15.84	12.00	0.00	12.00	9918		
81	82306		1.00 052924 052924 2202	24		44.00	3.84 29.00	0.00 0.00	29.00	9918		
							15.00	0.00				
81	83036		1.00 052924 052924 2202	24		14.00	12.00	0.00	12.00	9918		
81	80061		1.00 052924 052924 2202	24		20.00	2.00 14.00 6.00	0.00 0.00 0.00	14.00	9918		
81	36415		1.00 052924 052924 2202	24		4.50	0.00 0.00 4.50	0.00	0.00	3323		
יבואו עבעו	• DVA1 EM	пурртс	RECIPIENT ID.: 53	0001522104 MDM・								
TANTIT		.50024368	I1656501	052124	052124		8.00		7.17	0.00	0.00	8.00
	PROC CD 87081	MODIFIERS	SERVICE DATES RENDOMINITS FROM THRU PROV 1.00 052124 052124 2202	IDER			NON-AllOWED	TPL	PAID 8.00			
							/ • ± /	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

3551548

REPORT: CRA-PRPD-R

RA#:

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DAT FROM THR		ALLOWED AMOUNT	NON ALLOW			'PL IOUNT	PAID AMOUNT
NAME: GLORIA HARRIS 2024150024375 POS PROC CD MODIFIERS 81 80053 81 83036 81 36415	RECIPIENT ID.: 530002044716 11653868 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224	MRN: 041524 041	34.34 BILLED AMOUNT 15.84 14.00 4.50		1 COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 12.00 12.00 0.00	9918	0.00	24.00
NAME: JAYCEON HARRIS 2024150024399 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001698954 I1656503 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052	224 299.33 BILLED AMOUNT 125.00 174.33	172.09 ALLOWED NON-AlloWED 55.87 69.13 116.22 58.11	COPAY TPL	PAID 55.87 116.22		0.00	172.09
NAME: LONDON HARRIS 2024156026015 POS PROC CD MODIFIERS 81 87635 81 80053 81 82306 81 83036 81 84443 81 84443 81 8445 81 85049	RECIPIENT ID.: 530001093163 11662266 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224 1.00 050224 050224 220224	MRN: 050224 050	224 275.54 BILLED AMOUNT 150.00 15.84 44.00 14.00 25.20 13.00 4.50 9.00	132.54 ALLOWED NON-AllOWED 43.61 106.39 12.00 3.84 29.00 15.00 12.00 2.00 22.93 2.27 9.00 4.00 0.00 4.50 4.00 5.00	14 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 12.00 29.00 12.00 22.93 9.00 0.00	9918 9918 9918	0.00	132.54
NAME: NYLA HARRIS 2024158029646	RECIPIENT ID.: 530001027844 I1664550	MRN: 053024 053	024 255.31	180.02	7	5.29	0.00	0.00	180.02

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACCT N	IO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SE	RVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FR	OM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87086		1.00 05	3024 053024	220224			18.53	10.00	0.00	10.00	9918		
									8.53	0.00				
81	87186		1.00 05	3024 053024	220224			13.50	9.00	0.00	9.00	9918		
									4.50	0.00				
81	87088		1.00 05	3024 053024	220224			8.09	8.09	0.00	8.09			
									0.00	0.00				
81	80053		1.00 05	3024 053024	220224			15.84	12.00	0.00	12.00	9918		
									3.84	0.00				
81	85049		1.00 05	3024 053024	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
81	82607		1.00 05	3024 053024	220224			22.00	17.00	0.00	17.00	9918		
									5.00	0.00				
81	82746		1.00 05	3024 053024	220224			22.00	13.00	0.00	13.00	9918		
									9.00	0.00				
81	82306		1.00 05	3024 053024	220224			44.00	29.00	0.00	29.00	9918		
0.1	0.4.4.0.1		1 00 05	2004 052004	000004			0.4.00	15.00	0.00	16.00	0010		
81	84481		1.00 05	3024 053024	220224			24.00	16.00	0.00	16.00	9918		
0.1	02026		1 00 05	.2024 052024	220224			14 00	8.00	0.00	10.00	0010		
81	83036		1.00 05	3024 053024	220224			14.00	12.00 2.00	0.00	12.00	9918		
81	84443		1 00 05	3024 053024	220224			25.20	22.93	0.00	22 02	9918		
OΤ	04443		1.00 05	03024 033024	220224			25.20	2.27	0.00	22.93	9910		
81	84439		1 00 05	3024 053024	220224			13.00	9.00	0.00	9 00	9918		
01	04439		1.00 03	00024 000024	220224			13.00	4.00	0.00	9.00	9910		
81	83540		1 00 05	3024 053024	220224			9.00	7.00	0.00	7 00	9918		
01	03310		1.00 03	75021 055021	220221			J.00	2.00	0.00	7.00	JJ±0		
81	83525		1.00.05	3024 053024	220224			17.15	11.00	0.00	11.00	9918		
			_,,,,					_,,	6.15	0.00				
NAME:	TAYLOR	HARRIS		RECIPIENT ID	.: 530001413666	MRN:								
	20241	58029686	I1664551			052924	052924	93.00	72.00		21.00	0.00	0.0	0 72.00
			SE	RVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FR	OM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	86003		12.00 05	2924 052924	220224			93.00	72.00	0.00	72.00	9918		
									21.00	0.00				
NAME:	KIPP HA			RECIPIENT ID	.: 530002456072		0.5055.				455 04	0.00	<u>.</u> -	
	20241	57011227	I1663268			060324	060324		685.64		455.34	0.00	0.0	0 657.64
DOG	DD00 05	MODIFIE		CRVICE DATES					ALLOWED	COPAY	DATO	D.D.C. 3 T.T	HODG	
		MODIFIERS	UNITS FR		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		FORS	
δΤ	87491	כא	1.00 06	0324 060324	ZZUZZ 4			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

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		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PR	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	BS	
	7591	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00		9918	20	
81 8	7635		1.00 060324 060324	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 8	7486	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	7498	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	7581	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	7633		1.00 060324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8	7640		1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	7641	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	7651	59	1.00 060324 060324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8	7798		8.00 060324 060324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: T	'ONT HA	RRISON	RECIPIENT I	D.: 530001952529	MRN:								
142111111111111111111111111111111111111		56026033	i1662269 SERVICE DATES			052124	125.00 BILLED	55.48 ALLOWED	COPAY	69.52	0.00	0.00	55.48
POS PR 81 G		MODIFIERS	UNITS FROM THRU 1.00 052124 052124	PROVIDER			AMOUNT 125.00	NON-Allowed 55.48 69.52	TPL 0.00 0.00	PAID 55.48	DETAIL EC 9918	BS	
NAME: K		OUS HARTLEY 49019991	RECIPIENT II	D.: 530001086106		052224	764.98	445.64		319.34	0.00	0.00	445.64
			SERVICE DATES				BILLED	ALLOWED	COPAY		_	-	
POS PR 81 8		MODIFIERS	UNITS FROM THRU 1.00 052224 052224				AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00		DETAIL EC 9918	BS	
81 8	7651		1.00 052224 052224	220224			49.86	106.39 28.00	0.00		9918		
81 8	7498	59	1.00 052224 052224	220224			37.07	21.86 22.00	0.00	22.00	9918		
81 8	7581	59	1.00 052224 052224	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN POS PROC CD MODIFIERS 81 87633 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 4.00 052224 052224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 318.05		NON ALLOW COPAY TPL 0.00 0.00 0.00				PAID AMOUNT
NAME: LACEY HARVEY 2024156026044 POS PROC CD MODIFIERS 81 82607 81 82306 81 83036 81 84443	RECIPIENT ID.: 530002408821 I1662271 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224	MRN: 053124 053124	121.04 BILLED AMOUNT 15.84 22.00 44.00 14.00 25.20	ALLOWED C	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 17.00 29.00 12.00 22.93	9918 9918 9918	0.00	92.93
NAME: LACEY HARVEY 2024157011240 POS PROC CD MODIFIERS 81 84436 59 81 84479	RECIPIENT ID.: 530002408821 11663270 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224	MRN: 053124 053124	19.00 BILLED AMOUNT 10.00	ALLOWED C	COPAY TPL 0.00 0.00 0.00 0.00	PAID 7.00	0.00 DETAIL EOBS 9918 9918	0.00	12.00
NAME: DEBEROUGH HASTING 2024152026929 POS PROC CD MODIFIERS 81 82306 81 36415	RECIPIENT ID.: 530001980784 I1658376 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052824	48.50 BILLED AMOUNT 44.00		COPAY	PAID 29.00	0.00 DETAIL EOBS 9918 3323	0.00	29.00
NAME: PAMELA HATCHETT 2024150024417	RECIPIENT ID.: 530001970134 I1653888	MRN: 040424 040424	868.55	570.00	29	98.55	0.00	0.00	514.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG OD MODIETEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY		DG	
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 040424 040424 220224		AMOUNT 168.00	NON-AllOWED		DETAIL EON 9918	ರ ವಿ	
81 87640 59	1.00 040424 040424 220224		37.07	56.00 22.00 15.07	0.00 0.00 22. 0.00	00 9918		
81 87653 59	1.00 040424 040424 220224		37.07	22.00 15.07		00 9918		
81 87798	11.00 040424 040424 220224		462.00	308.00 154.00		00 9918		
81 87641 59	1.00 040424 040424 220224		37.07	22.00 15.07		00 9918		
81 87798	2.00 040424 040424 220224		84.00	56.00 28.00		00 5000		
81 80053	1.00 040424 040424 220224		15.84	12.00 3.84		00 9918		
81 83036	1.00 040424 040424 220224		14.00	12.00 2.00		00 9918		
81 36415	1.00 040424 040424 220224		4.50	0.00 4.50		00 3323		
81 85049	1.00 040424 040424 220224		9.00	4.00 5.00	0.00 0.00	00 9918		
NAME: PAMELA HATCHETT	RECIPIENT ID.: 530001970134	MRN:						
2024150024438	I1653890	050124 050124	26.19	15.00		0.00	0.00	15.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL PAID	DETAIL EO	RS	
81 80048	1.00 050124 050124 220224		12.69	11.00	0.00 11.	00 9918	20	
81 36415	1.00 050124 050124 220224		4.50	1.69 0.00	0.00 0.00 0.	00 3323		
				4.50	0.00			
81 85049	1.00 050124 050124 220224		9.00	4.00 5.00	0.00 0.00	00 9918		
NAME: APRIL HAWES	RECIPIENT ID.: 53000073271	MRN:						
2024159022489	I1665778	060524 060524	1,049.12	629.64 ALLOWED		0.00	0.00	629.64
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	NON-AllowED	COPAY TPL PAID	DETAIL EO	BS	
81 87635	1.00 060524 060524 220224		150.00	43.61 106.39		61 9918	-	
81 87486 59	1.00 060524 060524 220224		42.00	28.00 14.00		00 9918		

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

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		ICN	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD	MODIFIERS	SERVICE UNITS FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87498	59	1.00 060524	060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060524	060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060524	060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 060524	060524	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 060524	060524	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00 060524	060524	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00 060524	060524	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME	: ZAIRE H	IAWKINS	RECIP	IENT ID).: 530002370995	MRN:								
		50024460	I1653896				052324	899.12	586.03		313.09	0.00	0.00	586.03
DUG	PROC CD	MODIFIERS	SERVICE UNITS FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	87486	59	1.00 052324		220224			42.00	28.00	0.00		9918		
0.1	05400	F.0	1 00 050004	050004	000004			25 25	14.00	0.00	00.00	0.01.0		
81	87498	59	1.00 052324	052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052324	052324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 052324	052324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 052324	052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00 052324	052324	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 052324	052324	220224			49.86	15.07 28.00	0.00	28.00	9918		
0.1	07700		0 00 050304	050004	000004			226.00	21.86	0.00	004 00	0010		
81	87798		8.00 052324	052324	220224			336.00	224.00 112.00		224.00	9918		
NAME			RECIP	IENT ID).: 530002069674	MRN:								
	20241	49020006	I1652029	D	D D T D T T T T	051724	051724		72.00		21.00	0.00	0.00	72.00
DUG	DBUC CD	MODIFIERS	SERVICE UNITS FROM		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY	PAID	ΝΕ ΨΔΤΙ.	EORS	
	86003	HODILIEKS	12.00 051724					93.00	72.00 21.00	0.00	72.00		BOBO	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
NAME: KY MANIE HAYNES 2024149020012	RECIPIENT ID.: 530002319191 I1652032 SERVICE DATES RENDERING	MRN: 052224 052224	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOB 9918	S	
81 87581 59	1.00 052224 052224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052224 052224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 052224 052224 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: CAYSEN HEADLEY 2024155017998	RECIPIENT ID.: 530000429031 I1659774	MRN: 052824 052824	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 87635	1.00 052824 052824 220224		150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 052824 052824 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 052824 052824 220224		49.86	28.00 21.86	0.00		9918		
81 87798	8.00 052824 052824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: MARYANNA HEAPS 2024159022507	RECIPIENT ID.: 530000201172	MRN: 060424 060424	565.12	374.03	.	191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		BILLED	ALLOWED NON-AlloWED	COPAY TPL	PAID 22.00	DETAIL EOB		371.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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	ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	rODC	
81 87581	59		060424 060424	220224			42.00	28.00	0.00	28.00		COD	
								14.00	0.00				
81 87633		1.00	060424 060424	220224			318.05	212.03	0.00	212.03	9918		
81 87798		4.00	060424 060424	220224			168.00	106.02 112.00	0.00	112.00	9918		
0_ 07770		2.00						56.00	0.00		2220		
NAME: PATRICI	V HEVDD		PFCTDTFNT TD).: 530001133864	MRN:								
	50024469	I165391		330001133001		040324	180.65	127.93	3	52.72	0.00	0.00	127.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81 80053		1.00	040324 040324	220224			15.84	12.00	0.00	12.00	9918		
81 82607		1 00	040324 040324	220224			22.00	3.84 17.00	0.00	17.00	9918		
01 02007		1.00	010321 010321	220221			22.00	5.00	0.00	17.00	JJ10		
81 82306		1.00	040324 040324	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81 83036		1.00	040324 040324	220224			14.00	12.00	0.00	12.00	9918		
81 83735		1 00	040324 040324	220224			13.11	2.00 8.00	0.00	8 00	9918		
01 03733		1.00	040324 040324	220221			13.11	5.11	0.00	0.00	JJ10		
81 80061		1.00	040324 040324	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81 84443		1.00	040324 040324	220224			25.20	22.93	0.00	22.93	9918		
81 84439		1 00	040324 040324	220224			13.00	2.27 9.00	0.00	9 00	9918		
01 01135		1.00	010321 010321	220221			13.00	4.00	0.00	J.00	JJ±0		
81 36415		1.00	040324 040324	220224			4.50	0.00	0.00	0.00	3323		
0.5								4.50	0.00	4 00	0010		
81 85049		1.00	040324 040324	220224			9.00	4.00 5.00	0.00	4.00	9918		
								3.00	0.00				
NAME: TOMMY H	EARD			530001972538	MRN:								
20241	55018017	I165977			052324	052324		116.22		58.11	0.00	0.00	116.22
	MODIFIED	INITEG	SERVICE DATES					ALLOWED		D 7 T D		10DG	
POS PROC CD 81 G0482	MODIFIERS	UNITS	052324 052324	PROVIDER			AMOUNT 174.33	NON-AllOWED 116.22	TPL 0.00			TORS	
01 00102		1.00	UJZJZI UJZJZI	220221			1/1.55	58.11	0.00	110.22	J J ± U		
	-												
				0.: 530002448538	MRN:	052224	01 54	CF 03		OF 61	0 00	0 00	6F 02
20241	50024480	I165391	4		U5Z3Z4	052324	91.54	65.93		25.61	0.00	0.00	65.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT		NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 80053	MODIFIERS		SERVICE DATES FROM THRU 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL 1	EOBS	
81	83036		1.00	052324 052324	220224			14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81	80061		1.00	052324 052324	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00	052324 052324	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	85027		1.00	052324 052324	220224			12.00	5.00 7.00	0.00	5.00	9918		
81	36415		1.00	052324 052324	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:		HEIDENREICH 56026084	I166227		.: 530000980864	MRN: 052924	052924	174.33	116.22		58.11	0.00	0.00	116.22
		MODIFIERS	UNITS	SERVICE DATES				BILLED AMOUNT 174.33	ALLOWED NON-AllowED	COPAY TPL		DETAIL		
NAME:		ITZENRATER 59022531	I166578	4	.: 530002454193	MRN: 060424	060424	83.04 BILLED	61.93	COPAY	21.11	0.00	0.00	61.93
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			AMOUNT	ALLOWED NON-AlloWED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00	060424 060424	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	80061		1.00	060424 060424	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00	060424 060424	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	84439		1.00	060424 060424	220224			13.00	9.00 4.00	0.00	9.00	9918		
81	85049		1.00	060424 060424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:					.: 530002133652		040104	40.10	07.00		12 02	0.00	2 22	07.00
		59022546 MODIFIERS	UNITS	SERVICE DATES	PROVIDER	040124	U4U124	BILLED	27.09 ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL	PAID 10.00	DETAIL		27.09

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

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ICN POS PROC CD MODIFIERS 81 87186 81 87088	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 13.50	ALLOWED AMOUNT ALLOWED NON-AllOWED 9.00 4.50 8.09 0.00	NO ALL COPAY TPL 0.00 0.00 0.00	OWED PAID	AMOUNT AM DETAIL EOBS 9918	PL OUNT	PAID AMOUNT
NAME: KALEIGH HENDERSON 2024156026106 POS PROC CD MODIFIERS 81 36415 81 85049	RECIPIENT ID.: 530001595930 I1661081	MRN: 053024 053024	13.50 BILLED AMOUNT 4.50 9.00	4.00 ALLOWED NON-AllOWED 0.00 4.50 4.00 5.00			0.00 DETAIL EOBS 3323 9918	0.00	4.00
NAME: CADANCE HENDRICKS 2024149020033 POS PROC CD MODIFIERS 81 82172 81 83695 81 86141 81 82172	RECIPIENT ID.: 530001572999 11652037 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224	MRN: 051724 051724		64.00 ALLOWED NON-AllOWED 19.00 12.00 13.00 8.90 13.00 6.00 19.00		13.00 13.00	0.00 DETAIL EOBS 9918 9918 9918 5000	0.00	45.00
NAME: PAMELA HENLEY 2024156026114 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001957030 I1662283 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052824	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL 0.00		0.00 DETAIL EOBS 9918 9918	0.00	172.09
NAME: MICHAEL HERALD 2024159022577 POS PROC CD MODIFIERS 81 87086	RECIPIENT ID.: 530001989372 11665788 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 052224	18.53 BILLED AMOUNT 18.53	NON-AllowED	COPAY	8.53 PAID 10.00	DETAIL EOBS	0.00	10.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		AN HERNANDEZ 56026127	I166228		0.: 500002093203 RENDERING	MRN: 053124	053124	107.34 BILLED	71.00	COPAY	36.34	0.00	0.0	0 71.00
POS 81	PROC CD 80053	MODIFIERS		FROM THRU 053124	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL 1 9918	EOBS	
81	82306		1.00	053124 053124	220224			44.00	29.00 15.00	0.00	29.00			
81	83036			053124 053124				14.00	12.00	0.00	12.00			
81	80061			053124 053124				20.00	14.00	0.00	14.00			
81 81	36415 85049			053124 053124 053124 053124				4.50 9.00	0.00 4.50 4.00	0.00 0.00 0.00		3323 9918		
01	03019		1.00	033121 033121	220221			J.00	5.00	0.00	1.00	JJ 10		
NAME:		AN HERNANDEZ 56026144	I166228		0.: 500002093203 RENDERING	MRN: 053124	053124	19.00 BILLED	12.00 ALLOWED	COPAY	7.00	0.00	0.0	0 12.00
POS 81	PROC CD 84436	MODIFIERS 59		FROM THRU 053124	PROVIDER			AMOUNT 10.00	NON-AllOWED 7.00 3.00	TPL 0.00 0.00	PAID 7.00	DETAIL 1 9918	EOBS	
81	84479		1.00	053124 053124	220224			9.00	5.00 4.00	0.00	5.00	9918		
NAME:	LIAM HE 20241	RNANDEZ 57011280	I166327	8	DENDED INC	MRN: 060324	060324	565.12			191.09	0.00	0.0	0 374.03
	PROC CD 87498	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 060324 060324	PROVIDER			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL 1 9918	EOBS	
81	87581	59	1.00	060324 060324	220224			42.00	28.00 14.00	0.00	28.00			
81	87633			060324 060324				318.05	212.03 106.02	0.00	212.03			
81	87798		4.00	060324 060324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		HERNANDEZ 55018029	I165978		530002367349	MRN: 052924	052924	178.16	106.00		72.16	0.00	0.0	0 106.00

REPORT: CRA-PRPD-R RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM DROVIDED DEMITTANCE ADVICE

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			TPL MOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	SS	
81	80053			052924 052924	220224			15.84	12.00	0.00	12.00			
81	82607		1.00	052924 052924	220224			22.00	17.00 5.00	0.00	17.00	9918		
81	82306		1.00	052924 052924	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83540		1.00	052924 052924	220224			9.71	7.00 2.71	0.00	7.00	9918		
81	83550		1.00	052924 052924	220224			13.11	10.00	0.00	10.00	9918		
81	82728		1.00	052924 052924	220224			40.00	13.00 27.00	0.00	13.00	9918		
81	80061		1.00	052924 052924	220224			20.00	14.00	0.00	14.00	9918		
81	36415		1.00	052924 052924	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	85049		1.00	052924 052924	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME	: YESINIA	A HERNANDEZ		RECIPIENT ID	.: 530002367349	MRN:								
	20241	156026151	I166108'	7 SERVICE DATES	RENDERING	052924	052924	127.89 BILLED	84.93	COPAY	42.96	0.00	0.00	84.93
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	SS	
81	86665		2.00	052924 052924	220224			70.00	44.00 26.00	0.00	44.00			
81	86664		1.00	052924 052924	220224			30.00	18.00 12.00	0.00	18.00	9918		
81	84443		1.00	052924 052924	220224			27.89	22.93 4.96	0.00	22.93	9918		
NAME	: EMILY H	IERNANDEZ-BAI	RRO	RECIPIENT ID	.: 530002222654	MRN:								
	20241	158029713	I166455			042224	042224	79.32	35.00		44.32	0.00	0.00	35.00
			_	SERVICE DATES				BILLED	ALLOWED	COPAY		_	_	
	PROC CD 83540	MODIFIERS	UNITS 1.00	FROM THRU 042224	PROVIDER 220224			AMOUNT 9.71	NON-AllOWED 7.00 2.71	TPL 0.00 0.00	PAID 7.00	DETAIL EOB 9918	3S	
81	83550		1.00	042224 042224	220224			13.11	10.00	0.00	10.00	9918		
81	82728		1.00	042224 042224	220224			40.00	13.00 27.00	0.00	13.00	9918		

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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PAYEE ID

220224

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

ICN POS PROC CD MODIFIERS 81 85027 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042224 042224 220224 1.00 042224 042224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 12.00	AMOUNT	COPAY TPL 0.00 0.00	OWED A	MA TRUOMA	PL OUNT	PAID AMOUNT
2024156026157	LAY RECIPIENT ID.: 530002224149 I1661086 SERVICE DATES RENDERING	MRN: 053024 053024	319.55 BILLED	213.03 ALLOWED	COPAY TPL	PAID 213.03	DETAIL EOBS		213.03
NAME: KARLIE HERRELL 2024150024506 POS PROC CD MODIFIERS 81 80053 81 36415 81 85049	THRU PROVIDER 1.00 053024 053024 220224 RECIPIENT ID.: 530002229559 I1653934 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224 1.00 091223 091223 220224 1.00 091223 091223 220224	MRN: 091223 091223	29.34 BILLED AMOUNT 15.84 4.50 9.00	16.00 ALLOWED NON-AllOWED 12.00 3.84 0.00 4.50 4.00 5.00	COPAY TPL	PAID 12.00 0.00	DETAIL EOBS		16.00
NAME: HELEN HICKS 2024155018047	RECIPIENT ID.: 530001971063 I1659784 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	MRN: 052324 052324	174 33	116.22 ALLOWED NON-AllOWED 116.22	COPAY TPL	PAID 116.22	0.00 DETAIL EOBS 9918		116.22
NAME: RUTH HICKS 2024155018066 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59	RECIPIENT ID.: 530001118743 I1659786 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224	MRN: 052124 052124	563.12 BILLED AMOUNT 42.00 37.07 42.00		COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 1.89 1.89	0.00 DETAIL EOBS 9918 9936 9918 9936 9918 9936	268.95	29.86

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E		
81	87633		1.00	052124 052124	220224			318.05	18.52	0.00	18.52	9918 993	б	
									299.53	0.00				
81	87640		1.00	052124 052124	220224			37.07	1.89	0.00	1.89	9918 993	б	
									35.18	0.00				
81	87641	59	1.00	052124 052124	220224			37.07	1.89	0.00	1.89	9918 993	б	
									35.18	0.00				
81	87651	59	1.00	052124 052124	220224			49.86	1.89	0.00	1.89	9918 993	б	
									47.97	0.00				
NAME:					0.: 530001257190	MRN:	0.4.0.2.0.4	601 00	0.00		601 00	0 00	0 00	0.00
	20241	149020046	I165203		D = 11 D = D = 11 G	040324	040324		0.00		681.00	0.00	0.00	0.00
200	22222			SERVICE DATES				BILLED	ALLOWED	COPAY	D. T. T. D.	DDD3.11 D	0.7.0	
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E		
81	87798	59	13.00	040324 040324	220224			546.00	0.00	0.00	0.00	9918 993	0	
0.1	0.7.6.4.0	F.0	1 00	040204 040204	000004			45.00	546.00	0.00	0.00	0010 000		
81	87640	59	1.00	040324 040324	220224			45.00	0.00	0.00	0.00	9918 993	0	
0.1	0.00	F.0	1 00	040204 040204	000004			45.00	45.00	0.00	0.00	0010 000		
81	87641	59	1.00	040324 040324	220224			45.00	0.00	0.00	0.00	9918 993	0	
0.1	0.000	F.0	1 00	040204 040204	000004			45.00	45.00	0.00	0.00	0010 000		
81	87653	59	1.00	040324 040324	220224			45.00	0.00	0.00	0.00	9918 993	0	
									45.00	0.00				
MAME.	LYNDA H	ITCCTNC		ספרדחדפאיי דח	.: 530000325632	MRN:								
MAIME .		156026164	I166229		330000323032	052724	052724	1 0/10 12	629.64		419.48	0.00	0.00	629.64
	20241	130020104	1100227	SERVICE DATES	PENDERING	032724	032724	BILLED	ALLOWED		417.40	0.00	0.00	027.04
DOG	PROC CD	MODIFIERS	UNITS					AMOUNT	NON-Allowed		PAID	חדים דו. די)BS	
	87486	59		052724 052724				42.00	28.00	0.00		9918	ODD	
01	07100	33	1.00	032721 032721	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87498	59	1 00	052724 052724	220224			37.07	22.00	0.00	22 00	9918		
01	07100	3,5	1.00	032721 032721	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1 00	052724 052724	220224			42.00	28.00	0.00	28 00	9918		
0 ±	07301		1.00	032721 032721	220221			12.00	14.00	0.00	20.00	J J ± 0		
81	87633		1 00	052724 052724	220224			318.05	212.03	0.00	212.03	9918		
01	0,000		1.00	032721 032721	220221			310.03	106.02	0.00	212.03	J J I O		
81	87640		1.00	052724 052724	220224			37.07	22.00	0.00	22.00	9918		
-	0.010		1.00	132.21 002.21	= 			37.37	15.07	0.00	22.00	2220		
81	87641	59	1.00	052724 052724	220224			37.07	22.00	0.00	22.00	9918		
-	0.011		1.00	132.21 002.21	= 			37.37	15.07	0.00	22.00	2220		
81	87651	59	1.00	052724 052724	220224			49.86	28.00	0.00	28.00	9918		
~ -	- · · · · -								21.86	0.00				
									==: 3 0	2.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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DATE: 06/07/2024

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		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87798	MODIFIERS	UNITS FROM THRU 8.00 052724 052724	PROVIDER 220224			AMOUNT 336.00	NON-Allowed 224.00 112.00	TPL 0.00 0.00	PAID 224.00	DETAIL 9918	EOBS	
81	87635		1.00 052724 052724	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	HOLLY H	HILL .56026186	RECIPIENT ID	530000296571	MRN: 052424	052424	1,049.12	629.64		419.48	0.00	0.00	629.64
	20211	30020100	SERVICE DATES	RENDERING	002121	002121	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	027.01
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 052424 052424	220224			150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 052424 052424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052424 052424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052424 052424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052424 052424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052424 052424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	: LEXIE H	HILL	RECIPIENT ID	o.: 530001490666	MRN:								
	20241	58029734	I1664573		041524	041524	794.96	472.64		322.32	0.00	0.00	472.64
DOG		MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY	D 3 T D		EODG	
	PROC CD 87635	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL 0.00	PAID 43.61	DETAIL	EOBS	
0.1	0/033		1.00 041524 041524	220224			150.00	43.61 106.39	0.00	43.01	9910		
81	87498	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041524 041524	220224			318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R 3551548 RA#:

BIRMINGHAM, AL 35235-2718

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	THRU	BILLED AMOUNT BILLED	AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 4.00 041524 041524 220224			AMOUNT 168.00	NON-AllOWED 112.00 56.00	TPL 0.00 0.00	PAID 112.00	DETAIL EC 9918	DBS	
81 80053	1.00 041524 041524 220224			15.84	12.00	0.00	12.00	9918		
81 82306	1.00 041524 041524 220224			44.00	29.00 15.00	0.00	29.00	9918		
81 80061	1.00 041524 041524 220224			20.00	14.00 6.00	0.00	14.00	9918		
	RECIPIENT ID.: 530000272408		0.4.0.0.0.4	60.00	0.00		F.O. 0.0	0.00	0.00	0.00
2024156026206	I1661091 SERVICE DATES RENDERING	040224		60.00 BILLED	2.00 ALLOWED	COPAY	58.00	0.00	0.00	2.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	DBS	
81 81007	1.00 040224 040224 220224			60.00		0.00	2.00	9918		
	RECIPIENT ID.: 530000272408		0.4.1.1.0.4	50.00	0.00		50.00	0.00	0.00	0.00
2024156026219	I1661092 SERVICE DATES RENDERING	041124			2.00 ALLOWED	COPAY				2.00
POS PROC CD MODIFIERS 81 81007	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 60.00	NON-AllOWED	TPL 0.00	PAID 2.00	DETAIL EC 9918	DBS	
NAME: LOLAH HILYER	RECIPIENT ID.: 530000777950	MRN:								
2024149020062	I1652042	121823	121823	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81 87498 59	I1652042 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121823 121823 220224 1.00 121823 121823 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 121823 121823 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 121823 121823 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 121823 121823 220224			168.00	112.00 56.00		112.00	9918		
NAME: DOMINICK HIPOLITO 2024150024531	RECIPIENT ID.: 530001301854 I1653960	MRN: 052224	052224		374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00		DETAIL EC 9918	DBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EON 9918	3S	
81 87633		1.00 052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 052224 052224	220224			168.00	112.00 56.00	0.00	112.00	9918		
	IISE 58029760	RECIPIENT ID 11664581 SERVICE DATES	RENDERING	MRN: 060324	060324	123.54 BILLED	89.93 ALLOWED	COPAY	33.61	0.00	0.00	89.93
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PΔTD	DETAIL EO	35	
81 80053	MODIFIERD	1.00 060324 060324	220224			15.84	12.00 3.84	0.00	12.00		55	
81 82306		1.00 060324 060324	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83036		1.00 060324 060324	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 060324 060324	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 060324 060324	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 36415		1.00 060324 060324	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: HAYDEN H 202415	IOBBS 50024546	RECIPIENT ID		MRN: 052324	052324	49.86	28.00	ı	21.86	0.00	0.00	28.00
POS PROC CD 81 87651		UNITS FROM THRU 1.00 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86		0.00	PAID 28.00		3S	
							21.86	0.00				
NAME: SAMARI H 202415	IOGAN 52026951	RECIPIENT ID	530000944125	MRN: 052824	052824	13.50	4.00	l	9.50	0.00	0.00	4.00
POS PROC CD 81 36415		SERVICE DATES UNITS FROM THRU 1.00 052824 052824	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID	DETAIL EON		
81 85049		1.00 052824 052824	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ARMONIE 202415	HOLDEN 6026225	RECIPIENT ID	0.: 530001035938	MRN: 120523	120523	60.00	2.00)	58.00	0.00	0.00	2.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	OWED	AMOUNT A	TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 81007	UNITS FROM THRU PROVIDER 1.00 120523 120523 220224		AMOUNT 60.00	NON-AllOWED 2.00 58.00	TPL 0.00 0.00	PAID 2.00	DETAIL EOE 9918	38	
NAME: EGYPT HOLDEN 2024150024557	RECIPIENT ID.: 530002220742 I1653970	MRN: 052224 052224		374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE	20	
81 87498 59	1.00 052224 052224 220224		37.07	22.00 15.07	0.00		9918	50	
81 87581 59	1.00 052224 052224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052224 052224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 052224 052224 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: OLIVER HOLDEN 2024152026961	RECIPIENT ID.: 530002111393 I1658395	MRN: 052824 052824	899.12	586.03		313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			_	
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOE 9918	SS	
81 87498 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 052824 052824 220224		49.86		0.00	28.00	9918		
81 87798	8.00 052824 052824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: HEATH HOLLIDAY 2024155018078	RECIPIENT ID.: 530001187679 I1659799	MRN: 052924 052924	899.12			313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOE 9918	3S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG		MODIFIED	TINTE	SERVICE DATES				BILLED	ALLOWED	COPAY			HODG	
POS 81	PROC CD 87498	MODIFIERS 59	UNITS	FROM THRU 052924	PROVIDER			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL 9918	i EOBS	
01	0/490	39	1.00	032324 032324	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052924 052924	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00	050004 050004	220224			37.07	106.02	0.00	22.00	0010		
81	87640		1.00	052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052924 052924	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.000		0 00	050004 050004	000004			226.00	21.86	0.00	004.00	0010		
81	87798		8.00	052924 052924	220224			336.00		0.00	224.00	9918		
									112.00	0.00				
NAME:	MADISON	HOLLIS		RECIPIENT ID	.: 530001153366	MRN:								
	20241	.58029776	I166459			060424	060424	965.59	591.53		374.06	0.00	0.00	519.53
				SERVICE DATES				BILLED		COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	L EOBS	
81	87798	59	9.00	060424 060424	220224			378.00	252.00 126.00	0.00	252.00	9918		
81	87481	59	4 00	060424 060424	220224			168.00	112.00	0.00	112.00	9918		
01	07101	3,5	1.00	000121 000121	220221			100.00	56.00	0.00	112.00	JJ±0		
81	87491	59	1.00	060424 060424	220224			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				
81	87511	59	1.00	060424 060424	220224			42.00	28.00	0.00	28.00	9918		
0.1	87529	E O	2 00	060424 060424	220224			99.72	14.00	0.00	F.C. 0.0	9918		
81	0/529	59	2.00	060424 060424	220224			99.72	56.00 43.72	0.00	56.00	9910		
81	87591	59	1.00	060424 060424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87653	59	2.00	060424 060424	220224			74.14	44.00	0.00	0.00	5900		
0.1	0.0001	5 0	1 00	0.60404 0.60404	000004			20.20	30.14	0.00	01 50	0010		
81	87661	59	1.00	060424 060424	220224			32.30		0.00	21.53	9918		
81	87563		1 00	060424 060424	220224			42.50	10.77 0.00	0.00	0 00	4021		
01	0,505		1.00	000121 000121	220221			12.50	42.50	0.00	0.00	1021		
81	87640	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
.	MAD T 00:					MIDATA								
NAME:	MADISON 20241	.59022595	I166579		0.: 530001153366	MRN: 060424	060424	699.21	458.00		241.21	0.00	0.00	458.00
	20241		11000/9	J		000424	000424	099.41	±20.00		~ II. ~ ~ I	0.00	0.00	430.00

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC All		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING	11011	11110	BILLED	ALLOWED	COPAY	ONED 2	11100111	71100111	711-10 OTV I
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87481	59		060424 060424	220224			42.00	28.00	0.00		9918		
0_	0 / 10 1			000121 000121					14.00	0.00		2220		
81	87640	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87653	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87798	59	11.00	060424 060424	220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
81	87641	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87798	59	2.00	060424 060424	220224			84.00	56.00	0.00	56.00	9918		
									28.00	0.00				
NAME	: WAYLON				.: 530002336067	MRN:								
	20241	.56026239	I166109			053024	053024	1,049.12	629.64		419.48	0.00	0.0	00 629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00	053024 053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.4.0.0		4 00		000004				14.00	0.00		0010		
81	87498	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	F.0	1 00	053004 053004	000004			25 25	15.07	0.00	00.00	0010		
81	87640	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00	052004 052004	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00	053024 053024	220224			42.00	28.00	0.00	28.00	9918		
01	87633		1 00	052024 052024	220224			318.05	14.00 212.03	0.00	212.03	0010		
81	07033		1.00	053024 053024	220224			310.03	106.02	0.00	212.03	9910		
81	87641	59	1 00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
01	0/041		1.00	033024 033024	220224			37.07	15.07	0.00	22.00	J J ± 0		
81	87651	59	1 00	053024 053024	220224			49.86	28.00	0.00	28.00	9918		
01	0,031	3,5	1.00	033021 033021	220221			19.00	21.86	0.00	20.00	JJ 10		
81	87798		8.00	053024 053024	220224			336.00	224.00	0.00	224.00	9918		
-									112.00	0.00				
81	87635		1.00	053024 053024	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
NAME	: CHRISTI	NA HOLMAN		RECIPIENT ID	.: 530000472787	MRN:								
	20241	55018090	I165980	1		052824	052824	91.32	38.00		53.32	0.00	0.0	38.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS	
81	83540		1.00	052824 052824	220224			9.71	7.00	0.00	7.00	9918		
									2.71	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		-ICN	PAT ACC		S RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG I	PROC CD MO	ODIFIERS	UNITS	SERVICE DATE FROM THR				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORS	
81	83550	DIFIERD		052824 05282				13.11	10.00	0.00	10.00		EODD	
01	0000		1.00	032021 03202				10.11	3.11	0.00	20.00	7710		
81	85652		1.00	052824 05282	1 220224			4.00	3.00	0.00	3.00	9918		
									1.00	0.00				
81	82728		1.00	052824 05282	4 220224			40.00	13.00	0.00	13.00	9918		
									27.00	0.00				
81	86431		1.00	052824 05282	1 220224			20.00	5.00	0.00	5.00	9918		
									15.00	0.00				
81	36415		1.00	052824 05282	4 220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
NTN N#TT •	CIID T CIII TATA	TTOT NA 7 NT			FD . F20000470707	MIDNI •								
NAME:	CHRISTINA 20241550		I165980		ID.: 530000472787	MRN: 052824	052024	95.00	36.00		59.00	0.00	0.00	20.00
	20241330	710111	1103900	Z SERVICE DATE	S RENDERING	032024	032024	BILLED	ALLOWED	COPAY	39.00	0.00	0.00	20.00
DOG I	PROC CD MO	ODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORS	
	84466	JDIP IERO		052824 05282				40.00	16.00	0.00		5912	EODO	
01	01100		1.00	032021 03202	1 220221			10.00	24.00	0.00	0.00	3712		
81	86140		1.00	052824 05282	4 220224			15.00	5.00	0.00	5.00	9918		
									10.00	0.00				
81	86038		1.00	052824 05282	1 220224			40.00	15.00	0.00	15.00	9918		
									25.00	0.00				
NAME:	CHRISTINA				ID.: 530000472787	MRN:								
	20241560	026257	I166230			052824	052824	71.32			13.32	0.00	0.00	58.00
				SERVICE DATE				BILLED	ALLOWED	COPAY				
		ODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	84403		1.00	052824 05282	4 220224			38.72	31.00	0.00	31.00	9918		
0.1	04270		1 00	053034 05303	1 220224			22 60	7.72	0.00	27 00	0010		
81	84270		1.00	052824 05282	1 220224			32.60	27.00 5.60	0.00	27.00	9910		
									5.00	0.00				
NAME:	EASTON HOI	MES		RECIPTENT	ID.: 530002053498	MRN:								
	20241500		I165653				051724	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY				
POS I	PROC CD MO	ODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486 59	9	1.00	051724 05172				42.00	28.00	0.00	28.00			
									14.00	0.00				
81	87498 59	9	1.00	051724 05172	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87640 59	9	1.00	051724 05172	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 87581	MODIFIERS 59	UNITS FROM THRU 1.00 051724 051724	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	DBS	
81	0/501	59	1.00 051/24 051/24	22022 4			42.00	28.00 14.00	0.00	26.00	9918		
81	87633		1.00 051724 051724	220224			318.05	212.03	0.00	212.03	9918		
01	0,000		1.00 031/21 031/21				310.03	106.02	0.00	212.03	3310		
81	87641	59	1.00 051724 051724	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 051724 051724	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 051724 051724	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAMF:	: HOLLAND	HOI.MES	קקרדסודאיי דר	.: 530000854708	MRN:								
IVAI-ID •		57011296	11663288	330000031700		060324	391.88	245.53		146.35	0.00	0.00	217.53
		.0,0===	SERVICE DATES	RENDERING	0000_1		BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	DBS	
81	87491	59	1.00 060324 060324	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87511		1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
0.1	07500		0.00.060004.060004	000004			00 50	14.00	0.00	56.00	0.01.0		
81	87529		2.00 060324 060324	220224			99.72	56.00	0.00	56.00	9918		
81	87591		1.00 060324 060324	220224			42.00	43.72 28.00	0.00	20 00	9918		
0.1	0/391		1.00 000324 000324	22022 1			42.00	14.00	0.00	20.00	9910		
81	87661		1.00 060324 060324	220224			32.30	21.53	0.00	21 53	9918		
0 ±	0,001		1.00 000321 000321	220221			32.30	10.77	0.00	21.33	JJ 10		
81	87798	59	3.00 060324 060324	220224			126.00	84.00	0.00	84.00	9918		
								42.00	0.00				
NAME:		IIA HOLMES		.: 530001565634	MRN:	0.60404	25 52	1.4.00		01 50	0.00	0.00	14.00
	20241	.58029793	I1664601	DENDEDING	060424	060424	35.50			21.50	0.00	0.00	14.00
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E)DC	
	85027	MODIFIERS	1.00 060424 060424	220224			12.00	5.00	0.00		9918	000	
01	03027		1.00 000121 000121	220221			12.00	7.00	0.00	3.00	JJ±0		
81	36415		1.00 060424 060424	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	82951		1.00 060424 060424	220224			19.00	9.00	0.00	9.00	9918		
								10.00	0.00				
				F00001=5=5=									
NAME:		IIA HOLMES		.: 530001565634	MRN:	060404	27 00	12 00		24 00	0 00	0 00	12.00
	ZUZ41	59022615	I1665794		000424	060424	37.00	13.00		24.00	0.00	0.00	13.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN POS PROC CD MODIFIERS 81 86850 81 86592	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 30.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 8.00 22.00 5.00 2.00	COPAY TPL 0.00 0.00	PAID 8.00	COPAY TI AMOUNT AMO DETAIL EOBS 9918 9918	PL DUNT	PAID AMOUNT
2024150024612 POS PROC CD MODIFIERS 81 80307	RECIPIENT ID.: 530001020718 11656540 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052224	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL 0.00 0.00		0.00 DETAIL EOBS 9918 9918	0.00	172.09
2024156026278 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000516382 11662309 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	052824 052824	258.14 BILLED AMOUNT 83.81 174.33	ALLOWED NON-AlloWED 55.87	COPAY TPL 0.00 0.00	PAID 55.87 116.22	DETAIL EOBS 9918	0.00	172.09
2024149020075 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002376031 11652051 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030524 030524 220224	MRN: 030524 030524	37.07 BILLED AMOUNT 37.07	22.00 ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	22.00
NAME: ELIJAH HORN 2024156026286 POS PROC CD MODIFIERS 81 80053 81 82306 81 83540	RECIPIENT ID.: 530001589497 I1662311 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042224 042224 220224 1.00 042224 042224 220224 1.00 042224 042224 220224		188.36 BILLED AMOUNT 15.84 44.00 9.71	118.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71		PAID 12.00 29.00		0.00	118.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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-	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD M	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 83550	MODIFIERS	1.00 042224 042224	220224			13.11	10.00	0.00	10.00			
01 03330		1.00 012221 012221	220221			13.11	3.11	0.00	10.00	JJ±0		
81 82728		1.00 042224 042224	220224			40.00	13.00	0.00	13.00	9918		
01 02720		1.00 012221 012221	220221			10.00	27.00	0.00	13.00	JJ10		
81 83036		1.00 042224 042224	220224			14.00	12.00	0.00	12.00	9918		
01 03030		1.00 012221 012221	220221			11.00	2.00	0.00	12.00	JJ 10		
81 84443		1.00 042224 042224	220224			25.20	22.93	0.00	22.93	9918		
0							2.27	0.00		7720		
81 84439		1.00 042224 042224	220224			13.00	9.00	0.00	9.00	9918		
01 01107		1.00 012221 012221	220221			23.00	4.00	0.00	J.00	JJ 10		
81 36415		1.00 042224 042224	220224			4.50	0.00	0.00	0.00	3323		
01 00110							4.50	0.00		0020		
81 85049		1.00 042224 042224	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: AURA HORT	ΓΟΝ	RECIPIENT ID	.: 530002064868	MRN:								
2024155		I1659812		022924	022924	563.12	298.81		264.31	0.00	0.00	298.81
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD M	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87486 5	59	1.00 022924 022924	220224			42.00	18.94	0.00	18.94	9918 9936		
							23.06	0.00				
81 87498 5	59	1.00 022924 022924	220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81 87581 5	59	1.00 022924 022924	220224			42.00	18.94	0.00	18.94	9918 9936		
							23.06	0.00				
81 87633		1.00 022924 022924	220224			318.05	185.17	0.00	185.17	9918 9936		
							132.88	0.00				
81 87640		1.00 022924 022924	220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81 87641 5	59	1.00 022924 022924	220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81 87651 5	59	1.00 022924 022924	220224			49.86	18.94	0.00	18.94	9918 9936		
							30.92	0.00				
_		_										
		RECIPIENT ID	.: 530000929923	MRN:	0.504.04	-04 4-			006.68			
2024156	6026307	I1662316	D = 11D = D =	060124	060124		390.00		206.67	0.00	0.00	390.00
DOG DDOG GD -	40D T E T E D C		RENDERING			BILLED	ALLOWED	COPAY	D3.T5	DDD3.TT		
POS PROC CD M			PROVIDER				NON-AllOWED					
81 87481 5	59	1.00 060124 060124	220224			42.00	28.00		28.00	9918		
							14.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		C	
	MODIFIERS 59	UNITS FROM THRU 1.00 060124 060124	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL EOE	55	
81 8/840 :	09	1.00 060124 060124	22022 4			37.07	15.07	0.00	22.00	9910		
81 87653 !	59	1.00 060124 060124	220224			37.07	22.00	0.00	22.00	9918		
01 07033 .		1.00 000124 000124	220224			37.07	15.07	0.00	22.00	J J I O		
81 87798 !	59	11.00 060124 060124	220224			462.00	308.00	0.00	308.00	9918		
01 01100 .		11:00 000121 000121	220221			102.00	154.00	0.00	300.00	JJ10		
81 87086		1.00 060124 060124	220224			18.53	10.00	0.00	10.00	9918		
01 07000		1.00 000121 000121	220221			10.33	8.53	0.00	10.00	JJ 10		
NAME: JAMES HO	WARD	RECIPTENT ID	.: 500001846183	MRN:								
	0024625	I1654017		052024	052024	61.71	44.18		17.53	0.00	0.00	44.18
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 87086		1.00 052024 052024	220224			18.53	10.00	0.00	10.00			
							8.53	0.00				
81 87186		2.00 052024 052024	220224			27.00	18.00	0.00	18.00	9918		
							9.00	0.00				
81 87088		2.00 052024 052024	220224			16.18	16.18	0.00	16.18			
							0.00	0.00				
NAME: JOVI HOW	ARD	RECIPIENT ID	.: 530002342262	MRN:								
	6026324	I1662317		053124	053124	397.12	262.03		135.09	0.00	0.00	262.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 87498 !	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581 !	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
NAME: OAKLEE HO	⊃WT.E	RECIPTENT ID	.: 530002209420	MRN:								
	5018138	I1659816	. 550002207120		022224	49.86	18.94		30.92	0.00	0.00	18.94
202113	3010130	SERVICE DATES	RENDERING	02221	02222	BILLED	ALLOWED	COPAY	30.72	0.00	0.00	10.71
POS PROC CD I	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	S	
81 87651	102111110	1.00 022224 022224	220224			49.86	18.94	0.00		9918 9936		
- 0.00-		= · · · · · = = = - · · · · · · · ·	-			-2.30	30.92	0.00	_0,,,1			
NAME: CAMREN H	UBBARD	RECIPIENT ID	.: 530001319285	MRN:								
202415!	5018146	I1659817		052924	052924	222.58	50.00		172.58	0.00	0.00	46.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 841		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		BILLED AMOUNT 8.00	ALLOWED NON-AllOWED 4.00	COPAY TPL 0.00	PAID 4.00	DETAIL EO	BS	
81 825	70	1.00 052924 052924 220224		8.00	4.00 6.00	0.00	6.00	9918		
81 8306	59	1.00 052924 052924 220224		8.00	2.00 4.00 4.00	0.00 0.00 0.00	4.00	9918		
81 8433	L1	2.00 052924 052924 220224		32.00	14.00 18.00	0.00	14.00	9918		
81 8201	LO	1.00 052924 052924 220224		16.00	0.00 16.00	0.00	0.00	4524		
81 8294		1.00 052924 052924 220224		8.00	4.00 4.00	0.00		9918		
81 8224		1.00 052924 052924 220224		8.00	5.00 3.00	0.00		9918		
81 8398 81 8100		1.00 052924 052924 220224 2.00 052924 052924 220224		7.00	3.00 4.00 4.00	0.00		9918		
81 8204		1.00 052924 052924 220224		120.00 7.58	116.00 6.00	0.00 0.00 0.00		5900 9918		
01 020-	:3 QW	1.00 032324 032324 220224		7.30	1.58	0.00	0.00	JJ10		
	IE HUBBERT 024152026978	RECIPIENT ID.: 530001292576 I1658409	MRN: 052824 052824	33.34	19.00)	14.34	0.00	0.00	19.00
POS PROC 81 8009		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EO 9918	BS	
81 856	52	1.00 052824 052824 220224		4.00	3.84 3.00 1.00	0.00 0.00 0.00	3.00	9918		
81 3643	L5	1.00 052824 052824 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 8504	19	1.00 052824 052824 220224		9.00	4.00 5.00	0.00	4.00	9918		
	IE HUBBERT 024156026338	RECIPIENT ID.: 530001292576 I1662322	MRN: 052824 052824	100.00	62.00)	38.00	0.00	0.00	62.00
	CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 052824 052824 220224		BILLED	ALLOWED NON-AlloWED	COPAY TPL	PAID 44.00	DETAIL EO		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				FPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 86664	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 30.00		\mathtt{TPL}	PAID 18.00		S	
	RECIPIENT ID.: 530001292576		22 24	10.00		14 24	0 00	0.00	10.00
2024158029809	I1664613 SERVICE DATES RENDERING	060324 060324	RTLLED	19.00 ALLOWED	COPAY	14.34	0.00	0.00	19.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 80053	1.00 060324 060324 220224		15.84	12.00 3.84	0.00	12.00			
81 85652	1.00 060324 060324 220224		4.00	3.00 1.00	0.00	3.00	9918		
81 36415	1.00 060324 060324 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 060324 060324 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: KAMIE HUBBERT	RECIPIENT ID.: 530001292576	MRN:							
2024158029821	I1664614	060324 060324		38.00		55.00	0.00	0.00	38.00
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			~	
POS PROC CD MODIFIERS 81 86644	UNITS FROM THRU PROVIDER		AMOUNT 42.00	NON-AllOWED 18.00	TPL 0.00	PAID 18.00		S	
01 00011	1.00 000321 000321 220221		12.00	24.00	0.00		JJ10		
81 86645	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224		51.00	20.00 31.00	0.00		9918		
NAME AND AND A HIDGON	DEGITATION TO . 520001660421	MDNI •							
NAME: MIRANDA HUDSON 2024152026988	RECIPIENT ID.: 530001662431 I1658410	052824 052824	1.047.79	592.00	ı	455.79	0.00	0.00	532.00
_0_1_0_0	CEDVICE DATEC DEMORDING		BILLED	ALLOWED	COPAY	1007.7			332,00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL			S	
81 87481 59	4.00 052824 052824 220224		168.00	112.00	0.00	112.00	9918		
81 87640 59	UNITS FROM THRU PROVIDER 4.00 052824 052824 220224 1.00 052824 052824 220224		37.07	56.00 22.00	0.00	22.00	9918		
0_ 0,0_0				15.07	0.00		77 = 0		
81 87653 59	1.00 052824 052824 220224		37.07	22.00	0.00	22.00	9918		
81 87798	11.00 052824 052824 220224		462.00	15.07 308.00	0.00	308.00	0010		
01 01190	11.00 032021 032021 220224		402.00	154.00	0.00	300.00	J 9 ± 0		
81 87641 59	1.00 052824 052824 220224		37.07	22.00	0.00	22.00	9918		
01 07700	0.00.050004.050004		0.4.00	15.07	0.00	2 22	F000		
81 87798	2.00 052824 052824 220224		84.00	56.00 28.00	0.00	0.00	5000		
				20.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS I 81	PROC CD 84156	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00	PAID 4.00	DETAIL EO: 9918	BS	
81	82570			052824 052824	220224			8.00	4.00 6.00	0.00		9918		
81	83069		1.00	052824 052824	220224			8.00	2.00 4.00	0.00	4.00	9918		
81	84311		2.00	052824 052824	220224			32.00	4.00 14.00 18.00	0.00 0.00 0.00	14.00	9918		
81	82010		1.00	052824 052824	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945			052824 052824	220224			8.00	4.00 4.00	0.00		9918		
81	82247	59		052824 052824	220224			8.00	5.00 3.00	0.00		9918		
81 81	83986 81007			052824 052824 052824 052824				7.00	3.00 4.00 4.00	0.00 0.00 0.00		9918 5900		
81	82043	QW		052824 052824				7.58	116.00 6.00	0.00		9918		
									1.58	0.00				
NAME:	AMYIAH 20241	HUGHES 56026350	I166233		: 530000905736 RENDERING	MRN: 051424	051424	135.66 BILLED	78.00	COPAY	57.66	0.00	0.00	78.00
POS I 81	PROC CD 80053	MODIFIERS	UNITS 1.00	FROM THRU 051424	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL EO: 9918	BS	
81	82306		1.00	051424 051424	220224			44.00	3.84 29.00 15.00	0.00 0.00 0.00	29.00	9918		
81	83540		1.00	051424 051424	220224			9.71	7.00 2.71	0.00	7.00	9918		
81	83550			051424 051424				13.11	10.00	0.00		9918		
81	85652			051424 051424				4.00	3.00 1.00	0.00		9918		
81 81	82728 85049			051424 051424 051424 051424				40.00 9.00	13.00 27.00 4.00	0.00 0.00 0.00		9918 9918		
- -								2.00	5.00	0.00	2.00			
NAME:	ANNE HU 20241	LSEY 58029832	I166461		.: 530001316398	MRN: 060424	060424	547.12	305.64	:	241.48	0.00	0.00	305.64

REPORT: CRA-PRPD-R RA#: 3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DATE: 06/07/2024 233

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

81 87 81 87	OC CD 7635 7498 7581 7633	ICN MODIFIERS 59 59	1.00	SERVICE DATES FROM THRU 060424 060424 060424 060424 060424 060424 060424 060424	220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 150.00 37.07 42.00 318.05	ALLOWED AMOUNT ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02	O ALI COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 22.00	DETAIL EO 9918 9918 9918	TPL AMOUNT BS	PAID AMOUNT
POS PRO 81 87 81 87	20241 DC CD	TH HULSEY 58029844 MODIFIERS 59	1.00			MRN: 060424	060424	547.12 BILLED AMOUNT 150.00 37.07	305.64 ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 22.00	0.00 DETAIL EO 9918 9918 9918	0.00 BS	305.64
81 87	7633 ARRY H			060424 060424 RECIPIENT ID	220224 .: 530001316399	MRN: 060424	060424	318.05 547.12	14.00 212.03 106.02	0.00 0.00 0.00	212.03		0.00	305.64
	7635 7498 7581	MODIFIERS 59 59	1.00	SERVICE DATES FROM THRU 060424 060424 060424 060424 060424 060424 060424 060424 060424	220224			BILLED AMOUNT 150.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	22.00 28.00	DETAIL EO 9918 9918 9918 9918	BS	
	20241 DC CD	R HULSEY 59022637 MODIFIERS	I166580 UNITS	0 SERVICE DATES	PROVIDER	MRN: 053024	053024	BILLED		COPAY TPL	116.22	DETAIL EO		116.22

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			IPL MOUNT	PAID AMOUNT
2024152027013 POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530001390321 I1658413 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 05282	4 13.50 BILLED AMOUNT 4.50 9.00	NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOB		4.00
2024159022660 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000869379 I1665801 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	052324 05232	BILLED AMOUNT	ALLOWED NON-AllOWED 5.00 32.07 5.00 37.00 5.00 313.05	COPAY	PAID 5.00 5.00 5.00	0.00 DETAIL EOB: 9918 9936 9918 9936 9918 9936 9918 9936		20.00
2024156026365	RECIPIENT ID.: 500000879746 11662334 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 05302	4 18.53 BILLED AMOUNT 18.53	ALLOWED NON-AlloWED	COPAY TPL	PAID 10.00	DETAIL EOB		10.00
2024156026383 POS PROC CD MODIFIERS		MRN: 053024 05302	AMOUNT	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL	PAID 28.00 22.00	DETAIL EOB 9918 9918 9918		586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 1	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	ZOBS	
81	87640	11001111110		053024 053024	220224			37.07	22.00 15.07	0.00		9918		
81	87641	59	1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	LAKEN H	UTT		RECIPIENT ID	.: 530000269748	MRN:								
		56026397	I166233			052824	052824	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
		MODIFIERS	UNITS					AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	G0482		1.00	052824 052824	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	JONATHA	N HUTTON		RECIPIENT ID	.: 530001427798	MRN:								
		58029869	I166462			060324	060324	147.34	89.00		58.34	0.00	0.00	89.00
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	80053		1.00	060324 060324	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	82306		1 00	060324 060324	220224			44.00	29.00	0.00	29.00	9918		
01	02300		1.00	000321 000321	220221			11.00	15.00	0.00	27.00	JJ±0		
81	85652		1.00	060324 060324	220224			4.00	3.00	0.00	3.00	9918		
									1.00	0.00				
81	83036		1.00	060324 060324	220224			14.00	12.00	0.00	12.00	9918		
0.1	00061		1 00	060204 060204	000004			00.00	2.00	0.00	14.00	0.01.0		
81	80061		1.00	060324 060324	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84439		1 00	060324 060324	220224			13.00	9.00	0.00	9 00	9918		
01	01135		1.00	000321 000321	220221			13.00	4.00	0.00	J.00	JJ±0		
81	86431		1.00	060324 060324	220224			20.00	5.00	0.00	5.00	9918		
									15.00	0.00				
81	85027		1.00	060324 060324	220224			12.00	5.00 7.00	0.00	5.00	9918		
81	36415		1.00	060324 060324	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:	KYSON H 20241	YDE 59022706	I166580		.: 530002221491	MRN: 060524	060524	899.12	586.03		313.09	0.00	0.00	586.03

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NOI		COPAY	TPL	PAID
			CEDUITCE DATEC	RENDERING	FROM	THRU	AMOUNT	AMOUNT	ALL(COPAY	JMED .	AMOUNT	AMOUNT	AMOUNT
DOG D	ROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	TPL	PAID	DETAIL	FODC	
	87486	MODIFIERS 59	1.00 060524 060524	220224			42.00	28.00	0.00		9918	FODS	
0.1	0/400	39	1.00 000324 000324	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 060524 060524	220224			37.07	22.00	0.00	22 00	9918		
01	0/4/0		1.00 000324 000324	220224			37.07	15.07	0.00	22.00	J J ± 0		
81	87581	59	1.00 060524 060524	220224			42.00	28.00	0.00	28 00	9918		
01	0/301		1.00 000324 000324	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1.00 060524 060524	220224			318.05	212.03	0.00	212.03	0010		
0.1	07033		1.00 000324 000324	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 060524 060524	220224			37.07	22.00	0.00	22 00	9918		
0.1	0/040		1.00 000324 000324	220224			37.07	15.07	0.00	22.00	9910		
81	07611	ΕO	1 00 060524 060524	220224			37.07	22.00	0.00	22 00	0010		
91	87641	59	1.00 060524 060524	220224			37.07	15.07	0.00	22.00	9918		
0.1	07651	ΕO	1 00 060524 060524	220224			49.86			20 00	0010		
81	87651	59	1.00 060524 060524	220224			49.00	28.00	0.00	20.00	9918		
0.1	07700		0 00 060524 060524	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00 060524 060524	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NT 7 N T 7 .		I III/IIIID			MID AT •								
NAME •	DELILAH			D.: 530002319209	MRN:	060224	000 10	586.03	,	212 00	0 00	0 00	E06 02
	202 4 1	157011312	I1663291 SERVICE DATES	RENDERING	060324	060324	899.12			313.09	0.00	0.00	586.03
DOC D				R H. IVII J H. R I IVIU =									
POS P	$\Delta \Delta $	MODIFIEDO					BILLED	ALLOWED	COPAY	DATD		HODG	
	ROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
	PROC CD 87486	MODIFIERS 59						NON-AllOWED 28.00	TPL 0.00		DETAIL 9918	EOBS	
81	87486	59	UNITS FROM THRU 1.00 060324 060324	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	28.00	9918	EOBS	
81			UNITS FROM THRU	PROVIDER 220224			AMOUNT	NON-AllOWED 28.00 14.00 22.00	TPL 0.00 0.00 0.00	28.00		EOBS	
81 81	87486 87498	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224			AMOUNT 42.00 37.07	NON-AllOWED 28.00 14.00 22.00 15.07	TPL 0.00 0.00 0.00 0.00	28.00	9918 9918	EOBS	
81 81	87486	59	UNITS FROM THRU 1.00 060324 060324	PROVIDER 220224 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00 22.00 15.07 28.00	TPL 0.00 0.00 0.00 0.00	28.00	9918	EOBS	
81 81 81	87486 87498 87581	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224			AMOUNT 42.00 37.07 42.00	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	TPL 0.00 0.00 0.00 0.00 0.00	28.00 22.00 28.00	9918 9918 9918	EOBS	
81 81 81	87486 87498	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224			AMOUNT 42.00 37.07	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03	TPL 0.00 0.00 0.00 0.00 0.00 0.00	28.00	9918 9918 9918	EOBS	
81 81 81	87486 87498 87581 87633	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	TPL 0.00 0.00 0.00 0.00 0.00 0.00	28.00 22.00 28.00 212.03	9918 9918 9918 9918	EOBS	
81 81 81	87486 87498 87581	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03	9918 9918 9918	EOBS	
81 81 81 81	87486 87498 87581 87633 87640	59 59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00	9918 9918 9918 9918 9918	EOBS	
81 81 81 81	87486 87498 87581 87633	59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00	9918 9918 9918 9918	EOBS	
81 81 81 81 81	87486 87498 87581 87633 87640	59595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00	9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81	87486 87498 87581 87633 87640	59 59 59	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00	9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81	87486 87498 87581 87633 87640 87641 87651	59595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81	87486 87498 87581 87633 87640	59595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00	9918 9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81	87486 87498 87581 87633 87640 87641 87651	59595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224			AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81 81	87486 87498 87581 87633 87640 87641 87651 87798	5959595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 8.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224	MDN		AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918 9918	EOBS	
81 81 81 81 81 81	87486 87498 87581 87633 87640 87641 87651 87798	5959595959	UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 8.00 060324 060324	PROVIDER 220224 220224 220224 220224 220224 220224	MRN:	053024	AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918 9918	EOBS 0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DRAC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	בייא דד.	F∩RC	
	87635	MODIFIERS	1.00 053024 053024	220224			150.00	43.61 106.39	0.00		9918	EODO	
81	87486	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME		RWIN		D.: 530001498638	MRN:	050104	1 040 10	500 5		410 40	0.00	0.00	500 54
	20241	156026423	I1662338 SERVICE DATES	D F N D F D T N C	052124	052124		629.64	t COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	TPL	PAID	DETAIL	EOBS	
	87486	59	1.00 052124 052124	220224			42.00	28.00 14.00	0.00		9918	2020	
81	87498	59	1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052124 052124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052124 052124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052124 052124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052124 052124	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 052124 052124	220224			150.00	43.61 106.39	0.00	43.61	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ALAINA ISABELL 2024156026438	RECIPIENT ID.: 530001180946 I1661117 SERVICE DATES RENDERING	MRN: 052824	052824	40.12 BILLED	27.09 ALLOWED	COPAY	13.03	0.00	0.00	27.09
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL E	OBS	
81 87186	1.00 052824 052824 220224			13.50	9.00 4.50	0.00	9.00	9918		
81 87088	1.00 052824 052824 220224			8.09	8.09	0.00	8.09			
NAME: CHARLIE ISBELL 2024155018157	RECIPIENT ID.: 530002292566 I1659829	MRN: 052924	052924	899.12	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	ORS	
81 87486 59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00	28.00		ODB	
81 87498 59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052924 052924 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 052924 052924 220224			37.07	22.00 15.07	0.00	22.00			
81 87651 59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 052924 052924 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: DENA ISBELL 2024150024646	RECIPIENT ID.: 530002039810 I1654060 SERVICE DATES RENDERING	MRN: 052124	052124	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 052124 052124 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL E	OBS	
NAME: JAXON ISBELL 2024157011326	RECIPIENT ID.: 530001620718 I1663296	MRN: 053024	053024	18.00	15.00		3.00	0.00	0.00	15.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT				'PL IOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 83655	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 18.00		\mathtt{TPL}	15.00	DETAIL EOBS 9918	1	
	RECIPIENT ID.: 530002200740		40.06	20.00	1	21 06	0.00	0 00	20.00
2024149020082	I1652065 SERVICE DATES RENDERING	022924 022924	49.86 BILLED	28.00 ALLOWED		21.80	0.00	0.00	28.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER				\mathtt{TPL}	PAID	DETAIL EOBS		
81 87651	1.00 022924 022924 220224		49.86		0.00	28.00	9918		
NAME: IRAHOZA IVAN	RECIPIENT ID.: 530002355438	MRN:							
2024152027020	I1658419	052824 052824	899.12	586.03	3	313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT	NON-AllOWED 28.00	TPL 0.00		DETAIL EOBS 9918	,	
01 07400 39	1.00 032024 032024 220224		42.00	14.00	0.00		9910		
81 87498 59	1.00 052824 052824 220224		37.07	22.00	0.00		9918		
				15.07	0.00				
81 87581 59	1.00 052824 052824 220224		42.00	28.00	0.00	28.00	9918		
81 87633	1.00 052824 052824 220224		318.05	14.00 212.03	0.00	212.03	9918		
01 07033	1.00 032021 032021 220221		310.03	106.02	0.00	212.03	JJ10		
81 87640	1.00 052824 052824 220224		37.07	22.00	0.00	22.00	9918		
01 05641 50	1 00 050004 050004 000004		25 25	15.07	0.00	00.00	0.01.0		
81 87641 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 052824 052824 220224		49.86	28.00	0.00	28.00	9918		
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			21.86	0.00				
81 87798	8.00 052824 052824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: SAMANTHA IVEY	RECIPIENT ID.: 530001364630	MRN:							
2024156026447	I1661120	030724 030724	37.07			15.07	0.00	0.00	22.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER 1.00 030724 030724 220224		AMOUNT	NON-AllOWED	TPL	PAID		;	
81 87653 59	1.00 030/24 030/24 220224		37.07	22.00 15.07	0.00	22.00	9918		
NAME: ANZLEIGH JACKSON	RECIPIENT ID.: 530001197515	MRN:							
2024152027032	I1658420	022724 022724	49.86	28.00)	21.86	0.00	0.00	28.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		N(ALI			TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86		28.00		3S	
NAME: GARY JACKSON 2024150024666	RECIPIENT ID.: 530000892164 I1654071	MRN: 052324 052324	80 49	53.00	ı	27.49	0.00	0.00	53.00
2021130021000	SERVICE DATES RENDERING	032321 032321	BILLED		COPAY	27.19	0.00	0.00	33.00
POS PROC CD MODIFIERS	INITS FROM THRII PROVIDER		AMOTINT	NON-AllOWED	TPL	PAID	DETAIL EOE	BS	
81 80053	1.00 052324 052324 220224		15.84	12.00	0.00	12.00	9918		
01 02026	1 00 050204 050204 020004		14 00	3.84	0.00	10.00	0.01.0		
81 83036	1.00 052324 052324 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 80061	1.00 052324 052324 220224		20.00	14.00	0.00	14.00	9918		
				6.00	0.00				
81 83525	1.00 052324 052324 220224		17.15	11.00	0.00	11.00	9918		
81 36415	1.00 052324 052324 220224		4.50	6.15 0.00	0.00	0 00	3323		
01 30413	1.00 032324 032324 220224		4.50	4.50	0.00	0.00	3343		
81 85049	1.00 052324 052324 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME · CADA TACKCON	RECIPIENT ID.: 530000892164	MDAT•							
2024150024681	I1656555	MRN: 052324 052324	27.89	22.93	.	4.96	0.00	0.00	22.93
2021130021001	SERVICE DATES RENDERING		BILLED		COPAY	1.50	0.00	0.00	22.75
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		3S	
81 84443	1.00 052324 052324 220224		27.89	22.93	0.00		9918		
				4.96	0.00				
NAME: JAI JUAN JACKSON	RECIPIENT ID.: 530001075642	MRN:							
2024156026469	I1662341	060124 060124		217.53		124.49	0.00	0.00	189.53
	SERVICE DATES RENDERING		BILLED		COPAY			. ~	
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 3.00 060124 060124 220224		AMOUNT 126.00	NON-AllOWED 84.00		PAID 84.00	DETAIL EOE	3S	
01 0//90	3.00 000124 000124 220224		120.00	42.00	0.00		9910		
81 87491 59	1.00 060124 060124 220224		49.86	28.00	0.00		5490		
				21.86	0.00				
81 87511 59	1.00 060124 060124 220224		42.00	28.00	0.00	28.00	9918		
81 87529 59	1.00 060124 060124 220224		49.86	14.00 28.00	0.00	20 00	9918		
O1 01329 39	1.00 000124 000124 220224		49.00	21.86	0.00	20.00	9910		
81 87591 59	1.00 060124 060124 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL TNUC	PAID AMOUNT
POS PROC CD MODIFIERS 81 87661 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060124 060124 220224		BILLED AMOUNT 32.30	NON-AllOWED	COPAY TPL 0.00 0.00	PAID 21.53	DETAIL EOBS 9918		
NAME: KAIDEN JACKSON 2024158029893	I1664629	MRN: 051324 051324		66.00		35.37	0.00	0.00	66.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051324 051324 220224		BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00	PAID 12.00			
81 82306	1.00 051324 051324 220224		44.00	29.00 15.00	0.00 0.00 0.00	29.00	9918		
81 83036	1.00 051324 051324 220224		14.00	12.00	0.00	12.00	9918		
81 36415	1.00 051324 051324 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 87086	1.00 051324 051324 220224		18.53	10.00 8.53	0.00	10.00			
81 81015	1.00 051324 051324 220224		4.50	3.00 1.50	0.00	3.00	9918		
NAME: KHLOE JACKSON 2024156026479	I1662342	MRN: 052924 052924	40.12			13.03	0.00	0.00	27.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 87086	1.00 052924 052924 220224		18.53	10.00	0.00	10.00			
81 87186	1.00 052924 052924 220224		13.50	9.00 4.50	0.00	9.00	9918		
81 87088	1.00 052924 052924 220224		8.09	8.09 0.00	0.00	8.09			
NAME: LAINEY JACKSON 2024150024682	RECIPIENT ID.: 530002319567 I1654076	MRN: 030424 030424	342.02	217.53		124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 030424 030424 220224		BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL EOBS 9918		
81 87491 59	1.00 030424 030424 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 030424 030424 220224		42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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POS PROC C 81 87529		PAT ACCT NO. SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 030424 030424 220224	FROM ING ER	E DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00	NC ALI COPAY TPL 0.00	LOWED A	COPAY AMOUNT DETAIL E 9918	TPL AMOUNT EOBS	PAID AMOUNT
81 87591		1.00 030424 030424 220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00		9918		
81 87661	59	1.00 030424 030424 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: LONDO 202	N JACKSON 4157011342	RECIPIENT ID.: 5300	060324	060324		213.03		106.52	0.00	0.00	213.03
POS PROC C 81 87507		SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 060324 060324 220224	ER		BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52		PAID 213.03		EOBS	
	GUES JACKSON 4156026485	RECIPIENT ID.: 5300 I1662345 SERVICE DATES RENDER	060124	060124	342.02 BILLED	217.53 ALLOWED	COPAY	124.49	0.00	0.00	189.53
POS PROC C 81 87798		UNITS FROM THRU PROVIDED 3.00 060124 060124 220224	ER		AMOUNT 126.00	NON-Allowed 84.00 42.00	TPL 0.00 0.00	PAID 84.00	DETAIL E 9918	EOBS	
81 87491	59	1.00 060124 060124 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511		1.00 060124 060124 220224			42.00	28.00 14.00	0.00		9918		
81 87529		1.00 060124 060124 220224			49.86	28.00 21.86	0.00		9918		
81 87591		1.00 060124 060124 220224			42.00	28.00 14.00	0.00		9918 9918		
81 87661	59	1.00 060124 060124 220224			32.30	21.53 10.77	0.00	21.53	9910		
NAME: SAMAN 202	THA JACKSON 4156026496	RECIPIENT ID.: 5300 I1662346		052224	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC C 81 87635		SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 052224 052224 220224	ER		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL E 9918	EOBS	
81 87486	59	1.00 052224 052224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACC		D. 100	2517255	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE FROM	DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87581	59	1.00	052224	052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	052224	052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	052224	052224	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00	052224	052224	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00	052224	052224	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00	052224	052224	220224			336.00	21.86 224.00	0.00	224.00	9918		
										112.00	0.00				
NAME:		IS JACKSON 49020090	I165207	0		.: 530001478678	MRN: 022724	022724	1,046.16	681.53		364.63	0.00	0.00	345.53
DOC		MODIETEDO	UNITS	SERVICE		RENDERING			BILLED	ALLOWED	COPAY	PAID	ד גישים א	EODC	
81		MODIFIERS			THRU 022724	PROVIDER 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00		DETAIL 9918	FORS	
01	01130		3.00	022721	022721	220221			120.00	42.00	0.00	01.00	JJ±0		
81	87491	59	1.00	022724	022724	220224			49.86	28.00	0.00	0.00	5490		
										21.86	0.00				
81	87511	59	1.00	022724	022724	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87529	59	1.00	022724	022724	220224			49.86	28.00	0.00	28.00	9918		
0.1	87591	ΕO	1 00	022724	022724	220224			42.00	21.86	0.00	20 00	0010		
81	0/591	59	1.00	022724	022/24	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87661	59	1 00	022724	022724	220224			32.30	21.53	0.00	21 53	9918		
01	07001	3,7	1.00	022721	022721	220221			32.30	10.77	0.00	21.55	JJ±0		
81	87481	59	4.00	022724	022724	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
81	87640	59	1.00	022724	022724	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87653	59	1.00	022724	022724	220224			37.07		0.00	22.00	9918		
0.4						000004			4.50	15.07	0.00				
81	87798		11.00	022724	022724	220224			462.00	308.00 154.00	0.00	0.00	5000		
7 T 7 T 7 T -		TA CIZCON		DEGIL	TEME TO	. [200010[4604	MID NT •								
NAME:	ZAYDEN 20241	.56026518	I166234		TENT ID	.: 530001854684	MRN: 052124	052124	701.28	449.03		252.25	0.00	0.00	449.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87498	59	1.00 052124 052124	220224			37.07	22.00	0.00	22.00	9918			
0.1	07501	Γ0	1 00 050104 050104	220224			40.00	15.07	0.00	20.00	0010			
81	87581	59	1.00 052124 052124	220224			42.00	28.00	0.00	28.00	9918			
81	87633		1.00 052124 052124	220224			210 05	14.00 212.03	0.00	212.03	0010			
ОΤ	0/033		1.00 052124 052124	220224			318.05	106.02	0.00	212.03	9910			
81	87798		4.00 052124 052124	220224			168.00	112.00	0.00	112.00	9918			
01	01170		4.00 032124 032124	220224			100.00	56.00	0.00	112.00	JJ10			
81	80053		1.00 052124 052124	220224			15.84	12.00	0.00	12 00	9918			
01	00033		1.00 052121 052121	220221			13.01	3.84	0.00	12.00	2210			
81	82306		1.00 052124 052124	220224			44.00	29.00	0.00	29.00	9918			
0 ±	02300		1.00 032121 032121	220221			11.00	15.00	0.00	25.00	7710			
81	83540		1.00 052124 052124	220224			9.71	7.00	0.00	7.00	9918			
-								2.71	0.00					
81	83550		1.00 052124 052124	220224			13.11	10.00	0.00	10.00	9918			
								3.11	0.00					
81	82728		1.00 052124 052124	220224			40.00	13.00	0.00	13.00	9918			
								27.00	0.00					
81	36415		1.00 052124 052124	220224			4.50	0.00	0.00	0.00	3323			
								4.50	0.00					
81	85049		1.00 052124 052124	220224			9.00	4.00	0.00	4.00	9918			
								5.00	0.00					
NAME:	SHAKIER			.: 530001264862	MRN:									
	20241	50021447	I1656562		052424	052424	1,604.26	1,009.53		594.73	0.00	0	.00	937.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87798	59	9.00 052424 052424	220224			378.00	252.00	0.00	252.00	9918			
0.1	0.7.4.0.4		0.00.050404.050404	000004			0.4.00	126.00	0.00	= 6 00	0010			
81	87481	59	2.00 052424 052424	220224			84.00	56.00	0.00	56.00	9918			
0.1	0.0.4.0.1	F.0	1 00 050404 050404	000004			10.06	28.00	0.00	2 22	E 400			
81	87491	59	1.00 052424 052424	220224			49.86	28.00	0.00	0.00	5490			
0.1	00511	F.0	1 00 050404 050404	000004			40.00	21.86	0.00	00.00	0010			
81	87511	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918			
0.1	07500	Γ0	2 00 052424 052424	220224			00 70	14.00	0.00	FC 00	0010			
81	87529	59	2.00 052424 052424	220224			99.72	56.00	0.00	56.00	9918			
01	07501	5 Q	1 00 052424 052424	220224			42 00	43.72	0.00	20 00	0010			
81	87591	59	1.00 052424 052424	220224			42.00	28.00	0.00	∠0.00	9918			
81	87653	59	2.00 052424 052424	220224			74.14	14.00 44.00	0.00	0 00	5900			
ОΤ	07033	Jy	2.00 032424 032424	△△∪△△ ⊐			/4.14	30.14	0.00	0.00	3900			
								30.14	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	DROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	DRC	
81	87661	59	1.00 052424 052424	220224			32.30	21.53	0.00	21.53		טפע	
0_	0.00=						0_100	10.77	0.00		J J _ G		
81	87563		1.00 052424 052424	220224			42.50	0.00 42.50	0.00	0.00	4021		
81	87640	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
81	87481	59	4.00 052424 052424	220224			168.00	15.07 112.00	0.00 0.00	112.00	9918		
01	0/401	37	1.00 032424 032424	220224			100.00	56.00	0.00	112.00	JJ10		
81	87640	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700		11 00 052424 052424	220224			460.00	15.07	0.00	200 00	0010		
81	87798		11.00 052424 052424	220224			462.00	308.00 154.00	0.00 0.00	308.00	9918		
81	87086		1.00 052424 052424	220224			18.53	10.00	0.00	10.00	9918		
0_	0,000							8.53	0.00		2220		
NAME:	KYLER J	TARMAN	RECIPTENT ID	.: 530000183537	MRN:								
111111		59022740	I1665817	. 330000103337	031324	031324	596.67	390.00	:	206.67	0.00	0.00	390.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81	87481	59	1.00 031324 031324	220224			42.00	28.00	0.00	28.00	9918		
0.1	07640	FO	1 00 021224 021224	220224			37.07	14.00	0.00	22.00	0010		
81	87640	59	1.00 031324 031324	220224			37.07	22.00 15.07	0.00 0.00	22.00	9910		
81	87653	59	1.00 031324 031324	220224			37.07	22.00	0.00	22.00	9918		
				-				15.07	0.00				
81	87798	59	11.00 031324 031324	220224			462.00	308.00	0.00	308.00	9918		
0.1	0.000			000004			10.50	154.00	0.00	10.00	0010		
81	87086		1.00 031324 031324	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
NAME:	KYLER J	TARMAN	RECIPIENT ID	.: 530000183537	MRN:								
		59022758	I1665818			031524	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS		PROVIDER			AMOUNT				DETAIL EC	DBS	
81	87486	59	1.00 031524 031524	220224			42.00	28.00	0.00	28.00	9918		
21	87498	59	1.00 031524 031524	220224			37.07	14.00 22.00	0.00 0.00	22.00	9918		
0.1	0/120		1.00 031324 031324	⊿			37.07	15.07	0.00	22.00	J J ± U		
								· • ·	2.30				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

Record Modern Figure March M		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87581 59	DOS DROC	CD MODIFIERS	SERVICE DATES RENDERING			BILLED	ALLOWED		DΣTD	חקיים דו.	F∩RS	
87633 1,00 031524 031524 20224 318.05 212.03 0.00 212.03 9918							28.00	0.00				
81 87640	81 876	533	1.00 031524 031524 220224			318.05	212.03	0.00	212.03	9918		
81 8764 59 1.00 031524 031524 22024	81 876	540	1.00 031524 031524 220224			37.07	22.00	0.00		9918		
81 8761 59 1.00 031524 031524 20224	81 876	541 59	1.00 031524 031524 220224			37.07	22.00	0.00		9918		
NAME KYLER JARMAN 2024 59022770 11665819 RECIPIENT L. 530000183537 NRN: 032124 0321	81 876	551 59	1.00 031524 031524 220224			49.86	28.00	0.00		9918		
SERVICE DATES SERVICE DATE	81 877	798	8.00 031524 031524 220224			336.00	224.00	0.00		9918		
Service Dates Service Date												
POS PROC CD MODIFIERS NAME: INTENTIAL NAME N	2	2024159022770			032124				5.00	0.00	0.00	4.00
81 85049	POS PROC	C CD MODIFIERS							PATD	DETATI	EOBS	
The color of the							4.00	0.00	4.00			
SERVICE DATES SERVICE DATE	NAME: IMR	RAN JATTAN	RECIPIENT ID.: 5300005	69643 MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-ALLOWED TPL PAID DETAIL EOBS 1.00 05224 05224 22024 2000 400 4	2	2024149020105			052224				191.09	0.00	0.00	374.03
81 87498 59	DOS DROC	CD MODIETEDS							חזעם	בייא דד.	FORS	
81 87633						37.07					EODO	
81 87633												
81 87633	81 875	581 59	1.00 052224 052224 220224			42.00			28.00	9918		
81 87798	81 876	633	1.00 052224 052224 220224			318.05			212.03	9918		
NAME: IMRAN JATTAN RECIPIENT ID.: 530000569643 MRN: 2024156026536 I1661126	01 0,0		1.00 001211 001211 210121			310.03			212.03	JJ 10		
2024156026536	81 877	798	4.00 052224 052224 220224			168.00			112.00	9918		
2024156026536	NAME: IMR	RAN JATTAN	RECIPIENT ID.: 5300005	69643 MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 84156 1.00 052924 052924 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 052924 052924 220224 8.00 6.00 0.00 6.00 9918			I1661126	052924	052924				172.58	0.00	0.00	46.00
81 84156 1.00 052924 052924 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 052924 052924 220224 8.00 6.00 0.00 6.00 9918	POS PROC	CD MODIFIERS							DATD	DΕΤΔΤΙ.	EORS	
81 82570 1.00 052924 052924 220224 8.00 6.00 0.00 6.00 9918							4.00	0.00	4.00		2020	
	81 825	570	1.00 052924 052924 220224			8.00	6.00	0.00	6.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

-	ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
			SERVICE DA	TES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS		'HRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS	5	
81 83069		1.00	052924 052	924	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81 84311		2.00	052924 052	924	220224			32.00	14.00	0.00	14.00	9918		
									18.00	0.00				
81 82010		1.00	052924 052	924	220224			16.00	0.00	0.00	0.00	4524		
0.00.45		1 00							16.00	0.00	4 00	0010		
81 82945		1.00	052924 052	924	220224			8.00	4.00	0.00	4.00	9918		
01 00045 5	- 0	1 00	050004 050	004	000004			0.00	4.00	0.00	5 00	0.01.0		
81 82247 5	59	1.00	052924 052	924	220224			8.00	5.00	0.00	5.00	9918		
01 02006		1 00	050004 050	004	000004			T 00	3.00	0.00	2 00	0.01.0		
81 83986		1.00	052924 052	924	220224			7.00	3.00	0.00	3.00	9918		
01 01007		0 00	050004 050	004	000004			100.00	4.00	0.00	0 00	F000		
81 81007		2.00	052924 052	924	220224			120.00	4.00	0.00	0.00	5900		
01 02042 0	NT-7	1 00	050004 050	004	220224			7 50	116.00	0.00	C 00	0010		
81 82043 Ç	2M	1.00	052924 052	924	220224			7.58	6.00	0.00	6.00	9918		
									1.58	0.00				
NAME: JA TALYN	TEMTCON		DECIDIEN	מד יייו	.: 530002367899	MRN:								
	0021477	I165409		וו דו	330002307899		052324	49 86	28.00		21.86	0.00	0.00	28.00
2024130	JUZI I //	1100409		тгс	RENDERING	032324	032324	BILLED	ALLOWED	COPAY	21.00	0.00	0.00	20.00
POS PROC CD M	NODIFIERS	UNITS		'HRU				AMOUNT	NON-Allowed	TPL	מדמ	DETAIL EOBS	1	
81 87651	ODIFIERD		052324 052					49.86	28.00		28.00)	
01 07031		1.00	032324 032	J 2 T	220224			47.00	21.86	0.00	20.00	JJ±0		
									21.00	0.00				
NAME: TRUE JENN	NINGS		RECIPIEN	T ID	.: 530001701150	MRN:								
2024149		I165207				020724	020724	188.36	118.93		69.43	0.00	0.00	118.93
			SERVICE DA	TES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD M	MODIFIERS	UNITS		'HRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81 80053		1.00	020724 020	724	220224			15.84	12.00	0.00	12.00			
									3.84	0.00				
81 82306		1.00	020724 020	724	220224			44.00	29.00	0.00	29.00	9918		
									15.00	0.00				
81 83540		1.00	020724 020	724	220224			9.71	7.00	0.00	7.00	9918		
									2.71	0.00				
81 83550		1.00	020724 020	724	220224			13.11	10.00	0.00	10.00	9918		
									3.11	0.00				
81 82728		1.00	020724 020	724	220224			40.00	13.00	0.00	13.00	9918		
									27.00	0.00				
81 83036		1.00	020724 020	724	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
POS 81	PROC CD 84443	MODIFIERS	UNITS 1.00	FROM THRU 020724	PROVIDER 220224			AMOUNT 25.20	NON-Allowed 22.93 2.27	TPL 0.00 0.00	PAID 22.93	DETAIL 9918	EOBS		
81	84439		1.00	020724 020724	220224			13.00	9.00 4.00	0.00	9.00	9918			
81	36415		1.00	020724 020724	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00	020724 020724	220224			9.00	4.00 5.00	0.00	4.00	9918			
NAME:	TRUE JEN				.: 530001701150	MRN:									
	202415	55018166	I165984	2 SERVICE DATES	RENDERING	052824	052824	715.12 BILLED	417.64 ALLOWED	COPAY	297.48	0.00		0.00	417.64
POS		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87498	59		052824 052824	220224			37.07	22.00 15.07	0.00		9918			
81	87581	59		052824 052824				42.00	28.00 14.00	0.00		9918			
81	87633		1.00	052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00	052824 052824	220224			168.00	112.00 56.00	0.00	112.00	9918			
81	87635		1.00	052824 052824	220224			150.00	43.61 106.39	0.00	43.61	9918			
NAME:	CRYSTAL				.: 530001346244	MRN:									
	202415	50021491	I165410		DENDEDING	052224	052224	15.84			3.84	0.00		0.00	12.00
	PROC CD 80053	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 052224 052224	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918	EOBS		
NAME:		IL PATRICIO 59022787	I166582	5	.: 530002106430	MRN: 053124	053124	100.75	78.00		22.75	0.00		0.00	72.00
POS 81	PROC CD 86003	MODIFIERS	UNITS 12.00	SERVICE DATES FROM THRU 053124 053124	RENDERING PROVIDER 220224			BILLED AMOUNT 93.00	ALLOWED NON-AllOWED 72.00 21.00	COPAY TPL 0.00 0.00	PAID 72.00	DETAIL 9918	EOBS		
81	86003		1.00	053124 053124	220224			7.75	6.00 1.75	0.00	0.00	5000			
NAME:	AMBER JO 202414	OHNSON 49020138	I165207		.: 530000460411	MRN: 121823	121823	125.00	55.48		69.52	0.00		0.00	55.48

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAK SUITE 138

BIRMINGHAM, AL 3

C LABORATORIES LLC AKE ROAD	PAYEE ID NPI ID	220224 1598266421
	CHECK/EFT NUMBER	083149459
35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121823 121823 220224		BILLED AMOUNT 125.00	ALLOWED NON-AllOWED 55.48 69.52	COPAY TPL 0.00 0.00		DETAIL EOB	S	
NAME: CURTIS JOHNSON 2024158029910 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002085810 11664643 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224	MRN: 053024 053024	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL 0.00 0.00 0.00 0.00	PAID 55.87	0.00 DETAIL EOB 9918 9918	0.00 S	172.09
NAME: DRAKE JOHNSON 2024158029924 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000811673 11664644 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 052224	1,049.12 BILLED AMOUNT 150.00	NON-AllOWED 43.61	COPAY TPL 0.00	PAID	0.00 DETAIL EOB 9918	0.00 S	629.64
81 87486 59	1.00 052224 052224 220224		42.00	106.39 28.00 14.00	0.00 0.00 0.00		9918		
81 87498 59 81 87640 59	1.00 052224 052224 220224 1.00 052224 052224 220224		37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81 87581 59	1.00 052224 052224 220224		42.00	15.07 28.00	0.00		9918		
81 87633	1.00 052224 052224 220224		318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87641 59	1.00 052224 052224 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59 81 87798	1.00 052224 052224 220224 8.00 052224 052224 220224		49.86 336.00	28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00	9918 9918		
NAME: JABRYON JOHNSON 2024158029943 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000456226 I1664646 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	MRN: 060424 060424	1,049.12 BILLED AMOUNT 150.00	629.64 ALLOWED NON-AllOWED 43.61 106.39			0.00 DETAIL EOB 9918	0.00 S	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

_	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		CPAY TPI MOUNT AMOU		PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87486 5	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498 5	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0.1		1 00 050404 050404	000004			40.00	15.07	0.00		0.01.0		
81 87581 5	9	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
01 08622		1 00 000404 000404	000004			210 05	14.00	0.00	010 02	0.01.0		
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 060404 060404	000004			27 07	106.02	0.00	00.00	0.01.0		
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
01 07641 5	. 0	1 00 000404 000404	22224			27 07	15.07	0.00	22.00	0010		
81 87641 5	9	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
01 07651 5	: 0	1 00 060424 060424	220224			10.06	15.07	0.00	28.00	0.01.0		
81 87651 5	9	1.00 060424 060424	220224			49.86	28.00	0.00	20.00	9910		
81 87798		8.00 060424 060424	220224			226 00	21.86	0.00	224 00	0010		
01 0//90		8.00 060424 060424	220224			336.00	224.00 112.00	0.00 0.00	224.00	9910		
							112.00	0.00				
NAME: JADA JOHN	ISON	PECTOTENT ID	.: 530000159415	MRN:								
2024150		I1654132	330000139413	052024	052024	342.02	217.53		124.49	0.00	0.00	189.53
2024130	7021317	SERVICE DATES	RENDERING	032024	032024	BILLED	ALLOWED	COPAY	124.47	0.00	0.00	107.33
POS PROC CD M	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87798	IODII IBRO	3.00 052024 052024	220224			126.00	84.00	0.00	84.00			
01 07790		3.00 032021 032021	220221			120.00	42.00	0.00	01.00	JJ±0		
81 87491 5	59	1.00 052024 052024	220224			49.86	28.00	0.00	0.00	5490		
0_ 0,1,2_ 0						25 7 6 6	21.86	0.00		0 10 0		
81 87511 5	59	1.00 052024 052024	220224			42.00	28.00	0.00	28.00	9918		
			-				14.00	0.00				
81 87529 5	59	1.00 052024 052024	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87591 5	59	1.00 052024 052024	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87661 5	59	1.00 052024 052024	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
		RECIPIENT ID	.: 530000159415	MRN:								
2024152	2027042	I1658434		051724	051724		157.81		91.73	0.00	0.00	157.81
		SERVICE DATES						COPAY				
POS PROC CD M			PROVIDER				NON-AllOWED			DETAIL EOBS		
81 80053		1.00 051724 051724	220224			15.84			12.00	9918		
							3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 82607	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224		BILLED AMOUNT 22.00	ALLOWED NON-AllOWED 17.00	COPAY TPL 0.00	PAID	DETAIL EOB 9918	S	
01 02007	1.00 031/24 031/24 220224		22.00	5.00	0.00	17.00	JJ10		
81 82746	1.00 051724 051724 220224		22.00	13.00 9.00	0.00	13.00	9918		
81 82306	1.00 051724 051724 220224		44.00	29.00	0.00	29.00	9918		
81 87389	1.00 051724 051724 220224		36.00	15.00 23.88	0.00	23.88	9918		
				12.12	0.00				
81 83036	1.00 051724 051724 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 84443	1.00 051724 051724 220224		25.20	22.93	0.00	22.93	9918		
81 36415	1.00 051724 051724 220224		4.50	2.27 0.00	0.00	0.00	3323		
				4.50	0.00				
81 86695	1.00 051724 051724 220224		9.00	9.00 0.00	0.00	9.00			
81 86696	1.00 051724 051724 220224		57.00	19.00 38.00	0.00	19.00	9918		
NAME: JADA JOHNSON	RECIPIENT ID.: 530000159415	MRN:							
2024152027058	I1658435	052024 052024	342.02	217.53		124.49	0.00	0.00	105.53
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOB	S	
81 87798	3.00 052024 052024 220224		126.00	84.00	0.00		5000		
81 87491 59	1.00 052024 052024 220224		49.86	42.00 28.00	0.00	0.00	5490		
				21.86	0.00				
81 87511 59	1.00 052024 052024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 052024 052024 220224		49.86	28.00	0.00	28.00	9918		
81 87591 59	1.00 052024 052024 220224		42.00	21.86 28.00	0.00	28.00	9918		
81 87661 59	1.00 052024 052024 220224		32.30	14.00 21.53	0.00	21 52	9918		
31 37001 33	1.00 032024 032024 220224		32.30	10.77	0.00	21.33	JJ10		
	RECIPIENT ID.: 530001065564								
2024158029974	I1664648 SERVICE DATES RENDERING	060424 060424		586.03 ALLOWED		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		AMOUNT 42.00		TPL 0.00 0.00	28.00	DETAIL EOB 9918	S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NO			ΓPL	PAID
					FROM	THRU	AMOUNT	AMOUNT		LOWED	AMOUNT A	MOUNT	AMOUNT
DOG		MODIFIED		RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81	87498	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	20 00	9918		
0.1	0/301	59	1.00 000424 000424	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
01	0,033		1.00 000121 000121	220221			310.03	106.02	0.00	212.03	JJ 10		
81	87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
27224				. 520000247147	MONTA								
NAME		E JOHNSON		.: 530002347147	MRN:	050204	000 10	E06 02		212 00	0 00	0 00	E06 02
	20241	150021530	I1654135 SERVICE DATES	RENDERING	052324	052324	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
DUG	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81	87486	59		220224			42.00	28.00	0.00		9918	5	
01	0,100		1.00 032321 032321	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87498	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052324 052324	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	F 0	1 00 050204 050204	000004			27 07	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00 052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052324 052324	220224			49.86	28.00	0.00	20 00	9918		
0.1	87031	59	1.00 052524 052524	ZZUZZ 1			49.00	21.86	0.00		9910		
81	87798		8.00 052324 052324	220224			336.00	224.00		224.00	9918		
01	07750		0.00 032321 032321	220221			330.00	112.00	0.00		JJ 10		
NAME	: KALANI	JOHNSON	RECIPIENT ID	.: 530002351336	MRN:								
	20241	L58029992	I1664649		060424	060424		586.03		313.09	0.00	0.00	586.03
			SERVICE DATES										
		MODIFIERS		PROVIDER				NON-AllowED		PAID		S	
81	87486	59	1.00 060424 060424	220224			42.00	28.00		28.00	9918		
								14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL:		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0 =	0,011		1.00 000121 000121	220221			37.07	15.07	0.00	22.00	J J I O		
81	87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28 00	9918		
0 ±	07031		1.00 000121 000121	220221			17.00	21.86	0.00		J J ± 0		
81	87798		8.00 060424 060424	220224			336.00	224.00	0.00		9918		
0 ±	07750		0.00 000121 000121	220221			330.00	112.00	0.00	221.00	J J ± 0		
								112.00	0.00				
NAME.	: KHLAY J	OHNSON	RECIPIENT ID	.: 530002336785	MRN:								
147 71-111		.56026553	I1662364	. • 330002330703	053124	053124	899.12	586.03		313.09	0.00	0.00	586.03
	20211	.50020555	SERVICE DATES	RENDERING	055121	055121	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E) R C	
81	87486	59	1.00 053124 053124	220224			42.00	28.00	0.00		9918	JDD	
OI	07400	37	1.00 055124 055124	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87498	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	0010		
OI	0/4/0	37	1.00 055124 055124	220224			37.07	15.07	0.00	22.00	J J ± 0		
81	87581	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	0010		
ΟŢ	0/301	39	1.00 055124 055124	220224			12.00	14.00	0.00	20.00	9910		
81	87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	0010		
0.1	07033		1.00 053124 053124	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 053124 053124	220224			37.07	22.00	0.00	22.00	0010		
0.1	07040		1.00 053124 053124	220224			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	0010		
0.1	0/041	39	1.00 053124 053124	220224			31.01	15.07	0.00	22.00	9910		
01	87651	59	1 00 052124 052124	220224			49.86	28.00	0.00	20 00	0010		
81	0/031	59	1.00 053124 053124	220224			49.00	21.86			9918		
0.1	07700		0 00 053134 053134	220224			226 00		0.00		0010		
0Τ	87798		8.00 053124 053124	220224			336.00	224.00	0.00	224.00	9910		
								112.00	0.00				
7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	• 12311111111	CILLICONT		. [200000000001	MIDAT •								
NAME	: KNUTE J			.: 530002295961	MRN:	050004	000 10	F0C 03	•	212 00	0 00	0.00	F0C 02
	20241	.49020158	I1652086		052224	U52224	899.12	586.03		313.09	0.00	0.00	586.03
D00	DD00 05	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY	D 3 T 5		on a	
		MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E)R2	
81	87486	59	1.00 052224 052224	ZZUZZ4			42.00	28.00	0.00		9918		
								14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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STATE STAT			ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 8798 59 1.00 05224 05224 220224 220224 420224 420224 420224 220224 42022 420224 420224 420224 420224 420224 420224 420224 420224 42022 420224 4202														
1													EOBS	
81 87581 59	81	87498	59	1.00 052224 052224	220224			37.07			22.00	9918		
	Ω1	Q75Q1	5.0	1 00 052224 05222	220224			42 00			28 00	0010		
81 87633	01	07301	39	1.00 032224 03222-	220224			12.00			20.00	9910		
1	81	87633		1.00 052224 052224	220224			318.05			212.03	9918		
81 87640	0_	0,000						3_3.03				2223		
R	81	87640		1.00 052224 052224	220224			37.07			22.00	9918		
R														
81 8751 59	81	87641	59	1.00 052224 052224	220224			37.07			22.00	9918		
NAME														
81 87798	81	87651	59	1.00 052224 052224	220224			49.86			28.00	9918		
NAME: MAYLEN JOHNSON 2024152027061	0.1	0.000		0 00 050004 05000	000004			226.00			004.00	0010		
NAME: MAYLEN JOHNSON 11658440	81	8//98		8.00 052224 05222	220224			336.00			224.00	9918		
POS PROC CD MODIFIERS NO MODIF									112.00	0.00				
POS PROC CD MODIFIERS NO MODIF	NAME.	: MAYLEN	NORNHOT	RECIPTENT T	n: 530002278185	MRN:								
Second S	147 71-117				330002270103		052824	899.12	586.03		313.09	0.00	0.0	0 586.03
POS PROC CD MODIFIERS MONTH					RENDERING	002021	002021				0_0,00			
81 87486 59	POS	PROC CD	MODIFIERS								PAID	DETAIL	EOBS	
81 87498 59	81	87486	59	1.00 052824 052824	220224			42.00		0.00	28.00	9918		
81 87581 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87633														
81 87581 59	81	87498	59	1.00 052824 052824	220224			37.07			22.00	9918		
NAME: NYKERIA JOHNSON Service Dates Serv	0.1	0==01		1 00 05004 05000	000001			40.00						
81 87633	81	87581	59	1.00 052824 052824	220224			42.00			28.00	9918		
Standard	0.1	07622		1 00 052024 05202	220224			210 05			212 02	0010		
81 87640	0.1	0/033		1.00 052624 052624	220224			310.03			212.03	9910		
81 87641 59	81	87640		1 00 052824 052824	220224			37 07			22 00	9918		
81 87641 59	01	0,010		1.00 032021 03202	220221			37.07			22.00	7710		
81 87651 59 1.00 052824 052824 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 052824 052824 220224	81	87641	59	1.00 052824 052824	220224			37.07			22.00	9918		
81 87798 8.00 052824 052824 220224 336.00 224.00 0.00 224.00 9918 NAME: NYKERRIA JOHNSON RECIPIENT ID.: 530001093458 MRN: 2024157011400 11663305 SERVICE DATES RENDERING SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918														
81 87798 8.00 052824 052824 220224 336.00 224.00 0.00 224.00 9918 NAME: NYKERRIA JOHNSON RECIPIENT ID.: 530001093458 MRN: 2024157011400 11663305 060324 060324 899.12 586.03 313.09 0.00 0.00 586.03 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EOBS 81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918	81	87651	59	1.00 052824 052824	220224			49.86			28.00	9918		
NAME: NYKERRIA JOHNSON RECIPIENT ID.: 530001093458 MRN:														
NAME: NYKERRIA JOHNSON RECIPIENT ID.: 530001093458 MRN: 2024157011400 I1663305 060324 060324 899.12 586.03 313.09 0.00 0.00 586.03 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918	81	87798		8.00 052824 052824	220224			336.00			224.00	9918		
2024157011400									112.00	0.00				
2024157011400	יידועו ערדע	· MVKEDDT		יייזאייי דוררייייי די	.D • 23UUU1U034E0	мол.								
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918	TAYM.				230001032430		060324	899 12	586 N3	<u> </u>	313 09	0 00	0 0	በ 586 በ3
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918		20241			S RENDERING	000324	000324				J±J•UJ	0.00	0.0	500.05
81 87486 59 1.00 060324 060324 220224 42.00 28.00 0.00 28.00 9918	POS	PROC CD	MODIFIERS								PAID	DETAIL	EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E)BS	
81 87498	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00		9918		
81 87581	59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060324 060324 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 060324 060324 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060324 060324 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SANTORI 20241	IA JOHNSON L50021545	RECIPIENT ID.: 530000243349	MRN: 052324	052324	704.14	464.00)	240.14	0.00	0.00	464.00
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL E		
81 87481	59	4.00 052324 052324 220224			168.00	112.00 56.00	0.00	112.00			
81 87640	59	1.00 052324 052324 220224			37.07	22.00 15.07	0.00		9918		
81 87653	59	1.00 052324 052324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 052324 052324 220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: SANTORI 20241	IA JOHNSON 150021556	RECIPIENT ID.: 530000243349	MRN: 052324	052324	18.53	10.00)	8.53	0.00	0.00	10.00
POS PROC CD 81 87086		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00	PAID 10.00	DETAIL E		
		RECIPIENT ID.: 530001151761		060424	13.50	4.00)	9.50	0.00	0.00	4.00
POS PROC CD 81 36415		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224					\mathtt{TPL}	0.00		DBS	

REPORT: CRA-PRPD-R RA#: 3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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POS PROC CD MODIFIERS	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	SERVICE DATES FROM THRU	AMOUNT	AMOUNT ALLOWED CO NON-Allowed 4.00	OPAY	D AI PAID	OPAY TP: MOUNT AMO DETAIL EOBS 9918		PAID AMOUNT
2024150021558 POS PROC CD MODIFIERS 81 87498 59 81 87581 59	RECIPIENT ID.: 530002355540 11654154 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 052324	BILLED AMOUNT	NON-AllOWED 22.00 15.07 28.00 14.00	OPAY TPL 0.00 0.00	PAID	DETAIL EOBS 9918 9918	0.00	262.03
2024159022812 POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530001151762 11665834 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	BILLED AMOUNT 4.50	4.00 ALLOWED CO NON-AllOWED 0.00 4.50 4.00 5.00	9 OPAY TPL 0.00 0.00 0.00 0.00	.50 (PAID 0.00 4.00	0.00 DETAIL EOBS 3323 9918	0.00	4.00
2024158030029 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001212320 11664658 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 052324	RTI.T.FD	NON-AllOWED 12.00 3.84 29.00 15.00	OPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID	DETAIL EOBS 9918 9918	0.00	41.00
2024149020174 POS PROC CD MODIFIERS	SERVICE DATES RENDERING	MRN: 121223 121223	BILLED	46.47 ALLOWED CONON-AllowED 25.00 56.00	OPAY TPL 0.00	PAID	DETAIL EOBS	0.00	46.47

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NOI ALL('PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87624	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121223 121223 220224		BILLED AMOUNT 35.09		COPAY	PAID 21.47			
NAME: DREAM JONES 2024157011416	RECIPIENT ID.: 530001883409 I1663308	MRN: 060324 060324		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
81 87498 59	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 060324 060324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060324 060324 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 060324 060324 220224		37.07	22.00	0.00	22.00	9918		
81 87651 59	1.00 060324 060324 220224		49.86	15.07 28.00	0.00	28.00	9918		
81 87798	8.00 060324 060324 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: JACKSON JONES 2024156026585	RECIPIENT ID.: 530000555532 I1661135 SERVICE DATES RENDERING	MRN: 041524 041524	60.00 BILLED	2.00 ALLOWED	COPAY	58.00	0.00	0.00	2.00
POS PROC CD MODIFIERS 81 81007	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 60.00	NON-AllOWED	\mathtt{TPL}	PAID 2.00	DETAIL EOBS 9918		
NAME: JASPER JONES 2024156026594	RECIPIENT ID.: 530001482042 I1662373 SERVICE DATES RENDERING	MRN: 053024 053024	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOBS 9918		
NAME: JAYDA JONES 2024159022821	RECIPIENT ID.: 530000165245 I1665837	MRN: 041124 041124	37.07	22.00		15.07	0.00	0.00	22.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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	ICN	PAT ACCT NO.		ERVICE ROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO1 ALL(TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87653	MODIFIERS 59	UNITS FROM THRU P	ENDERING PROVIDER 20224	itori	11110	BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00		DETAIL EOR		TH-IOON I
NAME: KALIE J 20241	ONES .56026602	RECIPIENT ID.: 11662374		MRN: 53124	053124	1,049.12	629.64	4	119.48	0.00	0.00	629.64
			RENDERING			BILLED		COPAY			- ~	
POS PROC CD 81 87635	MODIFIERS		PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EOF	3S	
01 07033		1.00 053124 053124 2	120224			150.00	106.39	0.00	43.01	9910		
81 87486	59	1.00 053124 053124 2	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 053124 053124 2	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 053124 053124 2	20224			42.00	15.07 28.00	0.00 0.00	28.00	9918		
01 0,001		1.00 033121 033121 2	.20221			12.00	14.00	0.00	20.00	3320		
81 87633		1.00 053124 053124 2	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 052124 052124 2	220224			27 07	106.02	0.00	22.00	0.01.0		
81 87640		1.00 053124 053124 2	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87641	59	1.00 053124 053124 2	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 053124 053124 2	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 053104 053104 0	220224			226 00	21.86	0.00	224 22	0.01.0		
81 87798		8.00 053124 053124 2	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
							112.00	0.00				
NAME: LATREKI	A JONES	RECIPIENT ID.:	530000136665 N	MRN:								
20241	.50021589	I1656576		90922	090922	394.68	99.14		295.54	0.00	0.00	99.14
POS PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOR	20	
81 87486	59		20224			42.00	0.00	0.00	0.00		55	
							42.00	0.00				
81 87498	59	1.00 090922 090922 2	220224			37.07	0.00	0.00	0.00	2504		
01 07500	F 0	1 00 000000 000000 0	220224			01 20	37.07	0.00	0 00	2504		
81 87502	59	1.00 090922 090922 2	220224			81.38	0.00 81.38	0.00 0.00	0.00	2504		
81 87581	59	1.00 090922 090922 2	20224			42.00	0.00	0.00	0.00	2504		
							42.00	0.00				
81 87634	59	1.00 090922 090922 2	220224			105.30	49.14	0.00	49.14	9918		
							56.16	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN POS PROC CD MODIFIERS 81 87641 59 81 87651 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090922 090922 220224 1.00 090922 090922 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 37.07	ALLOWED AMOUNT ALLOWED NON-AlloWED 22.00 15.07 28.00 21.86	NO ALL COPAY TPL 0.00 0.00 0.00		DETAIL EOBS 9918	L UNT	PAID AMOUNT
NAME: LAURIE JONES 2024159022836 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530000678706 11665839 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024	053024	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	58.11 PAID 116.22	0.00 DETAIL EOBS 9918	0.00	116.22
NAME: MALIAH JONES 2024149020192 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530002266971 I1652091 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 8.00 052224 052224 220224	MRN: 052224	052224	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86 336.00		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 28.00 22.00 28.00 212.03 22.00 22.00 28.00 22.00 24.00	9918 9918 9918 9918 9918 9918	0.00	629.64
NAME: MARY JONES 2024159022853 POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530000942200 11665840 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051424 051424 220224	MRN: 051424	051424		12.00	COPAY		DETAIL EOBS	0.00	52.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(AL) COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	F ∩DC	
81 80061	MODIFIERS	1.00 051424 051424	220224			20.00	14.00	0.00	14.00		EODS	
01 00001		1.00 031121 031121	220221			20.00	6.00	0.00	11.00	JJ±0		
81 84443		1.00 051424 051424	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 85049		1.00 051424 051424	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: MIRACLE	JONES	RECIPIENT ID	.: 530001484714	MRN:								
	56026614	I1662375			060124	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87486	59	1.00 060124 060124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 060124 060124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060124 060124	220224			42.00	28.00	0.00	28.00	9918		
01 07633		1 00 060104 060104	000004			210 05	14.00	0.00	010 02	0010		
81 87633		1.00 060124 060124	220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 060124 060124	220224			37.07	106.02 22.00	0.00	22 00	9918		
01 0/040		1.00 000124 000124	220224			37.07	15.07	0.00	22.00	9910		
81 87641	59	1.00 060124 060124	220224			37.07	22.00	0.00	22 00	9918		
01 07011		1.00 000121 000121	220221			37.07	15.07	0.00	22.00	J J I O		
81 87651	59	1.00 060124 060124	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 060124 060124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NTN NET . NTTT 77 TTT	TONIEG			MDNI								
NAME: NEVAEH		RECIPIENT ID 11652092	.: 530002309457	MRN:	052224	1 040 10	629.64		110 10	0 00	0 00	620 64
20241	49020201	SERVICE DATES	RENDERING	052224	052224	1,049.12 BILLED	ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	₽∩RC	
81 87635	MODIFIERS	1.00 052224 052224	220224			150.00	43.61	0.00			EODS	
01 07033		1.00 032221 032221	220221			150.00	106.39	0.00		JJ±0		
81 87486	59	1.00 052224 052224	220224			42.00	28.00	0.00		9918		
						. , ,	14.00	0.00		-		
81 87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN-	- PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFI	ERS UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87633	1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641 59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651 59	1.00 052224 052224	220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798	8.00 052224 052224	220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: QYN LEIGH JONE		D.: 530002364291	MRN:								
202415602662			053124	053124		29.93		9.77	0.00	0.00	29.93
	SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD MODIFI					AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 84443	1.00 053124 053124	220224			25.20	22.93	0.00	22.93	9918		
01 04406 50	1 00 050104 050104	000004			10.00	2.27	0.00		0010		
81 84436 59	1.00 053124 053124	220224			10.00	7.00	0.00	7.00	9918		
01 26415	1 00 052104 052104	000004			4 50	3.00	0.00	0.00	2202		
81 36415	1.00 053124 053124	220224			4.50	0.00	0.00	0.00	3323		
						4.50	0.00				
NAME: WAELYNN JONES	RECIPIENT I	D • E20002241096	MRN:								
202415002165	RECIPIENT 1 2 I1656579	D. 530002341960		052424	E47 12	305.64		241.48	0.00	0.00	305.64
202413002103	SERVICE DATES	RENDERING	032424	032424	BILLED	ALLOWED		241.40	0.00	0.00	303.04
POS PROC CD MODIFI					AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORG	
81 87635	1.00 052424 052424				150.00	43.61	0.00		9918	EODS	
01 07033	1.00 052121 052121	220221			130.00	106.39	0.00	13.01	JJ±0		
81 87498 59	1.00 052424 052424	220224			37.07	22.00	0.00	22 00	9918		
01 07190 39	1.00 032121 032121	220221			37.07	15.07	0.00	22.00	2210		
81 87581 59	1.00 052424 052424	220224			42.00	28.00	0.00	28 00	9918		
01 07301 33	1.00 032121 032121	220221			12.00	14.00	0.00	20.00	7710		
81 87633	1.00 052424 052424	220224			318.05		0.00	212.03	9918		
01 07033	1.00 032121 032121	220221			310.03	106.02	0.00	212.03	7710		
						100.02	0.00				
NAME: CHEYENNE JORDA	N RECIPIENT I	D.: 530001281579	MRN:								
202415902290		-		060424	699.21	458.00)	241.21	0.00	0.00	458.00
	SERVICE DATES	RENDERING		-		ALLOWED		•			
POS PROC CD MODIFI		PROVIDER			AMOUNT		TPL	PAID	DETAIL	EOBS	
81 87481 59	1.00 060424 060424				42.00		0.00				
						14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIETEDO	SERVICE DATES				BILLED	ALLOWED	COPAY			iong.	
POS 81	PROC CD 87640	MODIFIERS 59	UNITS FROM THRU 1.00 060424 060424				AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22 00	DETAIL E 9918	FORS	
01	07010	33	1.00 000121 000121	220221			37.07	15.07	0.00	22.00	JJ 10		
81	87653	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700	ГО	11 00 060424 060424	220224			462.00	15.07	0.00	200 00	0010		
81	87798	59	11.00 060424 060424	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798	59	2.00 060424 060424	220224			84.00	56.00	0.00	56.00	9918		
								28.00	0.00				
NAME:	LUCY JO	RDAN	RECIPIENT I	D.: 530001410981	MRN:								
	20241	55018205	I1659876		052924	052924	899.12			313.09	0.00	0.00	586.03
			SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 052924 052924	220224			37.07	14.00 22.00	0.00	22.00	0010		
01	0/490	39	1.00 032924 032924	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00 052024 052024	220224			27 07	106.02	0.00	22.00	0010		
81	87640		1.00 052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9910		
81	87641	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 052924 052924	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 052024 052024	220224			226 00	21.86	0.00	224 00	0.01.0		
81	87798		8.00 052924 052924	220224			336.00	224.00 112.00	0.00	224.00	9910		
								112.00	0.00				
NAME:	MARKEL	JORDAN		D.: 500002849056	MRN:								
	20241	49020217			052224	052224		28.00		21.86	0.00	0.00	28.00
DOG		MODIFIED	SERVICE DATES				BILLED			חזדה		JODG.	
	87651	MODIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00		9918	EORS	
OΤ	0/031		1.00 032224 032224	22U2ZI			49.00	21.86	0.00	20.00	9910		
NAME:	TAYLOR		RECIPIENT I	D.: 530001707673	MRN:								_
	20241	59022939	I1665844		060524	060524	899.12	586.03		313.09	0.00	0.00	586.03

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	C	
81	87486	59		060524 060524	220224			42.00	28.00 14.00	0.00		9918	5	
81	87498	59	1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640			060524 060524				37.07	22.00 15.07	0.00		9918		
81	87641	59		060524 060524				37.07	22.00 15.07	0.00		9918		
81	87651	59		060524 060524				49.86	28.00 21.86	0.00		9918		
81	87798		8.00	060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME		OWERS 50021659	I165419		.: 530001130953	MRN: 052124	052124	10 16	5.00		5.16	0.00	0.00	5.00
		MODIFIERS	UNITS	SERVICE DATES	PROVIDER	032121	032124	BILLED AMOUNT 10.16		COPAY	PAID			3.00
NAME	MELANIE 20241	JOYE 59022956	I166584	5	.: 530002086754	MRN: 060424	060424	565.12			191.09	0.00	0.00	374.03
POS 81	PROC CD 87498	MODIFIERS 59	UNITS	SERVICE DATES FROM THRU 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00		DETAIL EOB 9918	S	
81	87581	59		060424 060424				42.00	15.07 28.00	0.00	28.00			
81	87633	39		060424 060424				318.05	14.00 212.03	0.00	212.03			
	87798			060424 060424				168.00	106.02 112.00	0.00				
ОТ	01130		4.00	000121 000124	220221			100.00	56.00	0.00	112.00	9910		
NAME	CAYDEN 20241	KEELING 50021675	I165421	0	.: 530000975521	MRN: 051624	051624		72.00		21.00	0.00	0.00	72.00
	PROC CD 86003	MODIFIERS		SERVICE DATES FROM THRU 051624 051624	PROVIDER			BILLED AMOUNT 93.00		COPAY TPL 0.00 0.00	PAID 72.00	DETAIL EOB 9918	S	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: OLIVER KEENUM 2024149020225 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002355122 I1652106 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 4.00 052224 052224 220224	MRN: 052224	052224	565.12 BILLED AMOUNT 37.07 42.00 318.05	374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00			0.00 EOBS	374.03
NAME: PAISLEIGH KELLEY 2024158030038	RECIPIENT ID.: 530002249938 I1664674	MRN: 060424	060424	899.12	56.00 586.03	0.00	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00		DETAIL 9918 9918	EOBS	
81 87581 59 81 87633	1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224			42.00 318.05	15.07 28.00 14.00 212.03	0.00 0.00 0.00 0.00		9918		
81 87640 81 87641 59	1.00 060424 060424 220224 1.00 060424 060424 220224			37.07 37.07	106.02 22.00 15.07 22.00	0.00 0.00 0.00 0.00	22.00	9918 9918		
81 87651 59 81 87798	1.00 060424 060424 220224 8.00 060424 060424 220224			49.86 336.00	15.07 28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00 224.00	9918 9918		
NAME: LARICA KELLOGG 2024150021683 POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530002448839 11654220 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224	052224	BILLED AMOUNT 15.84	172.93 ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00		DETAIL 9918		172.93
81 84439	1.00 052224 052224 220224			13.00	9.00 4.00	0.00	9.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL DUNT	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81	80061	1.00 052224 052224 220224			20.00	14.00	0.00	14.00	9918		
						6.00	0.00				
81	36415	1.00 052224 052224 220224			4.50	0.00	0.00	0.00	3323		
						4.50	0.00				
81	85049	1.00 052224 052224 220224			9.00	4.00	0.00	4.00	9918		
						5.00	0.00				
81	82607	1.00 052224 052224 220224			22.00	17.00	0.00	17.00	9918		
						5.00	0.00				
81	82746	1.00 052224 052224 220224			22.00	13.00	0.00	13.00	9918		
						9.00	0.00				
81	82306	1.00 052224 052224 220224			44.00	29.00	0.00	29.00	9918		
						15.00	0.00				
81	85652	1.00 052224 052224 220224			4.00	3.00	0.00	3.00	9918		
						1.00	0.00				
81	82728	1.00 052224 052224 220224			40.00	13.00	0.00	13.00	9918		
						27.00	0.00				
81	84481	1.00 052224 052224 220224			24.00	16.00	0.00	16.00	9918		
						8.00	0.00				
81	83036	1.00 052224 052224 220224			14.00	12.00	0.00	12.00	9918		
						2.00	0.00				
81	83735	1.00 052224 052224 220224			13.11	8.00	0.00	8.00	9918		
						5.11	0.00				
81	84443	1.00 052224 052224 220224			25.20	22.93	0.00	22.93	9918		
						2.27	0.00				
NAME:	LARICA KELLOGG	RECIPIENT ID.: 53000244883									
	2024152027069	I1658457	052224	052224	55.00			35.00	0.00	0.00	20.00
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81	86140	1.00 052224 052224 220224			15.00	5.00	0.00	5.00	9918		
						10.00	0.00				
81	86038	1.00 052224 052224 220224			40.00	15.00	0.00	15.00	9918		
						25.00	0.00				
NAME:		RECIPIENT ID.: 53000158232		0.60404	1 0 4 0 1 0	600 6	ā	410 40	0.00	0 00	600 64
	2024158030057		060424	060424	1,049.12	629.64	l	419.48	0.00	0.00	629.64
B 0 0		SERVICE DATES RENDERING				ALLOWED		D3.T5	DDB3.TT		
	PROC CD MODIFIERS	UNITS FROM THRU PROVIDER				NON-AllOWED			DETAIL EOBS		
8.T	87635	1.00 060424 060424 220224			150.00			43.61	9918		
						106.39	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC		DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
POS I	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EO	RS	
	87486	59		060424 060424	220224			42.00	28.00 14.00	0.00	28.00			
81	87498	59	1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640			060424 060424				37.07	22.00 15.07	0.00	22.00			
81	87641	59		060424 060424				37.07	22.00 15.07	0.00 0.00	22.00			
	87651	59		060424 060424				49.86	28.00 21.86	0.00	28.00			
81	87798		8.00	060424 060424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	DANIEL 20241	KELLY 50021709	I165422		.: 530001658847	MRN: 052024	052024	258.14	172.09		86.05	0.00	0.00	172.09
		MODIFIERS	UNITS	SERVICE DATES FROM THRU 052024 052024	RENDERING PROVIDER 220224			BILLED AMOUNT 83.81	ALLOWED NON-AlloWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL EO	BS	
81	G0482		1.00	052024 052024	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	DANIEL 20241	KELLY 56026633	I166239		.: 530001658847 RENDERING	MRN: 052924	052924	258.14 BILLED	172.09	COPAY	86.05	0.00	0.00	172.09
	PROC CD 80307	MODIFIERS	UNITS 1.00	FROM THRU 052924	PROVIDER 220224			AMOUNT 83.81	NON-Allowed 55.87 27.94	TPL 0.00 0.00	PAID 55.87	DETAIL EON 9918	BS	
81	G0482		1.00	052924 052924	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:		KELLY 57011464		5		MRN: 060324	060324		374.03		191.09	0.00	0.00	374.03
		MODIFIERS 59		SERVICE DATES FROM THRU 060324 060324	PROVIDER					\mathtt{TPL}	22.00	DETAIL EON 9918	BS	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD	MODIFIERS	UNITS FROM		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87581	59	1.00 060	324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060	324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 060	324 060324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	SPENCER			ECIPIENT ID	.: 530002370815	MRN:								
	20241	57011474	I1663316			060324	060324	565.12			191.09	0.00	0.00	374.03
	~ ~_			VICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD		UNITS FROM		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87498	59	1.00 060	324 060324	220224			37.07	22.00 15.07	0.00	22.00			
81	87581	59	1.00 060	324 060324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 060	324 060324	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.5500		4 00 060	204 060204	000004			160.00	106.02	0.00	110 00	0010		
81	87798		4.00 060	324 060324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	BLESSIN	IG KENNEBREW	R1	ECIPIENT ID	.: 530001663687	MRN:								
1111111		56026650	I1662393		. 330001003007	053124	053124	717.74	468.00)	249.74	0.00	0.00	468.00
	-			VICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87481	59	1.00 053	124 053124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87640	59	1.00 053	124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87653	59	1.00 053	124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87798	59	11.00 053	124 053124	220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
81	87641	59	1.00 053	124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87798	59	2.00 053	124 053124	220224			84.00	56.00	0.00	56.00	9918		
									28.00	0.00				
81	87086		1.00 053	124 053124	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:	LAYNEE 20241	KENNEDY 49020231	R1 I1652108	ECIPIENT ID	.: 530001696534	MRN: 012524	012524	1,049.12	629.64	<u> </u>	419.48	0.00	0.00	629.64

MANAGEMENT INFORMATION SYSTEM PAGE:
OVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
				SERVICE D		RENDERING			BILLED	ALLOWED	COPAY			_	
	PROC CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOE	BS	
81	87486	59	1.00	012524 01	LZ3Z 4	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87498	59	1 00	012524 01	2524	220224			37.07	22.00	0.00	22 00	9918		
01	0,100		1.00	012321 01		220221			37.07	15.07	0.00	22.00	JJ 10		
81	87640	59	1.00	012524 01	2524	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87581	59	1.00	012524 01	2524	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.00			010501 01	0=04	000004			212 25	14.00	0.00	24.2.22	0010		
81	87633		1.00	012524 01	12524	220224			318.05	212.03	0.00	212.03	9918		
01	87641	ΕO	1 00	012524 01	2524	220224			37.07	106.02	0.00	22 00	0010		
81	0/041	59	1.00	012524 01	LZ3Z 4	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1 00	012524 01	2524	220224			49.86	28.00	0.00	28 00	9918		
01	07031	3,7	1.00	012321 01	12521	220221			17.00	21.86	0.00	20.00	JJ±0		
81	87798		8.00	012524 01	2524	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
81	87635		1.00	012524 01	2524	220224			150.00	43.61	0.00	43.61	5001 9918		
										106.39	0.00				
				55655			NATIONAL .								
NAME:	LAYNEE		T16E010		ENJ. ID	.: 530001696534	MRN:	012024	601 00	120 00		251 00	0 00	0 00	420 00
	20241	49020243	I165210	SERVICE D	ን ጥ ሞ ሮ	RENDERING	012924	012924	681.00 BILLED	430.00 ALLOWED	COPAY	251.00	0.00	0.00	430.00
POS	PROC CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	RS.	
81	87798	59		012924 01		220224			546.00	364.00	0.00	364.00		,,,	
-										182.00	0.00				
81	87640	59	1.00	012924 01	2924	220224			45.00	22.00	0.00	22.00	9918		
										23.00	0.00				
81	87641	59	1.00	012924 01	2924	220224			45.00	22.00	0.00	22.00	9918		
										23.00	0.00				
81	87653	59	1.00	012924 01	12924	220224			45.00	22.00	0.00	22.00	9918		
										23.00	0.00				
NAME:	PRESLEE	' KENNEDV		₽₽¢TDT₽	רד ידואי	.: 530001561634	MRN:								
IAMI-III •		49020248	I165211			330001301034	012524	012524	1,049.12	629.64	1	419.48	0.00	0.00	629.64
	20211	17020210	1103211	SERVICE D	DATES	RENDERING	012321	012321		ALLOWED	COPAY	110.10	0.00	0.00	027.01
POS	PROC CD	MODIFIERS	UNITS		THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	3S	
	87635			012524 01					150.00	43.61	0.00		5001 9918		
										106.39	0.00				
81	87486	59	1.00	012524 01	2524	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		
81	87498	59	1.00	012524 012524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00	012524 012524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	012524 012524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633			012524 012524				318.05	212.03 106.02	0.00	212.03			
81	87641	59		012524 012524				37.07	22.00 15.07	0.00	22.00			
81	87651	59		012524 012524				49.86	28.00 21.86	0.00	28.00			
81	87798		8.00	012524 012524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	RONDA K	ENNEDY 52027074	I165846		.: 530000402392	MRN: 052824	052824	881.59	535.53		346.06	0.00	0.00	463.53
	20241	.52027074	1103040	SERVICE DATES	RENDERING	032024	032024	BILLED	ALLOWED	COPAY	340.00	0.00	0.00	403.33
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798	59		052824 052824	220224			378.00	252.00 126.00	0.00	252.00			
81	87481	59		052824 052824	220224			84.00	56.00 28.00	0.00		9918		
81	87491	59		052824 052824	220224			49.86	28.00 21.86	0.00		5490		
81	87511	59	1.00	052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	2.00	052824 052824	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00	052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87653	59	2.00	052824 052824	220224			74.14	44.00 30.14	0.00	0.00	5900		
81	87661	59	1.00	052824 052824	220224			32.30	21.53 10.77	0.00	21.53	9918		
81	87563		1.00	052824 052824	220224			42.50	0.00 42.50	0.00	0.00	4021		
81	87640	59	1.00	052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME:	RONDA K 20241	ENNEDY 55018217	I165988		.: 530000402392	MRN: 052824	052824	825.21	542.00		283.21	0.00	0.00	486.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT		NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC (AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 8748	1 59	4.00 052824 052824 220224			168.00	112.00 56.00	0.00	112.00	9918		
81 8764	0 59	1.00 052824 052824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8765	3 59	1.00 052824 052824 220224			37.07	22.00	0.00	22.00	9918		
81 8779	8	11.00 052824 052824 220224			462.00	15.07 308.00	0.00	308.00	9918		
81 8764	1 59	1.00 052824 052824 220224			37.07	154.00 22.00	0.00	22.00	9918		
	_					15.07	0.00				
81 8779	8	2.00 052824 052824 220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: ROND		RECIPIENT ID.: 530000402392									
20	24156026663	I1661138	052824	052824		27.09		13.03	0.00	0.00	27.09
POS PROC (CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY	PAID	DETAIL E	ZORC	
81 8708		1.00 052824 052824 220224			18.53	10.00	0.00		9918	2000	
						8.53	0.00				
81 8718	б	1.00 052824 052824 220224			13.50	9.00	0.00	9.00	9918		
81 8708	8	1.00 052824 052824 220224			8.09	4.50 8.09	0.00	8.09			
01 0700	O	1.00 032021 032021 220221			0.00	0.00	0.00	0.00			
NAME: ETHA	N KEY	RECIPIENT ID.: 530001125281	MRN:								
20	24159022972	I1665851	060424	060424		24.00	COPAY	10.34	0.00	0.00	24.00
POS PROC (CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	TPL	PAID	DETATI, F	EOBS	
81 8005		1.00 060424 060424 220224			15.84	12.00	0.00		9918		
01 0202		1 00 000404 000404 000004			14.00	3.84	0.00	10.00	0.01.0		
81 8303	6	1.00 060424 060424 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 3641	5	1.00 060424 060424 220224			4.50	0.00	0.00	0.00	3323		
						4.50	0.00				
NAME: CHAR	LEY KIDD	RECIPIENT ID.: 530000330316	MRN:								
20	24156026680	I1661142	053024	053024		586.03		313.09	0.00	0.00	586.03
מסת מסת	CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED		PAID	רייים דו דעיים דו	ZODC	
	CD MODIFIERS	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			42.00			28.00		SODS	
5_ 5,10		1100 00001 00001			12.00	14.00	0.00	20.00	2220		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS P	ROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81	87498	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00			
									15.07	0.00				
81	87581	59	1.00	053024 053024	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	053024 053024	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	0,010		1.00	033021 033021	220221			37.07	15.07	0.00	22.00	7710		
81	87641	59	1 00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
01	07011	5,7	1.00	033021 033021	220221			37.07	15.07	0.00	22.00	JJ10		
81	87651	59	1 00	053024 053024	220224			49.86	28.00	0.00	28.00	9918		
01	07031		1.00	033024 033024	220224			47.00	21.86	0.00	20.00	JJ10		
81	87798		0 00	053024 053024	220224			336.00	224.00	0.00	224.00	0010		
0.1	01190		0.00	053024 053024	220224			330.00	112.00	0.00	224.00	9910		
									112.00	0.00				
NT 7 N/T-1 •	117 32D EINT	KIDDED				N/ID NT •								
NAME •	HAYDEN				.: 530001063254	MRN:	021104	207 10	0.00		207 10	0 00	000 05	0 00
110 7 0 00		59022983	I166585	4		031124	031124	397.12	0.00		397.12	0.00	223.05	0.00
HEADER	EOBS:	9003			D = 1170 = D = 1170			D.T.T. E.D.	3.7.7.011BB	G0D711				
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			- ~	
	ROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	35	
81	87498	59	1.00	031124 031124	220224			37.07	0.00	0.00	0.00	9918 9936		
									37.07	0.00				
81	87581	59	1.00	031124 031124	220224			42.00	0.00	0.00	0.00	9918 9936		
									42.00	0.00				
81	87633		1.00	031124 031124	220224			318.05	0.00	0.00	0.00	9918 9936		
									318.05	0.00				
NAME:	DONTREL	LE KILPATRIC	!K	RECIPIENT ID	.: 530001415267	MRN:								
	20241	55018228	I165988	9		052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS P	ROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81	87486	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
~ -			1.00	-3-0-1 002021	 _			310.03	106.02	0.00	212.03			
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0 ±	0,010		1.00	002021 002021				37.07	15.07	0.00	22.00	7710		
									13.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU		ALLOWED AMOUNT	NO At.t.			PL OUNT	PAID AMOUNT
POS PROC CD 81 87641		SERVICE DATES UNITS FROM THRU 1.00 052824 052824	RENDERING PROVIDER 220224		11110	DILLED	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00		DETAIL EOBS		711-10 0141
81 87651	59	1.00 052824 052824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052824 052824	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
		RECIPIENT I	D.: 530002106947	MRN: 060324	060324	64.34	41.00		23.34	0.00	0.00	41.00
POS PROC CD 81 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	PROVIDER			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00			
81 82306		1.00 060324 060324	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 36415		1.00 060324 060324	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: NAOMI K 20241	52027082	RECIPIENT I 11658466 SERVICE DATES		MRN: 031224	031224	37.07 BILLED	22.00 ALLOWED	COPAY	15.07	0.00	0.00	22.00
POS PROC CD 81 87653	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT 37.07	NON-AllowED	\mathtt{TPL}	22.00			
NAME: VARRIE 20241	KINDALL 49020260	RECIPIENT I 11652118 SERVICE DATES UNITS FROM THRU 9.00 052224 052224 2.00 052224 052224 1.00 052224 052224	D.: 530000113722	MRN: 052224	052224	881.59	535.53		346.06	0.00	0.00	463.53
POS PROC CD	MODIFIEDQ	SERVICE DATES	RENDERING			BILLED	ALLOWED NON-AlloWED	COPAY	מדגם	DETATI FORS		
81 87798	59	9.00 052224 052224	220224			378.00	252.00 126.00		252.00			
81 87481	59	2.00 052224 052224	220224			84.00	56.00 28.00	0.00	56.00	9918		
81 87491	59	1.00 052224 052224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 052224 052224				42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	2.00 052224 052224	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591	59	1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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BOOLFIERS USTS FROM THEU PROVIERS 1.00 05224 05224 220224 1.00 05224 05224 220224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 05224 05224 05224 1.00 05224 05224 05224 1.00 05224 05224 1.00 05224 05224 1.00 0522			ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOU		PAID AMOUNT
81 8764 59				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
STOCK STOC													EOBS		
81 87661 59	81	87653	59	2.00 052224 052224	220224			74.14			0.00	5900			
81 87563	0.4	0=									04 =0	2212			
81 87563	81	87661	59	1.00 052224 052224	220224			32.30			21.53	9918			
81 87640 59 1.00 052224 05224 220224 37.07 22.00 0.00 22.00 9918 NAME: IVER KING 2024157011484 11663325 RECIPIENT ID.: 53000196904 MRN: 060324 06032	0.1	05563		1 00 050004 050004	000004			40 50			0.00	4001			
81 87640 59	81	87563		1.00 052224 052224	220224			42.50			0.00	4021			
NAME: KALIYAH KING RECIPIENT ID.: 530001614716 NAME: KALIYAH KING ROUTE RECIPIENT ID.: 530001614716 NAME: KALIYAH KING ROUTE RECIPIENT ID.: 530001614716 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 NAME: CALIYAH KING RECIPIENT ID.: 530001614716 NAME: CALIYAH	0.1	07640	Γ0	1 00 052224 052224	220224			27 07			22.00	0010			
NAME: IVER KINS	81	8/640	59	1.00 052224 052224	220224			37.07			22.00	9918			
Table Tabl									15.07	0.00					
Table Tabl	NAME:	: TWER KT	NG	RECIPTENT ID	: 530001969004	MRN:									
SERVICE DATES SERVICE DATE	142 21-111				. 550001505001		060324	699.21	458.00)	241.21	0.00		0.00	458.00
POS PROC CD		20211	.5,011101		RENDERING	000321	000321				211,21	0.00		0.00	130.00
81 87481 59	POS	PROC CD	MODIFIERS								PAID	DETAIL	EOBS		
81 87640 59 1.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 59 11.00 060324 060324 220224 462.00 308.00 0.00 308.00 9918 81 87641 59 1.00 060324 060324 220224 37.07 22.00 0.00 308.00 9918 81 87798 2.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 30 0.00 556.00 0.00 56.00 9918 81 87798 40 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 59 0.00 060324 060324 220224 37.07 22.00 0.00 56.00 9918 81 87798 59 0.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 59 0.00 060324 060324 220224 56.00 0.00 56.00 0.00 56.00 9918 81 87798 50 0.00 0.00 56.00 0.00 56.00 9918 81 87798 64.00 64.00 660324 060324 220224 66.00 66.00 0.00 66.00 66.00 0.00 66															
81 87640 59															
81 87653 59 1.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 59 11.00 060324 060324 220224 462.00 308.00 0.00 308.00 9918 81 87641 59 1.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 060324 060324 220224 84.00 56.00 0.00 22.00 9918 81 87798 2.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 2.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 2.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 3.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 3.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 3.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 87798 3.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 81 85049 3.00 060324 060324 220224 84.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	81	87640	59	1.00 060324 060324	220224			37.07			22.00	9918			
81 87798 59 11.00 060324 060324 220224 462.00 308.00 0.00 308.00 9918 81 87641 59 1.00 060324 060324 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 060324 060324 220224 84.00 56.00 0.00 56.00 9918 NAME: KALIYAH KING 2024150021761 11654241 82024 84.00 56.00 0.00 56.00 9918 POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 36415 1.00 052324 052324 220224 4.50 0.00 0.00 0.00 308.00 9918 NAME: KALIYAH KING 2024150021761 11654241 84.00 56.00 0.00 56.00 9918 SERVICE DATES PROVIDER PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EOBS 1.00 052324 052324 220224 4.50 0.00 0.00 3323 81 85049 1.00 052324 052324 220224 4.50 0.00 0.00 3323 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:															
81 87798 59	81	87653	59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918			
154.00 0.00									15.07	0.00					
81 87641 59	81	87798	59	11.00 060324 060324	220224			462.00	308.00	0.00	308.00	9918			
81 87798										0.00					
81 87798	81	87641	59	1.00 060324 060324	220224			37.07			22.00	9918			
NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN: 2024150021761 I1654241 052324 052324 052324 13.50 4.00 9.50 0.00 0.00 4.00 POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 36415 1.00 052324 052324 220224 4.50 0.00 0.00 0.00 0.00 3323 81 85049 1.00 052324 052324 220224 9.00 4.00 0.00 0.00 0.00 4.00 9918 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:															
NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN: 2024150021761 I1654241 SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 36415 1.00 052324 052324 220224 81 85049 1.00 052324 052324 220224 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:	81	87798		2.00 060324 060324	220224			84.00			56.00	9918			
2024150021761									28.00	0.00					
2024150021761	3733477					NADATA									
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 36415 81 85049 NAME: KALIYAH KING SERVICE DATES RENDERING BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 4.50 0.00 4.50 0.00 5.00 0.00 9.00 4.00 9918 5.00 0.00 RECIPIENT ID.: 530001614716 MRN:	NAME:				.: 530001614/16		050204	12 50	4 00	\	0	0 00		0 00	4 00
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 36415 1.00 052324 052324 220224 4.50 0.00 0.00 0.00 0.00 3323 81 85049 1.00 052324 052324 220224 9.00 4.00 0.00 4.00 0.00 4.00 9918 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:		20241	.50021761		DENDEDING	052324	052324				9.50	0.00		0.00	4.00
81 36415	DOG	DDOG GD	MODIFIEDC								חדעם	רבייא דד	FODC		
81 85049 1.00 052324 052324 220224 9.00 4.00 0.00 4.00 9918 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:			MODIFIERS										FODS		
81 85049 1.00 052324 052324 220224 9.00 4.00 0.00 4.00 9918 5.00 0.00 NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:	01	20412		1.00 052524 052524	220224			4.50			0.00	3323			
NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:	81	85049		1 00 052324 052324	220224			9 00			4 00	9918			
NAME: KALIYAH KING RECIPIENT ID.: 530001614716 MRN:	01	03019		1.00 032321 032321	220221			J.00			1.00	J J I O			
									3.00	0.00					
	NAME:	: KALIYAH	KING	RECIPIENT ID	.: 530001614716	MRN:									
2024152027094							052324	18.00	15.00)	3.00	0.00		0.00	15.00
SERVICE DATES RENDERING BILLED ALLOWED COPAY			-		RENDERING							-		-	-
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	POS	PROC CD	MODIFIERS								PAID	DETAIL	EOBS		
81 83655 1.00 052324 052324 220224 18.00 15.00 0.00 15.00 9918															
3.00 0.00															

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KELLI KING 2024150021773	RECIPIENT ID.: 5 I1654242 SERVICE DATES REN	530000732264 MRN: 032624 NDERING	032624	258.14 BILLED	116.22 ALLOWED	COPAY	141.92	0.00	0.00	116.22
POS PROC CD MODIFIEM 81 80307	S UNITS FROM THRU PRO	DVIDER 0224		AMOUNT 83.81	NON-AllOWED 0.00 83.81	TPL 0.00 0.00	PAID 0.00	DETAIL EC	OBS	
81 G0482	1.00 032624 032624 220)224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: MACKENZLEI KING 2024156026701	RECIPIENT ID.: 5	053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIEM 81 87486 59	S UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EC	OBS	
81 87498 59	1.00 053024 053024 220	0224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59		0224		42.00	28.00 14.00	0.00	28.00			
81 87633 81 87640)224		318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
81 87641 59	1.00 053024 053024 220			37.07	15.07 22.00	0.00	22.00			
81 87651 59	1.00 053024 053024 220)224		49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798	8.00 053024 053024 220	0224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: PAISLEE KING 2024156026721	RECIPIENT ID.: 5	060224	060224	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIER 81 87486 59				BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EC	OBS	
81 87498 59	1.00 060224 060224 220)224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59	1.00 060224 060224 220)224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060224 060224 220)224		318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87640	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060224 060224 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID	DETAIL EOE 9918		
81 87641 59	1.00 060224 060224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 060224 060224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 060224 060224 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: TAKARI KING	RECIPIENT ID.: 530000156897	MRN:								
2024159023004	I1665856 SERVICE DATES RENDERING	060424	060424	76.32 BILLED	34.00 ALLOWED	COPAY	42.32	0.00	0.00	34.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	3S	
81 83540	1.00 060424 060424 220224			9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 060424 060424 220224			13.11	10.00 3.11	0.00	10.00	9918		
81 82728	1.00 060424 060424 220224			40.00	13.00 27.00	0.00	13.00	9918		
81 36415	1.00 060424 060424 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 060424 060424 220224			9.00	4.00 5.00	0.00 0.00	4.00	9918		
	RECIPIENT ID.: 530001910901	MRN:	05224	12 50	4 00		0 50	0.00	0.00	4 00
2024150021790	I1654249 SERVICE DATES RENDERING	052324	052324	BILLED	4.00 ALLOWED	COPAY	9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 4.50	NON-AllOWED 0.00	TPL 0.00	PAID 0.00	DETAIL EOE 3323	3S	
81 85049	1.00 052324 052324 220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
NAME: TALA KING 2024152027104	RECIPIENT ID.: 530001910901 I1658470	MRN: 052324	052324		15.00		3.00	0.00	0.00	15.00
POS PROC CD MODIFIERS 81 83655	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 18.00	ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00		DETAIL EOE 9918	3S	
NAME: KAITLYN KINNION 2024150021804	RECIPIENT ID.: 530001376219 I1654252	MRN: 052324	052324	1,049.12	629.64		419.48	0.00	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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	ICN	PAT ACCT NO.	2517255	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח א ד ח		ODG	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 052324 052324	220224			150.00	43.61	0.00	43.01	9918		
01 07406	ГО	1 00 050304 050304	220224			40.00	106.39	0.00	20.00	0010		
81 87486	59	1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918		
01 07400	ГО	1 00 050204 050204	220224			27 07	14.00	0.00	22.00	0010		
81 87498	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
01 07501	ΕO	1 00 052224 052224	220224			42.00	15.07	0.00	20 00	0010		
81 87581	59	1.00 052324 052324	220224			42.00	28.00	0.00	20.00	9918		
01 07622		1 00 052224 052224	220224			210 05	14.00	0.00	212 02	0010		
81 87633		1.00 052324 052324	220224			318.05	212.03	0.00	212.03	9910		
01 07640		1 00 052224 052224	220224			27 07	106.02	0.00	22 00	0010		
81 87640		1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
01 07641	ΕO	1 00 052224 052224	220224			27 07	15.07	0.00	22 00	0010		
81 87641	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
01 07651	ΕO	1 00 052224 052224	220224			49.86	15.07	0.00	20 00	9918		
81 87651	59	1.00 052324 052324	220224			49.00	28.00	0.00	20.00	9910		
81 87798		8.00 052324 052324	220224			336.00	21.86	0.00	224.00	0010		
81 87798		8.00 052324 052324	220224			330.00	224.00	0.00	224.00	9910		
							112.00	0.00				
NAME: SUZANN	E KINCEV	סקלדסדקאיי דה	.: 530000483383	MRN:								
	152027109	I1658471	530000463363	052424	052424	17/ 22	116.22		58.11	0.00	0.00	116.22
2024	152027109	SERVICE DATES	DENDEDING	032424	032424	BILLED	ALLOWED	COPAY	30.11	0.00	0.00	110.22
POS PROC CD	MUDIEIEDG		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBG.	
81 G0482	MODIFIERS	1.00 052424 052424				174.33	116.22	0.00	116.22		ODS	
01 G0402		1.00 052424 052424	220224			1/4.55	58.11	0.00	110.22	9910		
							30.11	0.00				
NAME: ATLAS	KTRBY	RECIPIENT ID	.: 530002237147	MRN:								
	150021821	I1656595	. 550002257117	052424	052424	899.12	586.03		313.09	0.00	0.00	586.03
2021	130021021	SERVICE DATES	RENDERING	032121	032121	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87486	59	1.00 052424 052424	220224			42.00	28.00	0.00		9918	020	
01 0,100		1.00 002121 002121				12.00	14.00	0.00	20.00	J J <u>T</u> O		
81 87498	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
01 0,100		1.00 002121 002121				37.07	15.07	0.00	22.00	J J <u>T</u> O		
81 87581	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918		
01 07001							14.00	0.00		2220		
81 87633		1.00 052424 052424	220224			318.05	212.03	0.00	212.03	9918		
32 0.333						3_3.03	106.02	0.00				
81 87640		1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
- 0.010							15.07	0.00	00			
								3.30				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC C		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81 87641	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 052424 052424	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 052424 052424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
313 MT - 3 TT 3 C	I/TDD1/			MDAT								
NAME: ATLAS).: 530002237147	MRN:	060524	000 10	E06 02		212 00	0 00	0 00	E06 02
202	4159023021	I1665857 SERVICE DATES	RENDERING	060524	060524	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC C	D MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	שמ	
81 87486		1.00 060524 060524	220224			42.00	28.00	0.00	28.00		000	
01 07100	3,5	1.00 000321 000321	220221			12.00	14.00	0.00	20.00	JJ10		
81 87498	59	1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
01 07190	33	1.00 000321 000321	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 060524 060524	220224			42.00	28.00	0.00	28.00	9918		
0_ 0,00_							14.00	0.00		77_0		
81 87633		1.00 060524 060524	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 060524 060524	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 060524 060524	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
	ZZDZ	DEGIDIENE ID		MIDAT •								
NAME: JADE	4149020275	RECIPIENT IL I1652119).: 530000704475	MRN:	052224	899.12	586.03		313.09	0.00	0.00	586.03
202	4149020273	SERVICE DATES	RENDERING	032224	032224	BILLED	ALLOWED	COPAY	313.09	0.00	0.00	300.03
POS PROC C	D MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BC	
81 87486		1.00 052224 052224	220224			42.00		0.00		9918		
01 07100	3,7	1.00 032221 032221	220221			12.00	14.00	0.00	20.00	JJ±0		
81 87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
0_ 0,100			=			37.07	15.07	0.00	22.30	22-3		
81 87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
_							14.00	0.00				
81 87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
POS PI	ROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87640		1.00	052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	052224 052224	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	052224 052224	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: 2	ARIN KN	IGHT		RECIPIENT ID	.: 530000234990	MRN:									
	20241	50021836	I165426			052024	052024	40.12	27.09		13.03	0.00		0.00	27.09
				SERVICE DATES				BILLED		COPAY					
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81				052024 052024				18.53	10.00	0.00	10.00				
81	87186		1.00	052024 052024	220224			13.50	9.00	0.00	9.00	9918			
81	87088		1.00	052024 052024	220224			8.09	4.50 8.09 0.00	0.00 0.00 0.00	8.09				
									0.00	0.00					
NAME:]	KARTER :	KNIGHT		RECIPIENT ID	.: 530000529030	MRN:									
	20241	50021860	I165659			052424	052424		374.03		191.09	0.00		0.00	374.03
				SERVICE DATES				BILLED							
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS		
81	87498	59	1.00	052424 052424	220224			37.07	22.00	0.00	22.00	9918			
0.1	07501	Γ.Ο.	1 00	050404 050404	220224			40.00	15.07	0.00	20.00	0010			
81	87581	59	1.00	052424 052424	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1 00	052424 052424	220224			318.05	212.03	0.00	212.03	0010			
OT (07033		1.00	032424 032424	22022 1			310.03	106.02	0.00	212.03	9910			
81	87798		4.00	052424 052424	220224			168.00	112.00	0.00	112.00	9918			
0 _			1.00						56.00	0.00		2220			
NAME:]	KASEN K	NIGHT		RECIPIENT ID	.: 530001079745	MRN:									
		50021870	I165426			052124	052124	1,049.12	629.64		419.48	0.00		0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS		
81	87635		1.00	052124 052124	220224			150.00	43.61	0.00	43.61	9918			
0.5	0 = 4 6 5			0.0000000000000000000000000000000000000					106.39	0.00		0.05.5			
81	87486	59	1.00	052124 052124	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACCT		DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS		SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87498	59		052124 052124	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00	052124 052124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	052124 052124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	052124 052124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	052124 052124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	SAVANA 20241	KNIGHT .56026738	I1662404		.: 530000638857	MRN: 053024	053024	18.53	10.00)	8.53	0.00	0.0	0 10.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 87086	MODIFIERS		FROM THRU 053024 053024	PROVIDER 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL 9918	EOBS	
NAME:		KRONHOLM	-1.5511.40		.: 530002120065	MRN:	050004	1 040 10	500 5		410 40	0.00		
	20241	.56026748	I1661148	SERVICE DATES	RENDERING	052224	052224	1,049.12 BILLED	629.64 ALLOWED	E COPAY	419.48	0.00	0.0	0 629.64
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00	052224 052224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00	052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN POS PROC CD MODIFIERS 81 87651 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	SERVICE DATES FROM THRU	AMOUNT	AMOUNT ALLOWED NON-Allowed	COPAY TPL P	COF AMC PAID D 28.00 9	DUNT AMOUN DETAIL EOBS	PAI T AMOU	
81 87798	8.00 052224 052224 220224		336.00	21.86	0.00	224.00 9			
NAME: ARABELLA KYLE 2024156026765 POS PROC CD MODIFIERS 81 86003	RECIPIENT ID.: 530002286054 11662406 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 12.00 052824 052824 220224	MRN: 052824 052824	93.00 BILLED AMOUNT 93.00	ALLOWED (NON-Allowed 72.00	COPAY	PAID D	DETAIL EOBS	0.00	72.00
NAME: FRANCES LACY 2024156026781 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798	RECIPIENT ID.: 530000849266 I1661149 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224 11.00 053024 053024 220224	MRN: 053024 053024		NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07	COPAY		DETAIL EOBS 0918 0918	0.00 4	164.00
2024156026796	RECIPIENT ID.: 530000849266 I1662408 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 053024	18.53 BILLED AMOUNT 18.53	ALLOWED (NON-AlloWED 10.00	COPAY	PAID D	DETAIL EOBS	0.00	10.00
NAME: FRANCES LACY 2024158030107 POS PROC CD MODIFIERS 81 87481 59 81 87640 59	RECIPIENT ID.: 530000849266 11664688 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 052324	739.33 BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	254. COPAY TPL F 0.00 0.00 0.00 0.00	24 0. PAID D 28.00 9 22.00 9	DETAIL EOBS 0918	0.00 4	185.09

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

6.00

0.00

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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PR 81 8	ROC CD 87653	MODIFIERS 59	UNITS 1.00	FROM THRU 052324	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL E	OBS	
81 8	87798	59	11.00	052324 052324	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 8	87641	59	1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87798	59	2.00	052324 052324	220224			84.00	56.00 28.00	0.00	56.00	9918		
81 8	87086		1.00	052324 052324	220224			18.53	10.00	0.00	10.00	9918		
81 8	87186		1.00	052324 052324	220224			13.50	9.00 4.50	0.00	9.00	9918		
81 8	87088		1.00	052324 052324	220224			8.09	8.09 0.00	0.00	8.09			
NAME: A		LAKE 58030130	I166468	9	.: 530002350268	MRN: 041624	041624	715.12	417.64		297.48	0.00	0.00	417.64
חחפ חם	ROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
	87498	59		041624 041624	220224			37.07	22.00 15.07	0.00		9918	OBS	
81 8	87581	59	1.00	041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	87633		1.00	041624 041624	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8	87798		4.00	041624 041624	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 8	87635		1.00	041624 041624	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: M		AMB 58030140	I166469		.: 500002909419	MRN: 060424	060424	63.34	42.00		21.34	0.00	0.00	42.00
	20212	30030110	1100107	SERVICE DATES	RENDERING	000121	000121		ALLOWED			0.00	0.00	12.00
POS PR	ROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 8	80053		1.00	060424 060424	220224			15.84	12.00 3.84	0.00 0.00	12.00	9918		
81 8	83036		1.00	060424 060424	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 8	80061		1.00	060424 060424	220224			20.00	14.00	0.00	14.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN-		SERVICE FROM	THRU	AMOUNT	ALLOWED AMOUNT	NO: ALL	OWED A	COPAY TI	DUNT	PAID AMOUNT
POS PROC CD MODIFI 81 36415	SERVICE DATES RENDER: ERS UNITS FROM THRU PROVIDI 1.00 060424 060424 220224	lR		BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	0.00	DETAIL EOBS 3323		
81 85049	1.00 060424 060424 220224			9.00	4.00	0.00	4.00	9918		
NAME: JENNIFER LAMBE 202415501823 POS PROC CD MODIFI	RTH RECIPIENT ID.: 53000 9 I1659907 SERVICE DATES RENDER: ERS UNITS FROM THRU PROVIDI	051724	051724	125.00 BILLED	55.48 ALLOWED NON-AlloWED	COPAY			0.00	55.48
81 G0480	1.00 051724 051724 220224			125.00	55.48	0.00 0.00	55.48	9918		
202415501372	ALCALA RECIPIENT ID.: 53000 5 I1659910 SERVICE DATES RENDER:	052924	052924	319.55 BILLED	213.03 ALLOWED NON-AllOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFI 81 87507		:R		319.55	213.03	0.00 0.00	213.03	9918		
202415002190	RECIPIENT ID.: 53000 3 I1654296 SERVICE DATES RENDER:	051824	051824	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFI 81 87507	SERVICE DATES RENDER: ERS UNITS FROM THRU PROVIDI 1.00 051824 051824 220224	IR		AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOBS 9918		
NAME: MORGAN LANG 202415602680	RECIPIENT ID.: 53000 3 I1662411 SERVICE DATES RENDER	00652468 MRN: 051524	051524	125.00 BILLED	55.48	COPAY	69.52	0.00	0.00	55.48
POS PROC CD MODIFI 81 G0480		IR		AMOUNT 125.00	NON-Allowed 55.48 69.52	TPL 0.00 0.00	PAID 55.48	DETAIL EOBS 9918		
NAME: DEANDRE LANGHO 202415002193	1 11654306	052224	052224		16.00		13.34	0.00	0.00	16.00
POS PROC CD MODIFI 81 80053				AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 36415	1.00 052224 052224 220224			4.50	0.00 4.50	0.00	0.00	3323		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT		PAID MOUNT
POS PROC CI 81 85049	O MODIFIERS	SERVICE DATES RENDI UNITS FROM THRU PROVI 1.00 052224 052224 22022			BILLED AMOUNT 9.00	ALLOWED NON-AlloWED 4.00 5.00	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS		
	LANIER			052024	27 07	22.00		15 07	0.00	0	0.0	22.00
2024	1156026816	I1661152 SERVICE DATES RENDI	053024	053024	37.07 BILLED	22.00 ALLOWED	COPAY	15.07	0.00	U	.00	22.00
POS PROC CI) MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-Allowed		PAID	DETAIL	EOBS		
81 87653		1.00 053024 053024 22022			37.07	22.00 15.07	0.00	22.00		_0_0		
NAME: LONDON	J T.ANTER	RECIPIENT ID.: 530	0002333513 MRN:									
	1156026832	I1661151	052924	052924	899.12	586.03		313.09	0.00	0	.00	586.03
		SERVICE DATES RENDI			BILLED	ALLOWED	COPAY					
POS PROC CI		UNITS FROM THRU PROV	IDER		AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL	EOBS		
81 87486	59	1.00 052924 052924 22022	24 24 24		42.00	28.00	0.00	28.00	9918			
01 07400	Γ0	1 00 050004 050004 0000	0.4		27 07	14.00	0.00	22.00	0010			
81 87498	59	1.00 052924 052924 22022	24		37.07	22.00 15.07	0.00	22.00	9918			
81 87581	59	1.00 052924 052924 22022	2.4		42.00	28.00	0.00	28.00	9918			
01 07301		1.00 032321 032321 22022	- 1		12.00	14.00	0.00	20.00	J J I O			
81 87633		1.00 052924 052924 22022	24		318.05	212.03	0.00	212.03	9918			
						106.02	0.00					
81 87640		1.00 052924 052924 22022	24		37.07	22.00	0.00	22.00	9918			
0.1					0 - 0 -	15.07	0.00		0010			
81 87641	59	1.00 052924 052924 22022	24		37.07	22.00	0.00	22.00	9918			
81 87651	59	1.00 052924 052924 22022	2.4		49.86	15.07 28.00	0.00	28.00	0010			
01 0/031	39	1.00 052924 052924 22022	24		49.00	21.86	0.00	20.00	9910			
81 87798		8.00 052924 052924 22022	2.4		336.00	224.00	0.00	224.00	9918			
0_ 0,7,20						112.00	0.00		2220			
NAME: KIMBER) T 7 TTTT 7 W	DEGIDIENT ID • E2/	00000601E0 MDM:									
	1149020302	RECIPIENT ID.: 530	0002360159 MRN: 010324	010324	1 049 12	629.64		419.48	0.00	n	.00	629.64
2027	1147020302		ERING	010324	BILLED	ALLOWED	COPAY	417.40	0.00	O	.00	027.04
POS PROC CI) MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81 87635		1.00 010324 010324 22022			150.00	43.61	0.00	43.61				
						106.39	0.00					
81 87486	59	1.00 010324 010324 22022	24		42.00	28.00	0.00	28.00	9918			
01 08100	F 0	1 00 010004 010004 0000	0.4		25 25	14.00	0.00	00.00	0010			
81 87498	59	1.00 010324 010324 22022	24		37.07	22.00	0.00	22.00	9918			
						15.07	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
81	87581	MODIFIERS 59	1.00 010324 010324	220224			42.00	28.00	0.00		9918	2002	
01	0/301	39	1.00 010324 010324	220224			12.00	14.00	0.00	20.00	9910		
81	87633		1.00 010324 010324	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 010321 010321	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87640		1.00 010324 010324	220224			37.07	22.00	0.00	22 00	9918		
01	07010		1.00 010321 010321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87641	59	1.00 010324 010324	220224			37.07	22.00	0.00	22.00	9918		
01	0,011		1.00 010321 010321	220221			37.07	15.07	0.00	22.00	,,,,		
81	87651	59	1.00 010324 010324	220224			49.86	28.00	0.00	28.00	9918		
0_	0.00=						25.00	21.86	0.00	_0.00	,,,,		
81	87798		8.00 010324 010324	220224			336.00	224.00	0.00	224.00	9918		
-								112.00	0.00				
NAME:	CHARITY	LAWRENCE	RECIPIENT ID	.: 500002996432	MRN:								
	20241	.50021941	I1654318		032824	032824	93.34	59.00		34.34	0.00	0.00	59.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	80053		1.00 032824 032824	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81	82306		1.00 032824 032824	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	80061		1.00 032824 032824	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81	36415		1.00 032824 032824	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	85049		1.00 032824 032824	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:		LAWRENCE		.: 530002330526	MRN:								
	20241	.56026852	I1662422		053124	053124	899.12			313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87486	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.17.40.0	F 0	1 00 052104 052104	000004			25 05	14.00	0.00	00.00	0010		
81	87498	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	го	1 00 052104 052104	220224			40.00	15.07	0.00	00 00	0010		
81	87581	59	1.00 053124 053124	ZZUZZ 4			42.00	28.00	0.00	∠8.00	9918		
0.1	07622		1 00 052124 052124	220224			210 05	14.00	0.00	010 02	0.01.0		
81	87633		1.00 053124 053124	ZZUZZ 1			318.05	212.03	0.00	212.03	ラ ラエ 8		
								106.02	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81	87640		1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.7.5.4		1 00	0-0101 0-0101	000004			10.05	15.07	0.00		0.01.0		
81	87651	59	1.00	053124 053124	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.7700		0 00	050104 050104	000004			226 00	21.86	0.00	004 00	0010		
81	87798		8.00	053124 053124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	CAMRIN	LAWSON			.: 530001127428	MRN:								
	20241	52027117	I165848			040924	040924		2.00		58.00	0.00	0.00	2.00
				SERVICE DATES				BILLED	ALLOWED					
		MODIFIERS			PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		S	
81	81007		1.00	040924 040924	220224			60.00	2.00 58.00	0.00	2.00	9918		
NT	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	T 17 AII			.: 530001533803	MIDNI •								
NAME:		59023065	I166587		.: 530001533803		060524	E70 1 <i>1</i>	380.00		198.14	0 00	0.00	200 00
	202 4 1	59023005	1100201		RENDERING	000524	000524	BILLED	ALLOWED	COPAY	190.14	0.00	0.00	380.00
DOG	משטט מח	MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	C	
	87481	59		060524 060524				42.00	28.00	0.00	28.00		5	
01	07101	33	1.00	000321 000321	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87640	59	1.00	060524 060524	220224			37.07	22.00	0.00	22.00	9918		
01	0,010		1.00	000321 000321	220221			37.07	15.07	0.00	22.00	3320		
81	87653	59	1.00	060524 060524	220224			37.07	22.00	0.00	22.00	9918		
-			_,_,						15.07	0.00				
81	87798	59	11.00	060524 060524	220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
NAMF:	AIIBREV	T.FATHFRWOOD		PECIDIENT ID	.: 530001491403	MRN:								
14571111			I166469		. • 550001151105	060324	060324	64 34	41.00		23.34	0.00	0.00	41.00
	20211	30030101	1100107	SERVICE DATES	RENDERING	000321	000521	BILLED	ALLOWED		23.31	0.00	0.00	11.00
POS	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-Allowed		PATD	DETAIL EOB	S	
81	80053	110211 11110		060324 060324				15.84	12.00	0.00	12.00			
01	00000		1.00	000321 000321	220221			10.01	3.84	0.00	12.00	3320		
81	82306		1.00	060324 060324	220224			44.00	29.00	0.00	29.00	9918		
	0_00		1.00		= 			11.00	15.00	0.00	27.50			
81	36415		1.00	060324 060324	220224			4.50	0.00	0.00	0.00	3323		
			•		-			= : 3 0	4.50	0.00	2 2 2 3			
NAME:	ALEXIS	LEDBETTER		RECIPTENT IN	.: 530000500059	MRN:								
747 11 11 -		50021960	I165660		. 23000000000	052424	052424	342.02	217.53		124.49	0.00	0.00	189.53
				-				312.32	21, :33			- • • •		=00.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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Part			ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 8798						RENDERING					COPAY				
			MODIFIERS											EOBS	
Recommendation Reco	81									42.00	0.00				
8751 59	81	87491	59	1.00	052424 052424	220224			49.86			0.00	5490		
81 87529 59 1.00 052424 052424 220224 420224 42.00 28.00 0.00 28.00 9918 81 87591 59 1.00 052424 052424 220224 42.00 28.00 0.00 0.00 28.00 9918 81 87591 59 1.00 052424 052424 220224 42.00 28.00 0.00 0.00 28.00 9918 81 87591 59 1.00 052424 052424 220224 220224 5224 220224 5224 220224 5224 220224 5224 220224 52	81	87511	59	1.00	052424 052424	220224			42.00	28.00	0.00	28.00	9918		
81 87591 59	81	87529	59	1.00	052424 052424	220224			49.86	28.00	0.00	28.00	9918		
81 87661 59	81	87591	59	1.00	052424 052424	220224			42.00	28.00	0.00	28.00	9918		
NAME: ELI LEDBETTER 2024149020314 71652142	0.1	07661	Γ0	1 00	050404 050404	220224			20 20			01 52	0010		
Name	81	8/661	59	1.00	052424 052424	220224			32.30			21.53	9918		
Service Dates Service Date	NAME:					.: 530002298065		050004	1 040 10	500 54		410 40	0.00	0.00	500 54
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EGES PAID DETAIL EGES PAID PAI		20241	.49020314	1165214		DENDEDING	052224	052224				419.48	0.00	0.00	629.64
81 87635	DOG	DPAC CD	MODIFIEDQ	IIMTTQ								מזעם	הבידא דד.	FORG	
81 87486 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87498 59 1.00 052224 052224 220224 220224 15.07 0.00 28.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 22			MODIFIERD											EODO	
81 87486 59	01	07033		1.00	032221 032221	220221			130.00			13.01	J J I U		
81 87498 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 42.002 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 42.002 42.00 28.00 0.00 28.00 9918 81 87640 1.00 052224 052224 220224 42.002 42.00 28.00 0.00 212.03 9918 81 87641 59 1.00 052224 052224 220224 42.002 42.00 40.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 42.002 42.00 40.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 42.002 42.00 40.00 22.00 9918 81 87798 8 8.00 052224 052224 220224 42.002 42.00 40.00 22.00 9918 81 87798 8 8.00 052224 052224 220224 42.002 42.00 40.00 22.00 9918 81 87798 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	81	87486	59	1.00	052224 052224	220224			42.00			28.00	9918		
STORY STOR															
81 87581 59	81	87498	59	1.00	052224 052224	220224			37.07		0.00	22.00	9918		
81 87633															
81 87633	81	87581	59	1.00	052224 052224	220224			42.00			28.00	9918		
STATE STAT	0.1	07622		1 00	050004 050004	000004			210 05			010 02	0.01.0		
81 87640	81	8/633		1.00	052224 052224	220224			318.05			212.03	9918		
81 87641 59	81	87640		1 00	052224 052224	220224			37 07			22 00	9918		
81 87641 59	01	07010		1.00	032221 032221	220221			37.07			22.00	JJ10		
81 87651 59 1.00 052224 052224 220224 4	81	87641	59	1.00	052224 052224	220224			37.07			22.00	9918		
81 87798 8.00 052224 05224 220224 336.00 224.00 0.00 224.00 9918 NAME: ANTORIA LEE RECIPIENT ID.: 530001004119 MRN: 2024152027131 11658495 PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87653 59 1.00 040924 040924 220224 220224 220224 37.07 22.00 0.00 22.00 9918															
81 8798 8.00 05224 05224 22024 336.00 224.00 0.00 224.00 9918 NAME: ANTORIA LEE RECIPIENT ID.: 530001004119 MRN: 2024152027131 11658495 040924 040924 37.07 22.00 15.07 0.00 0.00 22.00 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87653 59 1.00 040924 040924 220224 37.07 22.00 0.00 22.00 9918	81	87651	59	1.00	052224 052224	220224			49.86			28.00	9918		
NAME: ANTORIA LEE RECIPIENT ID.: 530001004119 MRN: 2024152027131															
2024152027131	81	87798		8.00	052224 052224	220224			336.00			224.00	9918		
2024152027131	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	7 NTTT					MIDAT •								
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87653 59 1.00 040924 040924 220224 37.07 22.00 0.00 22.00 9918	NAME:					530001004119		040924	27 N7	22 00		15 07	0 00	0 00	22 00
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87653 59 1.00 040924 040924 220224 37.07 22.00 0.00 22.00 9918		20241	. J _ U _ / I J I	1100049		RENDERING	040324	040324				13.07	0.00	0.00	22.00
81 87653 59 1.00 040924 040924 220224 37.07 22.00 0.00 22.00 9918	POS	PROC CD	MODIFIERS	UNITS								PAID	DETAIL	EOBS	
										22.00	0.00	22.00			

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	AUTUMN 1 20241!	LEE 56026864	I1661157	.: 530001637205	MRN: 053024	053024	104.04	75.93		28.11	0.00	0.0	75.93
POS 81	PROC CD 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL 9918	EOBS	
81	84481		1.00 053024 053024	220224			24.00	3.84 16.00 8.00	0.00 0.00 0.00	16.00	9918		
81	80061		1.00 053024 053024	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443	F.0	1.00 053024 053024				25.20	22.93 2.27	0.00	22.93			
81 81	84436 85049	59	1.00 053024 053024 1.00 053024 053024				10.00	7.00 3.00 4.00	0.00 0.00 0.00		9918 9918		
01	03013		1.00 033021 033021	220221			2.00	5.00	0.00	1.00	JJ 10		
NAME:	RUSIYHIZ 20241	A LEE 56026882	I1661158	.: 530001468563	MRN: 053024	053024	1,049.12			419.48	0.00	0.0	00 629.64
POS 81	PROC CD 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL 9918	EOBS	
81	87486	59	1.00 053024 053024	220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87498	59	1.00 053024 053024				37.07	22.00 15.07	0.00	22.00			
81 81	87581 87633	59	1.00 053024 053024				42.00 318.05	28.00 14.00 212.03	0.00	28.00 212.03			
81	87640		1.00 053024 053024 1.00 053024 053024				37.07	106.02 22.00	0.00 0.00 0.00	22.00			
81	87641	59	1.00 053024 053024				37.07	15.07 22.00	0.00	22.00			
81	87651	59	1.00 053024 053024	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00 053024 053024	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:		A LEONARD 56026898	RECIPIENT ID	.: 530001148318	MRN: 053124	053124	397.12	262.03		135.09	0.00	0.0	262.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

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DATE: 06/07/2024

IC	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODI 81 87498 59	DIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EON 9918	3S	
81 87581 59		1.00 053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 053124 053124	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: JAQUERIA LEC 2024152027		I1658498	: 530000548109	MRN: 052824	052824	39.32	22.00		17.32	0.00	0.00	22.00
POS PROC CD MODI 81 83540	DIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 9.71	ALLOWED NON-AllOWED 7.00 2.71	COPAY TPL 0.00 0.00	PAID 7.00	DETAIL EON 9918	3S	
81 83550		1.00 052824 052824	220224			13.11	10.00	0.00	10.00	9918		
81 85027		1.00 052824 052824	220224			12.00	5.00 7.00	0.00	5.00	9918		
81 36415		1.00 052824 052824	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: JASON LEONAF 2024159023		I1665881	: 500002992735 RENDERING	MRN: 060424	060424	29.34 BILLED	16.00 ALLOWED	COPAY	13.34	0.00	0.00	16.00
POS PROC CD MODI 81 80053	DIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EON 9918	3S	
81 36415		1.00 060424 060424	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 060424 060424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ROBERRIA LES 2024150022		I1656609	: 530002404809 RENDERING	MRN: 052624	052624	18.53 BILLED	10.00 ALLOWED	COPAY	8.53	0.00	0.00	10.00
POS PROC CD MODI 81 87086	DIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 18.53	NON-Allowed 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EON 9918	3S	
NAME: ROBERRIA LES 2024152027		RECIPIENT ID.	: 530002404809	MRN: 052624	052624	825.21	542.00	1	283.21	0.00	0.00	486.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87481	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052624 052624 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL		
81 87640	59	1.00 052624 052624 220224			37.07	56.00 22.00	0.00	22.00	9918		
81 87653	59	1.00 052624 052624 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87798		11.00 052624 052624 220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 052624 052624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 052624 052624 220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: THEA LE	SUEUR 57011501	RECIPIENT ID.: 5300019		060324	1,049.12	629.64		419.48	0.00	0.00	629.64
20241	3/011301	SERVICE DATES RENDERING		000324	BILLED	ALLOWED	COPAY	419.40	0.00	0.00	029.04
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 060324 060324 220224			150.00	43.61 106.39	0.00		9918		
81 87486	59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060324 060324 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 060324 060324 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 060324 060324 220224			336.00	224.00 112.00		224.00	9918		
NAME: EMANUEL 20241	LEWIS 58030229	RECIPIENT ID.: 5300011 11664709	050724	050724		71.61		128.25	0.00	0.00	71.61
POS PROC CD 81 87635		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050724 050724 220224			BILLED AMOUNT 150.00		\mathtt{TPL}	PAID 43.61		EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIE 81 87651	SERVICE DATES RENDERING SS UNITS FROM THRU PROVIDER 1.00 050724 050724 220224			ALLOWED NON-AlloWED	COPAY TPL	PAID 28.00	DETAIL E(
NAME: MICHELLE LEWIS 2024150022012 POS PROC CD MODIFIE 81 87086 81 87088	RECIPIENT ID.: 530001452 I1654350 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224 1.00 052024 052024 220224	052024 052024	26.62 BILLED AMOUNT 18.53	18.09 ALLOWED NON-AllOWED 10.00 8.53 8.09 0.00	COPAY TPI		DETATI, EC		18.09
NAME: RICKEY LEWIS 2024149020326 POS PROC CD MODIFIE 81 83655	SERVICE DATES RENDERING	391 MRN: 051724 051724	18.00 BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 15.00	COPAY TPL	PAID 15.00	DETAIL E(15.00
NAME: SADIE LEWIS 2024149020330	RECIPIENT ID.: 530000817 I1652145 SERVICE DATES RENDERING	995 MRN: 122923 122923	1,098.98 BILLED	657.64 ALLOWED		441.34	0.00	0.00	657.64
POS PROC CD MODIFIE 81 87651	2S UNITS FROM THRU PROVIDER 1.00 122923 122923 220224		AMOUNT 49.86	NON-Allowed 28.00	TPL 0.00	PAID 28.00	DETAIL EC 9918	DBS	
81 87486 59	1.00 122923 122923 220224		42.00	28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59	1.00 122923 122923 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 122923 122923 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 122923 122923 220224		318.05	106.02	0.00	212.03			
81 87640	1.00 122923 122923 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 122923 122923 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 122923 122923 220224		49.86	28.00	0.00	28.00	9918		
81 87798	8.00 122923 122923 220224		336.00	21.86 224.00	0.00	224.00	0010		

REPORT: CRA-PRPD-R 3551548 RA#:

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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-	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL DUNT	PAID AMOUNT
POS PROC CD N 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 122923 122923 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 5001 9918		
NAME: AXTON LEV 2024158	WTER 8030279	RECIPIENT ID.: 530002279834 I1664712	MRN: 060424	060424	547.12	305.64		241.48	0.00	0.00	305.64
POS PROC CD N 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87498 5	59	1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 5	59	1.00 060424 060424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060424 060424 220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: AVERLY LI 2024149	IGHT 9020341	RECIPIENT ID.: 530002081505 I1652146	MRN: 052224	052224	899.12	586.03		313.09	0.00	0.00	586.03
	MODIETEDC	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	PAID			
	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00		DETAIL EOBS 9918		
81 87498 5	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 5	59	1.00 052224 052224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 5	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 5	59	1.00 052224 052224 220224			49.86	28.00 21.86	0.00	28.00			
81 87798		8.00 052224 052224 220224			336.00	224.00 112.00	0.00	224.00	9918		
	ILES 5013743		MRN: 052924	052924		46.00		47.00	0.00	0.00	46.00
POS PROC CD 181 82306		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 44.00	ALLOWED NON-AlloWED 29.00 15.00	COPAY TPL 0.00 0.00	PAID 29.00	DETAIL EOBS 9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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PAGE:

ICN POS PROC CD MODIFIERS 81 82728 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 40.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 13.00 27.00 4.00 5.00	TPL 0.00 0.00 0.00 0.00	PAID 13.00	AMOUNT AM DETAIL EOBS 9918	PL OUNT	PAID AMOUNT
NAME: RYLAN LILES 2024150022028 POS PROC CD MODIFIERS 81 80307	RECIPIENT ID.: 530000870704 I1656617 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050224 050224 220224	MRN: 050224 050224	83.81 BILLED AMOUNT 83.81				0.00 DETAIL EOBS 9918 9936	0.00	33.46
NAME: HAVEN LILLEY 2024158030289 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530002369548 I1664715 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 8.00 060424 060424 220224	MRN: 060424 060424	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	22.00 28.00 212.03 22.00 22.00	9918 9918 9918	0.00	586.03
NAME: BREANNA LILLY 2024150022041 POS PROC CD MODIFIERS 81 83540 81 83550	RECIPIENT ID.: 530001007175 I1654355 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224 1.00 052424 052424 220224	MRN: 052424 052424	76.32 BILLED AMOUNT 9.71 13.11	NON-AllowED	COPAY TPL 0.00 0.00 0.00 0.00	7.00	0.00 DETAIL EOBS 9918 9918	0.00	34.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
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ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 82728	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224			BILLED AMOUNT 40.00	ALLOWED NON-AlloWED 13.00 27.00	COPAY TPL 0.00 0.00	PAID 13.00	DETAIL		
81 36415	1.00 052424 052424 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 052424 052424 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JESSICA LINDSEY 2024158030305	RECIPIENT ID.: 530001710176 I1664716	MRN: 053024	053024		172.09		86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			BILLED AMOUNT 83.81	ALLOWED NON-AlloWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87		EOBS	
81 G0482	1.00 053024 053024 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: MIA LINDSEY 2024150022053	I1654360	MRN: 042324	042324		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042324 042324 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81 87498 59	1.00 042324 042324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 042324 042324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 042324 042324 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 042324 042324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 042324 042324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 042324 042324 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 042324 042324 220224			336.00	21.86 224.00 112.00	0.00	224.00	9918		
NAME: KALEB LITTLE 2024156026903 HEADER EOBS: 9003	RECIPIENT ID.: 500002134815 I1661162	MRN: 040824	040824	292.16	0.00		292.16	0.00	189.53	0.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU		ALLOWED AMOUNT	NO ALL			PL DUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS		RENDERING PROVIDER 220224				ALLOWED	COPAY TPL 0.00	PAID	DETAIL EOBS		
81 87511	59	1.00 040824 040824	220224			42.00	126.00 0.00 42.00	0.00 0.00 0.00	0.00	9918 9936		
81 87529	59	1.00 040824 040824	220224			49.86	0.00 49.86	0.00	0.00	9918 9936		
81 87591	59	1.00 040824 040824	220224			42.00	0.00 42.00	0.00	0.00	9918 9936		
81 87661	59	1.00 040824 040824	220224			32.30	0.00	0.00	0.00	9918 9936		
	H LITTLE 158030329	RECIPIENT ID.		MRN: 042924	042924		55.00		29.34	0.00	0.00	55.00
			RENDERING			BILLED		COPAY				
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL		DETAIL EOBS		
81 80053		1.00 042924 042924	220224			15.84	12.00	0.00	12.00	9918		
81 82306		1.00 042924 042924	220224			44.00	3.84 29.00 15.00	0.00 0.00 0.00	29.00	9918		
81 80061		1.00 042924 042924	220224			20.00	14.00	0.00	14.00	9918		
81 36415		1.00 042924 042924	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: KAYDEN	T.TጥጥT.E	RECIPIENT ID.	: 530001548726	MRN:								
	158030342	I1664719	. 330001310720	051024	051024	79.84	55.00		24.84	0.00	0.00	55.00
		SERVICE DATES	RENDERING			BILLED		COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 80053		1.00 051024 051024	220224			15.84	12.00 3.84	0.00	12.00			
81 82306		1.00 051024 051024	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 80061		1.00 051024 051024	220224			20.00			14.00	9918		
NAME: JOSE L	T.ERENA	RECIPIENT ID.	: 530002310071	MRN:								
	158030354	I1664720	. 5555552515571	052124	052124	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS	SERVICE DATES	PROVIDER	00====			ALLOWED NON-AlloWED 28.00	COPAY		DETAIL EOBS		
							14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052124 052124	RENDERING PROVIDER 220224	11.011	111110	BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID	DETAIL EO 9918		11100111
81 87581	59	1.00 052124 052124	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 052124 052124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641		1.00 052124 052124	220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 052124 052124				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 052124 052124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KASHTON 202415	LOLLAR 58030369	RECIPIENT ID	.: 530002211400	MRN: 041824	041824	123.32	64.00)	59.32	0.00	0.00	64.00
POS PROC CD 81 82306 81 83540	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041824 041824 1.00 041824 041824	RENDERING PROVIDER 220224 220224			BILLED AMOUNT 44.00 9.71	ALLOWED NON-AllOWED 29.00 15.00 7.00 2.71	COPAY TPL 0.00 0.00 0.00	PAID 29.00 7.00	DETAIL EO 9918 9918	BS	
81 83550 81 82728		1.00 041824 041824 1.00 041824 041824	220224			13.11	10.00 3.11 13.00	0.00 0.00 0.00		9918 9918		
81 85027		1.00 041824 041824				12.00	27.00 5.00	0.00		9918		
81 36415		1.00 041824 041824	220224			4.50	7.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
NAME: JAYVEN I 202415 POS PROC CD 81 G0480	56026926	I1662444 SERVICE DATES	PROVIDER	MRN: 052124	052124		55.48 ALLOWED NON-AllOWED 55.48 69.52			0.00 DETAIL EO 9918	0.00 BS	55.48
	NG 59023087	RECIPIENT ID	.: 530002181876	MRN: 060424	060424	79.32	35.00)	44.32	0.00	0.00	35.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
TSSHE DATE	06/07/2024

DATE: 06/07/2024

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				FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES				BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS	
81 83540		1.00 060424 060424				9.71	2.71	0.00		9918		
81 83550		1.00 060424 060424	220224			13.11	10.00 3.11	0.00	10.00	9918		
81 82728		1.00 060424 060424	220224			40.00	13.00 27.00	0.00	13.00	9918		
81 85027		1.00 060424 060424	220224			12.00	5.00 7.00	0.00	5.00	9918		
81 36415		1.00 060424 060424	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: SHANA LOI	NG	RECIPIENT ID).: 500001279182	MRN:								
	7011528	I1663338		060324	060324	965.59	591.53		374.06	0.00	0.00	519.53
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD N		UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87798 5	59	9.00 060324 060324				378.00	252.00 126.00	0.00	252.00	9918		
81 87481 5	59	4.00 060324 060324	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87491 5	59	1.00 060324 060324	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511 5	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 5	59	2.00 060324 060324	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591 5	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87653 5	59	2.00 060324 060324	220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661 5	59	1.00 060324 060324	220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87563		1.00 060324 060324	220224			42.50	0.00 42.50	0.00 0.00 0.00	0.00	4021		
81 87640 5	59	1.00 060324 060324	220224			37.07		0.00	22.00	9918		
							13.07	0.00				
NAME: HARVEY LO 2024156	ONIELLO 6026933	RECIPIENT ID 11662447	0.: 530002425566	MRN: 060224	060224	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING				ALLOWED	COPAY				
POS PROC CD N 81 87635	MODIFIERS	UNITS FROM THRU 1.00 060224 060224	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00			EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATE				BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllowED	TPL	PAID		DBS	
81 87486	59	1.00	060224 06022	1 220224			42.00	28.00	0.00	28.00	9918		
01 07400	5 0	1 00	0.00004 0.0000				25 25	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00	060224 06022	1 220224			37.07	22.00	0.00	22.00	9918		
0.1	5 0	1 00	0.00004 0.0000				40.00	15.07	0.00	00.00	0.01.0		
81 87581	59	1.00	060224 06022	1 220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00	060004 06000	1 220224			210 05	14.00	0.00	010 02	0010		
81 87633		1.00	060224 06022	1 220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00	060224 06022	1 220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00	060224 06022	1 220224			37.07	22.00	0.00	22.00	9910		
81 87641	59	1 00	060224 06022	1 220224			37.07	15.07 22.00	0.00	22.00	0010		
01 0/041	39	1.00	000224 00022	220224			37.07	15.07	0.00	22.00	9910		
81 87651	59	1 00	060224 06022	1 220224			49.86	28.00	0.00	28.00	0010		
01 07031	3,7	1.00	000224 00022	1 220224			47.00	21.86	0.00	20.00	JJ10		
81 87798		8 00	060224 06022	1 220224			336.00	224.00	0.00	224.00	9918		
01 01170		0.00	000221 00022	1 220221			330.00	112.00	0.00	221.00	JJ±0		
								112.00	0.00				
NAME: MERLY L	OPEZ		RECIPIENT	D.: 530002366221	MRN:								
	50022082	I165662				052424	18.53	10.00		8.53	0.00	0.00	10.00
			SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81 87086		1.00	052424 05242				18.53	10.00	0.00				
								8.53	0.00				
NAME: MISTY L	OPEZ		RECIPIENT	D.: 530000124116	MRN:								
20241	50022092	I165438			040524	040524	825.21	542.00		283.21	0.00	0.00	486.00
			SERVICE DATE				BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID)BS	
81 87481	59	4.00	040524 04052	1 220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81 87640	59	1.00	040524 04052	1 220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87653	59	1.00	040524 04052	1 220224			37.07	22.00	0.00	22.00	9918		
0.1							4.50	15.07	0.00		0.01.0		
81 87798		11.00	040524 04052	1 220224			462.00	308.00	0.00	308.00	9918		
01 07641	F.0	1 00	040504 04050				20 00	154.00	0.00	00.00	0.01.0		
81 87641	59	1.00	040524 04052	1 220224			37.07	22.00	0.00	22.00	9918		
01 07700		0 00	040504 04050	1 220224			04.00	15.07	0.00	0 00	F000		
81 87798		2.00	040524 04052	± 22U224			84.00	56.00	0.00	0.00	5000		
								28.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
NAME:		RO LOPEZ-MUN 49020358	I1652152	: 530001067001	MRN: 020624	020624	899.12	586.03	COPAY	313.09	0.00	0.00	586.03
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 020624 020624	PROVIDER 220224			BILLED AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81	87498	59	1.00 020624 020624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 020624 020624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 020624 020624	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 020624 020624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 020624 020624	220224			37.07	22.00 15.07	0.00	22.00			
81	87651	59	1.00 020624 020624				49.86	28.00 21.86	0.00 0.00	28.00			
81	87798		8.00 020624 020624	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
NAME:	AMANDA			.: 530000749083	MRN: 052424	052424	110 00	20.00		00 00	0 00	0.00	20.00
	20241	58030388	I1664728 SERVICE DATES	RENDERING	052424	052424	118.00 BILLED	20.00 ALLOWED	COPAY	98.00	0.00	0.00	20.00
POS 81	PROC CD 87075	MODIFIERS	UNITS FROM THRU 1.00 052424 052424	PROVIDER 220224			AMOUNT 100.00	NON-AllOWED 9.00 91.00	TPL 0.00	PAID 9.00	DETAIL EOBS 9918		
81	87070		1.00 052424 052424	220224			18.00	11.00 7.00	0.00 0.00 0.00	11.00	9918		
NAME:	NOVA LO 20241	WE 49020366	I1652158	.: 530002102774	MRN: 051624	051624	18.00			3.00	0.00	0.00	15.00
	PROC CD 83655	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 051624 051624	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AlloWED 15.00 3.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918		
NAME:	ANNA LU 20241	CAS 49020374	RECIPIENT ID I1652159 SERVICE DATES		MRN: 051424	051424		35.00 ALLOWED	COPAY	528.12	0.00	263.81	35.00
		MODIFIERS 59		PROVIDER			AMOUNT 42.00	NON-AllOWED 5.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FODC	
81 87498 59					5.00 32.07	0.00		.00 9918 9		
81 87581 59	1.00 051424 051424 220224			42.00	5.00 37.00	0.00	5	.00 9918 9	936	
81 87633	1.00 051424 051424 220224			318.05	5.00 313.05	0.00	5	.00 9918 9	936	
81 87640	1.00 051424 051424 220224			37.07	5.00 32.07	0.00	5	.00 9918 9	936	
81 87641 59	1.00 051424 051424 220224			37.07	5.00 32.07	0.00	5	.00 9918 9	936	
81 87651 59	1.00 051424 051424 220224			49.86	5.00 44.86	0.00	5	.00 9918 9	936	
NAME: NITA LUSK	RECIPIENT ID.: 530002049889	MRN:								
2024155013803	I1659942	051524	051524		7.50		166.83	0.00	41.86	7.50
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING				ALLOWED		DATD	ד ג שמע	EODC	
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 051524 051524 220224			AMOUNT 174.33	NON-AllOWED 7.50	0.00		DETAII 50 9918 9		
01 00102	1.00 031321 031321 220221			171.55		0.00		.50))10)	<i>J J J J J J J J J J</i>	
NAME: SERENITY LYMON	RECIPIENT ID.: 530000201974	MRN:								
2024150022134	I1654401	052224	052224		4.00		9.50	0.00	0.00	4.00
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING			BILLED	ALLOWED		DATD		HODG	
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			AMOUNT 4.50	NON-AllOWED 0.00	TPL 0.00	PAID O	DETAII .00 3323	LUBS	
01 30413	1.00 032224 032224 220224			4.50	4.50	0.00	0	.00 3323		
81 85049	1.00 052224 052224 220224			9.00	4.00	0.00	4	.00 9918		
					5.00	0.00				
	RECIPIENT ID.: 530002425133									
2024150022144	I1654407	041124	041124		0.00		116.54	0.00	0.00	0.00
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 15.84	NON-AllOWED 0.00	TPL 0.00	PAID 0	DETAII 00 9918 9		
01 00033	1.00 041124 041124 220224			13.01	15.84	0.00	0	.00))10)	730	
81 82607	1.00 041124 041124 220224			22.00	0.00 22.00	0.00	0	.00 9918 9	936	
81 82728	1.00 041124 041124 220224			40.00	0.00 40.00	0.00	0	.00 9918 9	936	
81 84443	1.00 041124 041124 220224			25.20	0.00 25.20	0.00	0	.00 9918 9	936	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	THRII	AMOUNT	ALLOWED AMOUNT	NO ALL	OWED A	AMOUNT A	TPL MOUNT	PAID AMOUNT
POS PROC CD M 81 36415	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224				ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOE	3S	
81 85049		1.00 041124 041124	220224			9.00	0.00	0.00	0.00			
NAME: PEGGY MAD 2024155	DDOX 5013842	RECIPIENT ID.	: 530001951164	MRN: 052324	052324	174.33	116.22		58.11	0.00	0.00	116.22
POS PROC CD M 81 G0482	MODIFIERS	RECIPIENT ID. 11659944 SERVICE DATES UNITS FROM THRU 1.00 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOE 9918	3S	
NAME: ROGER MAD 2024150		RECIPIENT ID.		MRN: 052224	052224	174.33	116.22 ALLOWED	CODAY	58.11	0.00	0.00	116.22
POS PROC CD M 81 G0482	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 RECIPIENT ID. 11664733 SERVICE DATES UNITS FROM THRU 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324 1.00 060324 060324						\mathtt{TPL}	116.22	DETAIL EOE 9918	SS.	
NAME: AMY MALDO 2024158	ONADO 3030406	RECIPIENT ID.	: 500001185070	MRN: 060324	060324	940.32	518.00	CODIN	422.32	0.00	0.00	514.00
POS PROC CD M 81 87481 5	MODIFIERS 59	UNITS FROM THRU 1.00 060324 060324	PROVIDER 220224			AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00		PAID 28.00		SS	
81 87640 5	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 5	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798 5	59	11.00 060324 060324	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641 5	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798 5	59	2.00 060324 060324	220224			84.00	56.00 28.00	0.00	56.00	9918		
81 84156		1.00 060324 060324	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 82570		1.00 060324 060324	220224			8.00	6.00 2.00	0.00	6.00	9918		
81 83069		1.00 060324 060324	220224			8.00	4.00	0.00	4.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	DRAC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	84311	PIODITIEND		060324 060324				32.00	14.00 18.00	0.00	14.00		1015	
81	82010		1.00	060324 060324	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1.00	060324 060324	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	82247	59	1.00	060324 060324	220224			8.00	5.00 3.00	0.00	5.00	9918		
81	83986		1.00	060324 060324	220224			7.00	3.00 4.00	0.00	3.00	9918		
81	81007		2.00	060324 060324	220224			120.00	4.00 116.00	0.00 0.00	0.00	5900		
81	82043	QW	1.00	060324 060324	220224			7.58	6.00 1.58	0.00 0.00	6.00	9918		
81	87086		1.00	060324 060324	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:		A MANNING 56026960	I166245		.: 530000888140	MRN:	053024	208.36	132.93		75.43	0.00	0.00	132.93
	20211	30020900	1100243	SERVICE DATES	RENDERING	033024	033024	BILLED	ALLOWED	COPAY	73.43	0.00	0.00	132.93
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00	053024 053024				15.84	12.00 3.84	0.00	12.00	9918		
81	82306			053024 053024					29.00 15.00	0.00 0.00	29.00			
81	83540			053024 053024				9.71	7.00 2.71	0.00 0.00	7.00			
81	83550			053024 053024				13.11	10.00	0.00	10.00			
81	82728			053024 053024				40.00	13.00 27.00	0.00	13.00			
81	83036			053024 053024				14.00	12.00	0.00	12.00			
81	80061			053024 053024				20.00	6.00	0.00	14.00			
81	84443			053024 053024				25.20	22.93 2.27	0.00	22.93			
81	84439			053024 053024				13.00	9.00	0.00		9918		
81	36415		1.00	053024 053024	ZZUZZ 4			4.50	0.00 4.50	0.00	0.00	3323		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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1	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO. ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MOD 81 85049	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	PROVIDER			BILLED AMOUNT 9.00	ALLOWED NON-AlloWED 4.00 5.00		PAID 4.00		DBS	
NAME: HAYLEE MANS 202415501 POS PROC CD MOI 81 87498 59 81 87581 59 81 87633	13856 DIFIERS	RECIPIENT ID 11659949 SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	RENDERING PROVIDER 220224 220224	MRN: 052924	052924	565.12 BILLED AMOUNT 37.07 42.00	374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02			DETAIL EC 9918 9918		374.03
81 87798		4.00 052924 052924				168.00	112.00 56.00	0.00	112.00	9918		
NAME: DEBRA MAPLE 202415501 POS PROC CD MOI 81 G0482	ES 13887 DIFIERS	RECIPIENT ID I1659950 SERVICE DATES UNITS FROM THRU 1.00 052324 052324	RENDERING PROVIDER 220224	MRN: 052324	052324	174.33 BILLED AMOUNT 174.33		COPAY TPL				116.22
NAME: JOANNA MAQU 202415202 POS PROC CD MOD 81 87798	27163	RECIPIENT ID 11658524 SERVICE DATES UNITS FROM THRU 3.00 052824 052824	RENDERING	MRN: 052824	052824	476.36 BILLED AMOUNT 126.00	308.41 ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00		0.00 DETAIL EC		280.41
81 87491 59		1.00 052824 052824				49.86	28.00 21.86	0.00	0.00			
81 87511 59 81 87529 59		1.00 052824 052824 1.00 052824 052824				42.00 49.86	28.00 14.00 28.00	0.00 0.00 0.00	28.00			
81 87591 59		1.00 052824 052824				42.00	21.86 28.00	0.00	28.00			
81 87661 59		1.00 052824 052824	220224			32.30	14.00 21.53 10.77	0.00 0.00 0.00	21.53	9918		
81 80053		1.00 052824 052824	220224			15.84	12.00	0.00	12.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	OC CD MODIFIE	SERVICE DATES RS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	E∪DC	
	2306	1.00 052824 052824				44.00	29.00	0.00		9918	FOP2	
01 02	2300	1.00 052024 052024	220224			44.00	15.00	0.00	27.00	JJ±0		
81 87	7389	1.00 052824 052824	220224			36.00	23.88	0.00	23 88	9918		
01 07	1307	1.00 032021 032021	220221			30.00	12.12	0.00	23.00	2210		
81 83	3036	1.00 052824 052824	220224			14.00	12.00	0.00	12.00	9918		
0_ 00							2.00	0.00		2220		
81 80	0061	1.00 052824 052824	220224			20.00	14.00	0.00	14.00	9918		
			-				6.00	0.00				
81 36	5415	1.00 052824 052824	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NAME: JC	DANNA MAQUEDA	RECIPIENT II	D.: 530000638902	MRN:								
	2024155013909	I1659951		052824	052824	7.00	5.00		2.00	0.00	0.00	5.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
	OC CD MODIFIE					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 86	5592	1.00 052824 052824	220224			7.00	5.00	0.00	5.00	9918		
							2.00	0.00				
MAME. DE	מינות אואר דאי	OLD DESTRUCTI	D • E20000446270	MIDNT •								
	ELLA MARIN-TEP 2024158030442		D.: 530000446278	MRN: 060324	060324	175.52	107.93		67.59	0.00	0.00	107.93
	2024130030442	SERVICE DATES	RENDERING	000324	000324	BILLED	ALLOWED	COPAY	07.59	0.00	0.00	107.93
POS PRO	OC CD MODIFIE					AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EORS	
	2306	1.00 060324 060324				44.00	29.00	0.00		9918	ПОДО	
01 02		1.00 000321 000321	220221			11.00	15.00	0.00	27.00	J J I O		
81 83	3540	1.00 060324 060324	220224			9.71	7.00	0.00	7.00	9918		
							2.71	0.00				
81 83	3550	1.00 060324 060324	220224			13.11	10.00	0.00	10.00	9918		
							3.11	0.00				
81 82	2728	1.00 060324 060324	220224			40.00	13.00	0.00	13.00	9918		
							27.00	0.00				
81 83	3036	1.00 060324 060324	220224			14.00	12.00	0.00	12.00	9918		
							2.00	0.00				
81 84	1443	1.00 060324 060324	220224			25.20	22.93	0.00	22.93	9918		
	4.400		000004			10.00	2.27	0.00		0010		
81 84	1439	1.00 060324 060324	220224			13.00	9.00	0.00	9.00	9918		
01 05	-007	1 00 060304 060304	000004			10.00	4.00	0.00	F 00	0.01.0		
81 85	5027	1.00 060324 060324	ZZUZZ4			12.00	5.00	0.00	5.00	9918		
01 26	5/15	1.00 060324 060324	220224			<i>1</i> E0	7.00	0.00	0 00	2212		
81 36	5415	1.00 000324 000324	44U44 1			4.50	0.00 4.50	0.00 0.00	0.00	3323		
							Ŧ.JU	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: EZRA MARIN-TEPOLE 2024158030465	RECIPIENT ID.: 530002287417 11664738 SERVICE DATES RENDERING	MRN: 041924	041924	715.12 BILLED	ALLOWED	COPAY	297.48	0.00	0.00	417.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 041924 041924 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EC 9918)BS	
81 87498 59	1.00 041924 041924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041924 041924 220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633	1.00 041924 041924 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 041924 041924 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: PHILLIP MARION 2024155013921	RECIPIENT ID.: 530001097454 I1659952	MRN: 052924	052924	63.34	42.00		21.34	0.00	0.00	42.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EC 9918	BS	
81 83036	1.00 052924 052924 220224			14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81 80061	1.00 052924 052924 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415	1.00 052924 052924 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 052924 052924 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: PHILLIP MARION 2024156026980	RECIPIENT ID.: 530001097454 I1661169	MRN: 052924	052924	27.89			4.96	0.00	0.00	22.93
POS PROC CD MODIFIERS 81 84443	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL EC 9918	BS	
NAME: MICHAEL MARLER 2024149020389	RECIPIENT ID.: 530001972475 I1652171 SERVICE DATES RENDERING	MRN: 052024	052024		15.00 ALLOWED		30.00	0.00	0.00	15.00
	UNITS FROM THRU PROVIDER 1.00 052024 052024 220224			AMOUNT 45.00	NON-AllOWED	\mathtt{TPL}	PAID 15.00		BS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
NAME:		A MARSHELL L55013943	RECIPIENT ID I1659954 SERVICE DATES	:: 530001675063	MRN: 052924	052924	496.06 BILLED	333.46 ALLOWED	COPAY	162.60	0.00	0.00	305.46
POS 81	PROC CD 87798	MODIFIERS	UNITS FROM THRU 3.00 052924 052924	PROVIDER 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID 84.00	DETAIL EOB 9918	S	
81	87491	59	1.00 052924 052924	220224			49.86	42.00 28.00 21.86	0.00 0.00 0.00	0.00	5490		
81	87511	59	1.00 052924 052924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	1.00 052924 052924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87591	59	1.00 052924 052924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661	59	1.00 052924 052924	220224			32.30	21.53 10.77	0.00	21.53			
81	80053		1.00 052924 052924	220224			15.84	12.00	0.00	12.00			
81	82607		1.00 052924 052924	220224			22.00	17.00 5.00	0.00	17.00			
81	82306		1.00 052924 052924	220224			44.00	29.00 15.00	0.00	29.00			
81 81	83036 80061		1.00 052924 052924 1.00 052924 052924	220224			14.00 20.00	12.00 2.00 14.00	0.00 0.00 0.00	12.00 14.00			
81	84443		1.00 052924 052924				25.20	6.00 22.93	0.00	22.93			
81	84439		1.00 052924 052924				13.00	2.27 9.00	0.00		9918		
								4.00	0.00				
NAME:		GH MARTIN L49020401	I1652174	.: 530001150301	MRN: 122323	122323	1,098.98	657.64		441.34	0.00	0.00	657.64
POS 81	PROC CD 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 122323 122323	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL EOB 5001 9918	S	
81	87486	59	1.00 122323 122323	220224			42.00	106.39 28.00	0.00	28.00	9918		
81	87498	59	1.00 122323 122323	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
DOS .	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAII	. FORS		
81	87581	59		122323 122323	220224			42.00	28.00	0.00		9918	I EODS		
									14.00	0.00					
81	87633		1.00	122323 122323	220224			318.05	212.03	0.00	212.03	9918			
0.1	0.00		1 00	100202 100202	000004			25 25	106.02	0.00	00.00	0.01.0			
81	87640		1.00	122323 122323	220224			37.07	22.00	0.00	22.00	9918			
81	87641	59	1 00	122323 122323	220224			37.07	15.07 22.00	0.00	22 00	9918			
01	07041		1.00	122323 122323	220224			37.07	15.07	0.00	22.00	J J ± 0			
81	87651	59	1.00	122323 122323	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00	122323 122323	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
81	87651		1.00	122323 122323	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
NAME:	BDTT.FTC	H MARTIN		PECTDIENT ID	.: 530001150301	MRN:									
MAINE .		49020417	I165217		330001130301		010224	948.98	614.03		334.95	0.00	0 .	.00	614.03
	20211	17020117	1103217	SERVICE DATES	RENDERING	010221	010221	BILLED	ALLOWED	COPAY	331.73	0.00	٠.	00	011.03
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAII	LOBS		
81	87651		1.00	010224 010224	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87486	59	1.00	010224 010224	220224			42.00	28.00	0.00	28.00	9918			
0.1	07400	F.0	1 00	010004 010004	000004			27 07	14.00	0.00	00.00	0010			
81	87498	59	1.00	010224 010224	220224			37.07	22.00	0.00	22.00	9918			
81	87581	59	1 00	010224 010224	220224			42.00	15.07 28.00	0.00	28 00	9918			
01	07301	37	1.00	010221 010221	220221			12.00	14.00	0.00	20.00	J J ± 0			
81	87633		1.00	010224 010224	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	010224 010224	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	010224 010224	220224			37.07	22.00	0.00	22.00	9918			
0.1	07651	ΕO	1 00	010224 010224	220224			40.06	15.07	0.00	20 00	0010			
81	87651	59	1.00	010224 010224	220224			49.86	28.00 21.86	0.00	20.00	9918			
81	87798		8 00	010224 010224	220224			336.00	224.00	0.00	224.00	9918			
J <u> </u>	3		0.00	010221 010221				330.00	112.00	0.00	221.00	,, , ,			
										-					
NAME:	CAMRYN				.: 530001399667	MRN:									
	20241	.49020421	I165217	6		052224	052224	764.98	445.64		319.34	0.00	0.	.00	445.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266423
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EOB 9918	S	
81 87651		1.00 052224 052224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87498	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 052224 052224 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: CECILIA		RECIPIENT ID.: 50000284745		052224	174 22	116 22		EO 11	0.00	0 00	116 22
POS PROC CD 81 G0482	MODIFIERS	I1656647 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	052224	052224	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	58.11 PAID 116.22	0.00 DETAIL EOB 9918	0.00 S	116.22
NAME: ELECTRI 20241	A MARTIN 150022187	RECIPIENT ID.: 53000143749 I1654435		052324	177.35			44.42	0.00	0.00	132.93
POS PROC CD 81 83002	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 27.78	ALLOWED NON-AllOWED 21.00 6.78	COPAY TPL 0.00 0.00	PAID 21.00	DETAIL EOB 9918	S	
81 83001		1.00 052324 052324 220224			27.87	22.00 5.87	0.00	22.00	9918		
81 82670		1.00 052324 052324 220224			41.00	27.00 14.00	0.00	27.00	9918		
81 84403		1.00 052324 052324 220224			38.00	31.00 7.00	0.00	31.00	9918		
81 84443		1.00 052324 052324 220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439		1.00 052324 052324 220224			13.00	9.00 4.00	0.00		9918		
81 36415		1.00 052324 052324 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: ELECTRI 20241	A MARTIN 156026994	RECIPIENT ID.: 53000143749 I1662458		052324	95.00	56.00	1	39.00	0.00	0.00	56.00

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-271

LAKE ROAD	NPI ID	1598266421
L 35235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

ICN POS PROC CD MODIFIERS 81 84146 81 84402	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 57.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 24.00 33.00 32.00 6.00		OWED .	9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME: KIAN MARTIN 2024158030477 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001526555 I1664744 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	MRN: 060424 060424	49.86 BILLED AMOUNT 49.86	NON-AllOWED 28.00	COPAY TPL	21.86 PAID 28.00	DETAIL		28.00
NAME: ALIANA MARTINEZ 2024150022209 POS PROC CD MODIFIERS 81 80053 81 84481 81 86376 81 84436 59 81 36415 81 86800 81 84432 81 85049	RECIPIENT ID.: 530002100450 I1654431 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	MRN: 052324 052324	131.34 BILLED AMOUNT 15.84 24.00 21.00 10.00 4.50 23.00 24.00 9.00	86.00 ALLOWED NON-AllOWED 12.00 3.84 16.00 8.00 15.00 6.00 7.00 3.00 0.00 4.50 15.00 8.00 17.00 7.00 4.00 5.00	COPAY	16.00 15.00 7.00 0.00 15.00			86.00
NAME: STEVE MARTINEZ 2024155013979 POS PROC CD MODIFIERS 81 82977 81 80076	RECIPIENT ID.: 530000357553 11659960 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224	MRN: 052924 052924		15.00 ALLOWED NON-AllOWED 7.00 3.00 8.00 4.00					15.00

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

 ROAD
 NPI ID
 1598266421

 CHECK/EFT NUMBER
 083149459

 235-2718
 ISSUE DATE
 06/07/2024

		-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 364		DDIFIERS		RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EO	BS	
NAME: STEV 20 POS PROC 81 8562	0241560 CD MC)27007	RECIPIENT ID. 11661171 SERVICE DATES UNITS FROM THRU 1.00 052924 052924	RENDERING PROVIDER	MRN: 052924	052924	7.00 BILLED AMOUNT 7.00	NON-AllOWED 5.00	COPAY	PAID 5.00	0.00 DETAIL EO 9918	0.00 BS	5.00
NAME: LORI	ENA MAR		I1654438	.: 530000852994	MRN: 041124	041124		535.53		346.06	0.00	0.00	463.53
POS PROC 81 8779		ODIFIERS)		PROVIDER 220224			BILLED AMOUNT 378.00	ALLOWED NON-AllOWED 252.00 126.00	COPAY TPL 0.00 0.00	PAID 252.00		BS	
81 8748	81 59	9	2.00 041124 041124	220224			84.00	56.00 28.00	0.00	56.00			
81 8749			1.00 041124 041124				49.86	28.00 21.86	0.00		5490		
81 8753 81 8753			1.00 041124 041124 2.00 041124 041124				42.00 99.72	28.00 14.00 56.00	0.00 0.00 0.00	28.00 56.00			
81 8759			1.00 041124 041124				42.00	43.72 28.00	0.00	28.00			
81 876	53 59)	2.00 041124 041124	220224			74.14	14.00 44.00 30.14	0.00 0.00 0.00	0.00	5900		
81 8766		9	1.00 041124 041124				32.30	21.53 10.77	0.00	21.53			
81 8756 81 8764			1.00 041124 041124				42.50 37.07	0.00 42.50 22.00	0.00 0.00 0.00		4021		
OT 0/04	-10 33	,	1.00 041124 041124	22U22 1			37.07	15.07		22.00	99 ±0		
NAME: ASHA	ARIA MA 0241490		RECIPIENT ID. 11652178 SERVICE DATES		MRN: 050924	050924	168.00	20.00	CODAV	148.00	0.00	55.76	20.00
POS PROC 81 874				PROVIDER				NON-AllOWED	\mathtt{TPL}	20.00	DETAIL EO 9918 9936		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: TARA MASSEY 2024149020444	RECIPIENT ID.: 530001080342 I1652181 SERVICE DATES RENDERING	MRN: 051324 051324	258.14 BILLED	98.29 ALLOWED) COPAY	159.85	0.00	0.00	98.29
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 051324 051324 220224		AMOUNT 83.81	NON-AllOWED 48.93 34.88	TPL 0.00 0.00	PAID 48.93	DETAII 9918 9		
81 G0482	1.00 051324 051324 220224		174.33	49.36 124.97	0.00	49.36	9918 9	9936	
NAME: KACIE MATCHETT 2024158030490	RECIPIENT ID.: 530000806943	MRN: 060424 060424	1,543.73			572.20	0.00	0.00	899.53
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAII 9918	L EOBS	
81 87640 59	1.00 060424 060424 220224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653 59 81 87798 59	1.00 060424 060424 220224 11.00 060424 060424 220224		37.07 462.00	22.00 15.07 308.00	0.00 0.00 0.00	22.00 308.00			
81 87798 59	9.00 060424 060424 220224		378.00	154.00 252.00	0.00 0.00	252.00			
81 87481 59	4.00 060424 060424 220224		168.00	126.00 112.00 56.00	0.00 0.00 0.00	112.00			
81 87491 59 81 87511 59	1.00 060424 060424 220224 1.00 060424 060424 220224		49.86 42.00	28.00 21.86 28.00	0.00 0.00 0.00		5490 9918		
81 87529 59	2.00 060424 060424 220224		99.72	14.00 56.00 43.72	0.00 0.00 0.00	56.00	9918		
81 87591 59	1.00 060424 060424 220224		42.00	28.00 14.00	0.00		9918		
81 87653 59 81 87661 59	2.00 060424 060424 220224 1.00 060424 060424 220224		74.14 32.30	44.00 30.14 21.53	0.00 0.00 0.00		5900 9918		
81 87563	1.00 060424 060424 220224		42.50	10.77 0.00 42.50	0.00 0.00 0.00	0.00	4021		
81 87640 59	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC			'PL IOUNT	PAID AMOUNT
NAME: KIMBERLY MATHER 2024150022234	RECIPIENT ID.: 530001045581 I1654452 SERVICE DATES RENDERING	MRN: 052224 052224	97.04		3 COPAY	23.11	0.00	0.00	73.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918	}	
81 83036	1.00 052224 052224 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 80061	1.00 052224 052224 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 052224 052224 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 052224 052224 220224		13.00		0.00	9.00	9918		
81 85049	1.00 052224 052224 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: KIMBERLY MATHER 2024156027019	RECIPIENT ID.: 530001045581 I1661172 SERVICE DATES RENDERING	MRN: 053024 053024		63.00 ALLOWED) COPAY	29.00	0.00	0.00	63.00
POS PROC CD MODIFIERS 81 84481	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 24.00	NON-AllOWED 16.00	TPL 0.00	PAID 16.00	DETAIL EOBS 9918	}	
81 86376	1.00 053024 053024 220224		21.00	8.00 15.00 6.00	0.00 0.00 0.00	15.00	9918		
81 86800	1.00 053024 053024 220224		23.00		0.00	15.00	9918		
81 84432	1.00 053024 053024 220224		24.00	17.00 7.00	0.00	17.00	9918		
NAME: ALANA MATTHEWS 2024155013993	RECIPIENT ID.: 530002090399 11659968	MRN: 052924 052924	1,049.12			119.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	0.00	PAID 43.61	DETAIL EOBS 9918	}	
81 87486 59	1.00 052924 052924 220224		42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59	1.00 052924 052924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052924 052924 220224		42.00	28.00 14.00	0.00	28.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL AMOUNT	PAID AMOUNT
POS PROC CD M 81 87633	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00	PAID 212.03	DETAIL EOE 9918	3S	
81 87640		1.00 052924 052924	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641 5	59	1.00 052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 5	59	1.00 052924 052924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052924 052924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KARTER MA 2024158		I1664751	.: 530001496363	MRN: 042524	042524	715.12			297.48	0.00	0.00	417.64
POS PROC CD M	ODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOR	20	
	59	1.00 042524 042524	220224			37.07	22.00 15.07	0.00		9918	55	
81 87581 5	59	1.00 042524 042524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 042524 042524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 042524 042524	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87635		1.00 042524 042524	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: BRIAN MAY 2024152		RECIPIENT ID 11658537	.: 530000300004	MRN: 022624	022624	49.86	28.00	1	21.86	0.00	0.00	28.00
2021132	102717		RENDERING	022021	022021	BILLED	ALLOWED	COPAY	21.00	0.00	0.00	20.00
POS PROC CD M	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOR	3S	
81 87651		1.00 022624 022624	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME: CARLA MAY 2024156		RECIPIENT ID 11662463	.: 530001999067	MRN: 052924	052924	174.33	116.22	2	58.11	0.00	0.00	116.22
		SERVICE DATES	RENDERING	00-2	00222	BILLED	ALLOWED	COPAY	3312			
POS PROC CD M 81 G0482	MODIFIERS	UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	116.22	DETAIL EOF 9918	3S	
NAME: CAROLINA 2024158		RECIPIENT ID	.: 530000351971	MRN: 060424	060424	899.12	586.03	,	313.09	0.00	0.00	586.03
707 1 130	0000000	TT004/34		000424	000424	099.12	560.03	•	J±J•UJ	0.00	0.00	200.03

REPORT: CRA-PRPD-R RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM DROVIDED DEMITTANCE ADVICE

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

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DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	7	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS PROC	CD MODIFIER					AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 8748	36 59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81 8749	98 59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 8758	31 59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81 8763	33	1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918			
							106.02	0.00					
81 8764	10	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 8764	11 59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 8765	51 59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918			
							21.86	0.00					
81 8779	8	8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918			
							112.00	0.00					
NAME: TERE	ESA MAYNARD	RECIPIENT I	D.: 530000305214	MRN:									
0.0													
20	24158030557	I1664755		052324	052324	125.00	55.48		69.52	0.00	0	0.00	55.48
20	024158030557	I1664755 SERVICE DATES	RENDERING	052324	052324	125.00 BILLED	55.48 ALLOWED	COPAY	69.52	0.00	0	0.00	55.48
	024158030557 CD MODIFIER	SERVICE DATES	RENDERING PROVIDER	052324	052324				69.52 PAID	0.00 DETAIL		0.00	55.48
	CD MODIFIER	SERVICE DATES	PROVIDER	052324	052324	BILLED	ALLOWED	COPAY TPL 0.00	PAID	DETAIL		0.00	55.48
POS PROC	CD MODIFIER	SERVICE DATES S UNITS FROM THRU	PROVIDER	052324	052324	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		0.00	55.48
POS PROC 81 G048	CD MODIFIER 30	SERVICE DATES S UNITS FROM THRU 1.00 052324 052324	PROVIDER 220224		052324	BILLED AMOUNT	ALLOWED NON-AlloWED 55.48	COPAY TPL 0.00	PAID	DETAIL		0.00	55.48
POS PROC 81 G048 NAME: ELIZ	CD MODIFIER 30 AN MAYO	SERVICE DATES S UNITS FROM THRU 1.00 052324 052324 RECIPIENT I	PROVIDER	MRN:		BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL 0.00 0.00	PAID 55.48	DETAIL 9918	EOBS		
POS PROC 81 G048 NAME: ELIZ	CD MODIFIER 30	SERVICE DATES S UNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899	PROVIDER 220224 D.: 530002248075	MRN:	052324 060524	BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL 0.00 0.00	PAID 55.48	DETAIL	EOBS	0.00	55.48 629.64
POS PROC 81 G048 NAME: ELIZ 20	CD MODIFIER 30 AN MAYO)24159023127	SERVICE DATES S UNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899 SERVICE DATES	PROVIDER 220224 D.: 530002248075 RENDERING	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED	ALLOWED NON-AlloWED 55.48 69.52 629.64 ALLOWED	COPAY TPL 0.00 0.00	PAID 55.48 419.48	DETAIL 9918 0.00	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC	CD MODIFIER AN MAYO 024159023127 CD MODIFIER	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES SUNITS FROM THRU	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED	COPAY TPL 0.00 0.00 COPAY TPL	PAID 55.48 419.48 PAID	DETAIL 9918 0.00 DETAIL	EOBS		
POS PROC 81 G048 NAME: ELIZ 20	CD MODIFIER AN MAYO 024159023127 CD MODIFIER	SERVICE DATES S UNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899 SERVICE DATES	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61	COPAY TPL 0.00 0.00 COPAY TPL 0.00	PAID 55.48 419.48 PAID	DETAIL 9918 0.00	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763	CD MODIFIER AN MAYO 24159023127 CD MODIFIER 85	SERVICE DATES UNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00	PAID 55.48 419.48 PAID 43.61	DETAIL 9918 0.00 DETAIL 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC	CD MODIFIER AN MAYO 24159023127 CD MODIFIER 85	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES SUNITS FROM THRU	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61	DETAIL 9918 0.00 DETAIL	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748	CD MODIFIER 30 AN MAYO 024159023127 CD MODIFIER 35	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00	DETAIL 9918 0.00 DETAIL 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763	CD MODIFIER 30 AN MAYO 024159023127 CD MODIFIER 35	SERVICE DATES UNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00	DETAIL 9918 0.00 DETAIL 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748 81 8749	CD MODIFIER 30 AN MAYO 024159023127 CD MODIFIER 35 36 59 98 59	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00	DETAIL 9918 0.00 DETAIL 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748	CD MODIFIER 30 AN MAYO 024159023127 CD MODIFIER 35 36 59 98 59	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00	DETAIL 9918 0.00 DETAIL 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748 81 8748 81 8758	CD MODIFIER NAMAYO 24159023127 CD MODIFIER 55 6 59 98 59	SERVICE DATES UNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00 28.00	DETAIL 9918 0.00 DETAIL 9918 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748 81 8749	CD MODIFIER NAMAYO 24159023127 CD MODIFIER 55 6 59 98 59	SERVICE DATES SUNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00 212.03	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00	DETAIL 9918 0.00 DETAIL 9918 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIZ 20 POS PROC 81 8763 81 8748 81 8748 81 8758 81 8763	CD MODIFIER AN MAYO 024159023127 CD MODIFIER 35 36 59 98 59 31 59	SERVICE DATES UNITS FROM THRU 1.00 052324 052324 RECIPIENT II 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00 28.00 212.03	DETAIL 9918 0.00 DETAIL 9918 9918 9918 9918 9918	EOBS		
POS PROC 81 G048 NAME: ELIA 20 POS PROC 81 8763 81 8748 81 8748 81 8758	CD MODIFIER AN MAYO 024159023127 CD MODIFIER 35 36 59 98 59 31 59	SERVICE DATES UNITS FROM THRU 1.00 052324 052324 RECIPIENT I 11665899 SERVICE DATES UNITS FROM THRU 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524 1.00 060524 060524	PROVIDER 220224 D.: 530002248075 RENDERING PROVIDER 220224 220224 220224 220224 220224 220224	MRN:		BILLED AMOUNT 125.00 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	ALLOWED NON-AllOWED 55.48 69.52 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00 212.03	COPAY TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 55.48 419.48 PAID 43.61 28.00 22.00 28.00 212.03	DETAIL 9918 0.00 DETAIL 9918 9918 9918	EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

I	CN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT		NO: ALL		COPAY AMOUNT	TPL AMOUN	Т	PAID AMOUNT
POS PROC CD MOD 81 87641 59	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060524 060524	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS		
81 87651 59		1.00 060524 060524	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 87798		8.00 060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: ROOSEVELT M.	IAYS	RECIPIENT ID	.: 530002002916	MRN:									
202415002		I1654469		022924	022924		18.00		9.12	0.00		0.00	18.00
POS PROC CD MOD	AT ET ED C	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	דעהטעדד	EODC		
81 84550	OIFIERS	UNITS FROM THRU 1.00 022924 022924	220224			6.78	6.00 0.78	0.00		9918	FOBS		
81 80053		1.00 022924 022924	220224			15.84	12.00 3.84	0.00	12.00	9918			
81 36415		1.00 022924 022924	220224			4.50	0.00 4.50	0.00	0.00	3323			
NAME: ROOSEVELT M 202415002		RECIPIENT ID 11654471	.: 530002002916	MRN: 032824	032824	59.12	34.00		25.12	0.00		0.00	34.00
		SERVICE DATES				BILLED	ALLOWED	COPAY					
	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS		
81 84550		1.00 032824 032824	220224			6.78	6.00 0.78	0.00 0.00	6.00	9918			
81 80053		1.00 032824 032824	220224			15.84	12.00	0.00	12.00	9918			
81 82977		1.00 032824 032824	220224			10.00	3.84 7.00	0.00 0.00	7.00	9918			
							3.00	0.00					
81 82248		1.00 032824 032824	220224			15.00	5.00 10.00	0.00 0.00	5.00	9918			
81 84100		1.00 032824 032824	220224			7.00	4.00	0.00	4.00	9918			
81 36415		1.00 032824 032824	220224			4.50	3.00 0.00	0.00 0.00	0.00	3323			
01 30413		1.00 032024 032024	220224			4.50	4.50		0.00	3323			
NAME: MATILDA MCB		RECIPIENT ID	.: 530001359401										
202415002	22300	I1654477	DEMINED TMC	052324	052324		586.03 ALLOWED		313.09	0.00		0.00	586.03
POS PROC CD MOD 81 87486 59		SERVICE DATES UNITS FROM THRU 1.00 052324 052324	PROVIDER				NON-AllOWED	\mathtt{TPL}	PAID 28.00		EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS DE	ROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
	87498	59		052324 052324	220224			37.07	22.00	0.00		9918	EODS	
81 8	87581	59	1.00	052324 052324	220224			42.00	15.07 28.00	0.00	28.00	9918		
									14.00	0.00				
81 8	87633		1.00	052324 052324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8	87640		1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87641	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
81 8	87651	59	1.00	052324 052324	220224			49.86	15.07 28.00	0.00	28.00	9918		
	87798			052324 052324				336.00	21.86	0.00				
81 8	01190		0.00	052324 052324	220224			330.00	224.00 112.00	0.00	224.00	9910		
NAME: E	FLYNN M	CCAIG		RECIPIENT ID	.: 530002300888	MRN:								
		57011558	I166334	5		060324	060324		586.03		313.09	0.00	0.00	586.03
DOG DI		MODIFIED	IINITEG	SERVICE DATES				BILLED	ALLOWED	COPAY	DATD	DEMATE	HODG	
81 8	ROC CD	MODIFIERS 59		FROM THRU 060324	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL 9918	FORS	
OT (0/400	39	1.00	000324 000324					14.00	0.00	28.00	9910		
81 8	87498	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87581	59	1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
81 8	87633		1.00	060324 060324	220224			318.05	14.00 212.03	0.00	212.03	9918		
									106.02	0.00				
81 8	87640		1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87641	59	1.00	060324 060324	220224			37.07	22.00	0.00	22.00	9918		
81 8	87651	59	1.00	060324 060324	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 8	87798		8 00	060324 060324	220224			336.00	21.86 224.00	0.00	224.00	9918		
01	01150		0.00	000321 000321	220221			330.00	112.00	0.00	221.00	7710		
NAME: F					.: 530002303084	MRN:								
	20241	52027186	I165854			052824	052824		629.64		419.48	0.00	0.00	629.64
מת פחם	BUG GD	MODIFIERS	UNITS	SERVICE DATES	RENDERING PROVIDER			BILLED	ALLOWED NON-AllowED	COPAY	PAID	ד גיה בע	FORS	
		59		052824 052824				42.00	28.00	0.00	28.00	9918	CODS	
									14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
D00 DD	DOG	MODIFIED	TINTE	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			N.G.	
POS PR		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	35	
81 8	87498	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
01 0	07501	го	1 00	050004 050004	220224			40.00	15.07	0.00	20 00	0.01.0		
81 8	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
01 0	87633		1 00	053034 053034	220224			210 05	14.00	0.00	212 02	0.01.0		
81 8	0/033		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9910		
01 0	87640		1 00	063034 063034	220224			37.07	106.02	0.00	22 00	0010		
81 8	6/040		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9910		
01 0	07641	59	1 00	053034 053034	220224			37.07	15.07	0.00	22 00	0.01.0		
81 8	87641	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9910		
01 0	87651	59	1 00	063034 063034	220224			49.86	15.07 28.00	0.00	28.00	0010		
81 8	0/031	39	1.00	052824 052824	220224			49.00	21.86	0.00	20.00	9910		
81 8	87798		0 00	063034 063034	220224			336.00	224.00	0.00	224.00	0010		
01 0	01190		0.00	052824 052824	220224			330.00	112.00	0.00	224.00	9910		
81 8	07625		1 00	063034 063034	220224			150.00		0.00	43.61	0010		
01 0	87635		1.00	052824 052824	220224			150.00	43.61 106.39	0.00	43.01	9910		
									100.39	0.00				
NAME: D	DEMONGH.	A MCCLENDON		סקפדסדקאיי דה	.: 530001859261	MRN:								
IVAIIII • D		50022310	I165666		. • 550001055201	052024	052024	299.33	172.09		127.24	0.00	0.00	172.09
	20211	30022310	1103000	SERVICE DATES	RENDERING	052021	052021	BILLED	ALLOWED	COPAY	127.21	0.00	0.00	172.00
POS PR	ROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	RS.	
	80307	HODII IIKO		052024 052024	220224			125.00	55.87	0.00	55.87			
01 0	30307		1.00	032021 032021	220221			123.00	69.13	0.00	33.07	J J I O		
81 G	G0482		1 00	052024 052024	220224			174.33	116.22	0.00	116.22	9918		
01	00102		1.00	002021 002021				1,1,00	58.11	0.00	110.22	J J I O		
									30.11	0.00				
NAME: M	MCKENZI	E MCCOLLUM		RECIPIENT ID	.: 530001478487	MRN:								
		58030569	I166476			042424	042424	101.54	73.93		27.61	0.00	0.00	73.93
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PR	ROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	3S	
	80053			042424 042424	220224			15.84	12.00	0.00	12.00			
									3.84	0.00				
81 8	83036		1.00	042424 042424	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81 8	80061		1.00	042424 042424	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81 8	84443		1.00	042424 042424	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
81 8	84439		1.00	042424 042424	220224			13.00	9.00	0.00	9.00	9918		
									4.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 042424 042424 220224		AMOUNT 4.50	NON-AllOWED 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS		
81 85049	1.00 042424 042424 220224		9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
NAME: SAMUEL MCCONNELL	RECIPIENT ID.: 53000166097								
2024152027201	I1658543 SERVICE DATES RENDERING	022824 022824	222.58 BILLED	50.00 ALLOWED	COPAY	172.58	0.00	0.00	46.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 84156	1.00 022824 022824 220224		8.00	4.00 4.00	0.00		9918		
81 82570	1.00 022824 022824 220224		8.00	6.00 2.00	0.00	6.00	9918		
81 83069	1.00 022824 022824 220224		8.00	4.00 4.00	0.00	4.00	9918		
81 84311	2.00 022824 022824 220224		32.00	14.00 18.00	0.00	14.00	9918		
81 82010	1.00 022824 022824 220224		16.00	0.00 16.00	0.00	0.00	4524		
81 82945	1.00 022824 022824 220224		8.00	4.00 4.00	0.00	4.00	9918		
81 82247 59	1.00 022824 022824 220224		8.00	5.00 3.00	0.00	5.00	9918		
81 83986	1.00 022824 022824 220224		7.00	3.00 4.00	0.00	3.00	9918		
81 81007	2.00 022824 022824 220224		120.00	4.00 116.00	0.00		5900		
81 82043 QW	1.00 022824 022824 220224		7.58	6.00 1.58	0.00	6.00	9918		
NAME: WALKER MCCORMACK	RECIPIENT ID.: 53000230133								
2024159023144	I1665902	060524 060524	565.12	374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87498 59	1.00 060524 060524 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 060524 060524 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060524 060524 220224		318.05	212.03 106.02	0.00	212.03	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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ICN POS PROC CD MODIFIERS 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 060524 060524 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 168.00	NON-AllOWED 112.00	NC ALI COPAY TPL 0.00 0.00	LOWED A PAID 112.00	AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
2024158030577 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001948203 I1664764 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	MRN: 052124 052124		ALLOWED NON-AlloWED 55.48	COPAY TPL	PAID 55.48	0.00 DETAIL EOBS 9918	0.00	55.48
NAME: DENIM MCCOVERY 2024157011599 POS PROC CD MODIFIERS 59 81 87486 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530001678008 I1663348 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224 1.00 060324 060324 220224 1.00 060324 060324 220224 1.00 060324 060324 220224 1.00 060324 060324 220224 2.00 060324 060324 220224 3.00 060324 060324 220224 3.00 060324 060324 220224 3.00 060324 060324 220224 3.00 060324 060324 220224	MRN: 060324 060324	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00 112.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID	9918 9918 9918 9918 9918 9918		586.03
NAME: LAYNE MCCOWN 2024158030594 POS PROC CD MODIFIERS 81 87633 81 87498	RECIPIENT ID.: 530002435358 I1664765 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	1,009.85 BILLED AMOUNT 318.05 318.05		COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 212.03	DETAIL EOBS 9918 5000		375.07

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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	ICN	PAT ACCT NO. SERVICE DATES RENDER		DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	JOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	UNITS FROM THRU PROVID 1.00 060424 060424 220224			AMOUNT 81.38	NON-AllOWED 48.29 33.09	TPL 0.00 0.00	PAID 48.29	DETAIL E 9918	EOBS	
81 87634	59	1.00 060424 060424 220224			105.30	49.14 56.16	0.00	49.14	9918		
81 87635		1.00 060424 060424 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: RAELYNN I		RECIPIENT ID.: 5300		052124	E 45 10	205 64		241 40	0 00	0.00	205 64
202415	6027077	I1662476 SERVICE DATES RENDER		053124	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS PROC CD I	MODIFIERS	UNITS FROM THRU PROVID			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
81 87635		1.00 053124 053124 220224			150.00	43.61 106.39	0.00		9918		
81 87498	59	1.00 053124 053124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 053124 053124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 053124 053124 220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: MARCUS M		RECIPIENT ID.: 5300		050004	62.24	40.00		01 04	0.00	0.00	40.00
202415	2027217	I1658546 SERVICE DATES RENDER	052824 TNG	052824	63.34 BILLED	42.00 ALLOWED	COPAY	21.34	0.00	0.00	42.00
POS PROC CD I	MODIFIERS	UNITS FROM THRU PROVID			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
81 80053		1.00 052824 052824 220224			15.84	12.00 3.84	0.00	12.00	9918		
81 83036		1.00 052824 052824 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 052824 052824 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 052824 052824 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 052824 052824 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: MARCUS M	CCROSKEY	RECIPIENT ID.: 5300	01022033 MRN:								
		I1659983		052824		22.93		4.96	0.00	0.00	22.93
POS PROC CD 1 81 84443		SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 052824 052824 220224	ER			ALLOWED NON-AllOWED 22.93 4.96	TPL	PAID 22.93		EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN		PAID AMOUNT
POS PRO	20241	PHER MCCULLO 50022324 MODIFIERS	OUGH RECIPIENT ID 11654499 SERVICE DATES UNITS FROM THRU 1.00 052124 052124	: 530000916047 RENDERING PROVIDER 220224	MRN: 052124	052124	258.14 BILLED AMOUNT 83.81	172.09 ALLOWED NON-AlloWED 55.87	COPAY TPL 0.00	86.05 PAID 55.87	0.00 DETAIL 9918	EOBS	0.00	172.09
81 G	0482		1.00 052124 052124	220224			174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22	9918			
NAME: MA		MCCURDY 58030616	I1664767	.: 530001849132	MRN: 060324	060324	1,049.12			419.48	0.00		0.00	629.64
POS PRO 81 8	OC CD 7486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS		
81 8	7498	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918			
	7581	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00				
	7633		1.00 060324 060324	220224			318.05	212.03 106.02	0.00	212.03				
	7640	F.0	1.00 060324 060324	220224			37.07	22.00 15.07	0.00	22.00				
	7641	59 59	1.00 060324 060324 1.00 060324 060324	220224			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00				
	7798	39	8.00 060324 060324				336.00	21.86 224.00	0.00	224.00				
	7635		1.00 060324 060324				150.00	112.00 43.61 106.39	0.00 0.00 0.00	43.61				
NAME: N		MCDANIEL 49020469	RECIPIENT ID	.: 530000702494	MRN: 052124	052124	1,049.12	629.64		419.48	0.00		0.00	629.64
POS PRO 81 8	OC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052124 052124	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS		
81 8	7486	59	1.00 052124 052124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8	7498	59	1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	I P <i>I</i>	AT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO: ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIF	TERS III	IITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
81 87581 59	1210 01	1.00 052124 052124	220224			42.00	28.00	0.00		9918		
81 87633		1.00 052124 052124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 052124 052124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 052124 052124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052124 052124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: TASHA MCDANIE 20241550140		RECIPIENT ID	.: 530000677827	MRN: 052924	052924	203.57	146.81		56.76	0.00	0.00	146.81
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIF	'IERS UN	IITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 83001		1.00 052924 052924	220224			27.87	22.00 5.87	0.00		9918		
81 82670		1.00 052924 052924	220224			41.00	27.00 14.00	0.00	27.00	9918		
81 84144		1.00 052924 052924	220224			31.00	20.00 11.00	0.00 0.00	20.00	9918		
81 87389		1.00 052924 052924	220224			36.00	23.88 12.12	0.00 0.00	23.88	9918		
81 84403		1.00 052924 052924	220224			38.00	31.00 7.00	0.00 0.00	31.00	9918		
81 84443		1.00 052924 052924	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 36415		1.00 052924 052924	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: TASHA MCDANIE			.: 530000677827	MRN:	050004	00.00	<i>c</i> 1 00		01 00	0.00	0.00	61.00
20241590231	.56 11	.665903 SERVICE DATES	RENDERING	052924	052924		61.00 ALLOWED	COPAY	21.00	0.00	0.00	61.00
POS PROC CD MODIF	'IERS UN		PROVIDER			AMOUNT			PAID	DETAIL EC	BS	
81 82627		1.00 052924 052924				33.00	28.00	0.00	28.00			
81 86592		1.00 052924 052924	220224			7.00	5.00 2.00	0.00	5.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 86706	UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		AMOUNT 21.00	NON-AllowED		PAID 12.00		BS	
81 86803	1.00 052924 052924 220224		21.00		0.00	16.00	9918		
NAME: MASHEA MCDEARMOND 2024150022339	RECIPIENT ID.: 530000191998 I1654505		397.12	262.03		135.09	0.00	0.00	262.03
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		BILLED AMOUNT 37.07	NON-AllowED	COPAY TPL 0.00 0.00	PAID 22.00		BS	
81 87581 59	1.00 052324 052324 220224		42.00		0.00	28.00	9918		
81 87633	1.00 052324 052324 220224		318.05		0.00	212.03	9918		
NAME: BRITTANY MCDONALD 2024155014067	RECIPIENT ID.: 530001558018 I1659987 SERVICE DATES RENDERING		174.33 BILLED		COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		AMOUNT 174.33			PAID 116.22		BS	
NAME: KINGSTON MCDONALD	RECIPIENT ID.: 530002122787 I1664770		000 10	586.03		212 00	0.00	0.00	F0C 02
2024158030639	SERVICE DATES RENDERING	060424 060424	BILLED	ALLOWED	COPAY				586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		AMOUNT 42.00		TPL 0.00 0.00	PAID 28.00		BS	
81 87498 59	1.00 060424 060424 220224		37.07		0.00	22.00	9918		
81 87581 59	1.00 060424 060424 220224		42.00		0.00	28.00	9918		
81 87633	1.00 060424 060424 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 060424 060424 220224		49.86	28.00 21.86	0.00	28.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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	PROC CD 87798	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 8.00 060424 060424	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 336.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00	COPAY TPL		DETAIL EO	TPL AMOUNT BS	PAID AMOUNT
01	01190		8.00 000424 000424	220224			330.00	112.00	0.00	224.00	9910		
NAME:	RIVER M 20241	CDONALD 58030659	RECIPIENT ID	.: 530002290742	MRN: 060424	060424	899.12	586.03		313.09	0.00	0.00	586.03
DOC	DDOG GD	MODIETEDO	SERVICE DATES	RENDERING			BILLED		COPAY	ח א א די		an c	
	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EO 9918	5B2	
81	87498	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 060424 060424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 060424 060424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	SARAH M	CDONALD	RECIPIENT ID	.: 530000365004	MRN:								
	20241	50022364	I1654511 SERVICE DATES	RENDERING	052224	052224	59.84 BILLED	34.00 ALLOWED	COPAY	25.84	0.00	0.00	34.00
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	BS	
81	80053		1.00 052224 052224	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	86677		1.00 052224 052224	220224			35.00	18.00 17.00	0.00	18.00	9918		
81	85049		1.00 052224 052224	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:		A MCDONALD 50022382	RECIPIENT ID	.: 530001380774	MRN: 052224	052224	174 22	116.22		58.11	0 00	0.00	116.22
			SERVICE DATES		002227	00222	BILLED	ALLOWED	COPAY				110.22
	PROC CD G0482	MODIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 174.33			PAID 116.22	DETAIL EO 9918	BS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	KYSEN M 20241	MCDOWELL L57011617	RECIPIENT I I1663352 SERVICE DATES	D.: 530002140101 RENDERING	MRN: 060324	060324	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 060324 060324				42.00	28.00	0.00	28.00		2020	
0_	0,100							14.00	0.00		2220		
81	87498	59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 060324 060324	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	F 0	1 00 060304 060304	22224			27 07	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 060324 060324	220224			49.86	15.07 28.00	0.00	28.00	0010		
0.1	0/031	59	1.00 000324 000324	220224			49.00	21.86	0.00	20.00	9910		
81	87798		8.00 060324 060324	220224			336.00	224.00	0.00	224.00	9918		
0_	020		0.00 000000					112.00	0.00		2220		
NAME:		MCGLAURIN		D.: 530001461897	MRN:								
	20241	L56027083	I1662480		060224	060224	1,543.73	971.53		572.20	0.00	0.00	899.53
			SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87481	59	1.00 060224 060224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87640	59	1.00 060224 060224	220224			37.07	22.00	0.00	22.00	9918		
01	07010	33	1.00 000221 000221	220221			37.07	15.07	0.00	22.00	7710		
81	87653	59	1.00 060224 060224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798	59	11.00 060224 060224	220224			462.00	308.00	0.00	308.00	9918		
								154.00	0.00				
81	87798	59	9.00 060224 060224	220224			378.00	252.00	0.00	252.00	9918		
								126.00	0.00				
81	87481	59	4.00 060224 060224	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87491	59	1.00 060224 060224	220224			49.86	28.00	0.00	0.00	5490		
0.1	00511	F.O.	1 00 060004 060004	000004			40.00	21.86	0.00	00.00	0.01.0		
81	87511	59	1.00 060224 060224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 060224 060224 220224			BILLED AMOUNT 99.72	ALLOWED NON-AlloWED 56.00	COPAY TPL 0.00	PAID	DETAIL EOBS		
81 87591	59	1.00 060224 060224 220224			42.00	43.72 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87653	59	2.00 060224 060224 220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661	59	1.00 060224 060224 220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87563		1.00 060224 060224 220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640	59	1.00 060224 060224 220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: ANNA LEE 202415	MCINTYRE 0022409	RECIPIENT ID.: 5300004249 11654531 SERVICE DATES RENDERING		052224	15.00 BILLED	6.00	COPAY	9.00	0.00	0.00	6.00
POS PROC CD 81 84703		UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			AMOUNT 15.00	NON-Allowed 6.00 9.00	TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: KATHY MC 202415	KENZIE 6027106	RECIPIENT ID.: 5300020593 11661183 SERVICE DATES RENDERING		053024	704.14 BILLED	464.00 ALLOWED	COPAY	240.14	0.00	0.00	464.00
	MODIFIERS 59	UNITS FROM THRU PROVIDER 4.00 053024 053024 220224			AMOUNT 168.00	NON-Allowed 112.00 56.00	TPL 0.00 0.00	PAID 112.00			
81 87640	59	1.00 053024 053024 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 053024 053024 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 053024 053024 220224			462.00	308.00 154.00	0.00	308.00	9918		
	6027127	SERVICE DATES RENDERING		053024	BILLED		COPAY		0.00		10.00
POS PROC CD 81 87086	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918		
NAME: MICHAEL 202415	MCKINLEY 6027130	RECIPIENT ID.: 5300024245 I1662484		052324	1,049.12	629.64		419.48	0.00	0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		OPAY MOUNT	TPL AMOUNT	PA AMO	
					E DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87635		1.00	052324	052324	220224			150.00	43.61	0.00	43.61	9918			
0.1	07406	ГО	1 00	050204	050204	000004			40.00	106.39	0.00	20.00	0010			
81	87486	59	1.00	052324	052324	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918			
81	87498	59	1 00	052324	052224	220224			37.07	22.00	0.00	22.00	0010			
0.1	0/490	39	1.00	032324	032324	220224			37.07	15.07	0.00	22.00	9910			
81	87581	59	1 00	052324	052324	220224			42.00	28.00	0.00	28.00	9918			
01	07301	37	1.00	052521	032321	220221			12.00	14.00	0.00	20.00	JJ±0			
81	87633		1.00	052324	052324	220224			318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81	87640		1.00	052324	052324	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87641	59	1.00	052324	052324	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87651	59	1.00	052324	052324	220224			49.86	28.00	0.00	28.00	9918			
										21.86	0.00					
81	87798		8.00	052324	052324	220224			336.00	224.00	0.00	224.00	9918			
										112.00	0.00					
NT 7\ N/TT. •	Cubbity y	TTE MOZTATATEM		DECTI	חד שואשדם	· F20001063333	MIDNT •									
NAME:		NIE MCKINNEY	T166240		PIENT ID	.: 530001862333	MRN:	052124	210 04	155 02		62 11	0 00	0 (0	155 02
NAME:		NIE MCKINNEY L56027151	I166248	5				053124	218.04			62.11	0.00	0.0	0	155.93
	20241	156027151		5 SERVICE	E DATES	RENDERING		053124	BILLED	ALLOWED	COPAY				0	155.93
POS	20241 PROC CD		UNITS	5 SERVICE FROM	E DATES THRU	RENDERING PROVIDER		053124	BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL		0	155.93
	20241	156027151	UNITS	5 SERVICE	E DATES THRU	RENDERING		053124	BILLED	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00		DETAIL		0	155.93
POS 81	20241 PROC CD 80053	156027151	UNITS 1.00	5 SERVICE FROM 053124	E DATES THRU 053124	RENDERING PROVIDER 220224		053124	BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918		0	155.93
POS	20241 PROC CD	156027151	UNITS 1.00	5 SERVICE FROM	E DATES THRU 053124	RENDERING PROVIDER		053124	BILLED AMOUNT	ALLOWED NON-AllOWED 12.00 3.84 4.00	COPAY TPL 0.00 0.00 0.00	PAID	DETAIL 9918		0	155.93
POS 81	20241 PROC CD 80053	156027151	UNITS 1.00 1.00	5 SERVICE FROM 053124 053124	E DATES THRU 053124	RENDERING PROVIDER 220224 220224		053124	BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918 9918		0	155.93
POS 81	20241 PROC CD 80053 85049	156027151	UNITS 1.00 1.00	5 SERVICE FROM 053124 053124	E DATES THRU 053124 053124	RENDERING PROVIDER 220224 220224		053124	BILLED AMOUNT 15.84 9.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 12.00 4.00	DETAIL 9918 9918		0	155.93
POS 81	20241 PROC CD 80053 85049	156027151	UNITS 1.00 1.00	5 SERVICE FROM 053124 053124 053124	E DATES THRU 053124 053124	RENDERING PROVIDER 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 12.00 4.00	DETAIL 9918 9918 9918		0	155.93
POS 81 81 81	20241 PROC CD 80053 85049 82607 82746	156027151	UNITS 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124	E DATES THRU 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 12.00 4.00 17.00 13.00	DETAIL 9918 9918 9918 9918		0	155.93
POS 81 81	20241 PROC CD 80053 85049 82607	156027151	UNITS 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124	E DATES THRU 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00	DETAIL 9918 9918 9918 9918		0	155.93
POS 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306	156027151	UNITS 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00	DETAIL 9918 9918 9918 9918		0	155.93
POS 81 81 81	20241 PROC CD 80053 85049 82607 82746	156027151	UNITS 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124	E DATES THRU 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00	DETAIL 9918 9918 9918 9918		0	155.93
POS 81 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306 84481	156027151	UNITS 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00 24.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00 16.00	DETAIL 9918 9918 9918 9918 9918		0	155.93
POS 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306	156027151	UNITS 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00 12.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00	DETAIL 9918 9918 9918 9918 9918		0	155.93
POS 81 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306 84481 83036	156027151	UNITS 1.00 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00 24.00 14.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00 12.00 2.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00 16.00 12.00	DETAIL 9918 9918 9918 9918 9918 9918		0	155.93
POS 81 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306 84481	156027151	UNITS 1.00 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00 24.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00 12.00 2.00 22.93	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00 16.00	DETAIL 9918 9918 9918 9918 9918 9918		0	155.93
POS 81 81 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306 84481 83036 84443	156027151	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00 24.00 14.00 25.20	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00 12.00 2.00 22.93 2.27	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 12.00 4.00 17.00 13.00 29.00 16.00 12.00 22.93	DETAIL 9918 9918 9918 9918 9918 9918 9918		0	155.93
POS 81 81 81 81 81	20241 PROC CD 80053 85049 82607 82746 82306 84481 83036	156027151	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	5 SERVICE FROM 053124 053124 053124 053124 053124 053124 053124	E DATES THRU 053124 053124 053124 053124 053124 053124	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		053124	BILLED AMOUNT 15.84 9.00 22.00 22.00 44.00 24.00 14.00	ALLOWED NON-AllOWED 12.00 3.84 4.00 5.00 17.00 5.00 13.00 9.00 29.00 15.00 16.00 8.00 12.00 2.00 22.93	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 4.00 17.00 13.00 29.00 16.00 12.00 22.93	DETAIL 9918 9918 9918 9918 9918 9918		0	155.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

327

ICN POS PROC CD MODIFIERS 81 83540 81 80061	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 9.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 7.00 2.00 14.00	NOT ALL COPAY TPL 0.00 0.00 0.00	OWED A	AMOUNT AM DETAIL EOBS 9918	PL OUNT	PAID AMOUNT
01 00001	1.00 033121 033121 220221		20.00	6.00	0.00	11.00	JJ10		
NAME: SAIGE MCLAURIN 2024149020480	RECIPIENT ID.: 530000393801 I1652200	MRN: 022024 022024	243.36	188.10		55.26	0.00	0.00	188.10
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS		
81 82306	1.00 022024 022024 220224		44.00	29.00 15.00	0.00	29.00	9918		
81 83002	1.00 022024 022024 220224		27.78	21.00 6.78	0.00	21.00	9918		
81 83001	1.00 022024 022024 220224		27.87	22.00 5.87	0.00	22.00	9918		
81 84403	1.00 022024 022024 220224		38.00	31.00 7.00	0.00	31.00	9918		
81 80061	1.00 022024 022024 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 022024 022024 220224		25.20	22.93 2.27	0.00 0.00	22.93			
81 84439	1.00 022024 022024 220224		13.00	9.00 4.00	0.00		9918		
81 36415	1.00 022024 022024 220224		4.50	0.00 4.50	0.00 0.00		3323		
81 83498	1.00 022024 022024 220224		27.17	27.17 0.00	0.00	27.17			
NAME: ESTHER MCMILLAN 2024159023173	RECIPIENT ID.: 530002102654	MRN: 050224 050224	92.02	68.93		23.09	0.00	0.00	68.93
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 82306	UNITS FROM THRU PROVIDER 1.00 050224 050224 220224		AMOUNT 44.00	NON-AllOWED 29.00 15.00	TPL 0.00 0.00	PAID 29.00	DETAIL EOBS 9918		
81 83540	1.00 050224 050224 220224		9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 050224 050224 220224		13.11	10.00	0.00	10.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUN	ויחי	PAID AMOUNT
POS PRO		MODIFIERS		SERVICE DATES FROM THRU 050224 050224	RENDERING PROVIDER 220224	11011	11110	BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93 2.27	COPAY TPL	PAID 22.93	DETAIL			THOON
NAME: B		Y MCMILLIAN 59023190	I166590		.: 530001386776	MRN: 060524	060524	208.16	133.53	1	74.63	0.00		0.00	105.53
POS PRO 81 8	OC CD	MODIFIERS	UNITS 1.00		RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL	EOBS		
81 8	7491	59	1.00	060524 060524	220224			49.86	28.00 21.86	0.00	0.00	5490			
81 8'	7511	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8'	7591	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8	7661		1.00	060524 060524	220224			32.30	21.53 10.77	0.00	21.53	9918			
NAME: A					.: 530002110786	MRN:	053104	1 010 65	700 00		410 61	0.00		0.00	700 06
	20241	56027191	I166249		RENDERING	053124	053124	1,218.67 BILLED	799.06 ALLOWED	COPAY	419.61	0.00		0.00	799.06
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 8'	7486	59	1.00	053124 053124	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918			
81 8'	7498	59	1.00	053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8'	7581	59	1.00	053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8'	7633		1.00	053124 053124	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 8'	7640		1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918			
81 8'	7641	59	1.00	053124 053124	220224			37.07	15.07 22.00	0.00	22.00	9918			
81 8'	7651	59	1.00	053124 053124	220224			49.86	15.07 28.00	0.00	28.00	9918			
81 8'	7798		8.00	053124 053124	220224			336.00	21.86 224.00	0.00	224.00	9918			
81 8	7507		1.00	053124 053124	220224			319.55	112.00 213.03 106.52	0.00 0.00 0.00	213.03	9918			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	AVIANA 20241	MCVAY L56027204	RECIPIENT ID I1662493 SERVICE DATES	RENDERING	MRN: 053124	053124	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00			
								14.00	0.00				
81	87498	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 053124 053124	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 053124 053124	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 053124 053124	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:		IA MEHERG).: 530000493529	MRN:	0=0101	1 = 60 06	201 50					
	20241	L56027215	I1662499		053124	053124	1,562.26	981.53		580.73	0.00	0.00	909.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87481	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07640	F 0	1 00 053104 053104	000004			27 07	14.00	0.00	00.00	0010		
81	87640	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07653	го	1 00 053134 053134	220224			27 07	15.07	0.00	22.00	0010		
81	87653	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9910		
81	87798	59	11.00 053124 053124	220224			462.00	15.07 308.00	0.00	200 00	0010		
0.1	01190	39	11.00 053124 053124	220224			402.00	154.00	0.00	308.00	9910		
81	87798	59	9.00 053124 053124	220224			378.00	252.00	0.00	252.00	0010		
0.1	01190	59	9.00 033124 033124	220224			370.00	126.00	0.00	232.00	9910		
81	87481	59	4.00 053124 053124	220224			168.00	112.00	0.00	112.00	0010		
ОŢ	0/401	J)	4.00 000124 000124	77071			100.00	56.00	0.00	112.00	J J ± 0		
81	87491	59	1.00 053124 053124	220224			49.86	28.00	0.00	0 00	5490		
01	0/4/1		1.00 000124 000124	77077			±2.00	21.86	0.00	0.00	J 1 70		
81	87511	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
01	0,211		1.00 000124 000124	220221			12.00	14.00	0.00	20.00	J J ± U		
								11.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87529	59		053124 053124				99.72	56.00 43.72	0.00		9918		
81	87591	59	1.00	0 053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87653	59	2.00	0 053124 053124	220224			74.14	44.00 30.14	0.00	0.00	5900		
81	87661	59	1.00	0 053124 053124	220224			32.30	21.53 10.77	0.00	21.53	9918		
81	87563		1.00	0 053124 053124	220224			42.50	0.00 42.50	0.00	0.00	4021		
81	87640	59	1.00	0 053124 053124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87086		1.00	053124 053124	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:	AVERY M 20241	EIGS .50022433	I165456		D.: 530000928630	MRN: 050924	050924	49.86	28.00)	21.86	0.00	0.	00 28.00
		.5 0 0 = = 10 0		SERVICE DATES	RENDERING	000721		BILLED	ALLOWED	COPAY				
	PROC CD 87651	MODIFIERS	UNITS 1.00	FROM THRU) 050924 050924				AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
NAME:	BRAYLON				D.: 530001867755	MRN:		1 010 5			44.0			
	20241	.56027237	I166119	3 SERVICE DATES	RENDERING	053024	053024	1,218.67 BILLED	799.06 ALLOWED	COPAY	419.61	0.00	0.	799.06
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00	0 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59		053024 053024				37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633			053024 053024				318.05	212.03 106.02	0.00	212.03	9918		
81	87640			053024 053024				37.07	22.00 15.07	0.00		9918		
81	87641	59		053024 053024				37.07	22.00 15.07	0.00		9918		
81	87651	59	1.00	053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	-ICN ODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 336.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00 112.00	NO ALL COPAY TPL 0.00 0.00		AMOUNT A DETAIL EOB	TPL MOUNT SS	PAID AMOUNT
81 87507		1.00 053024 053024	220224			319.55	213.03 106.52	0.00	213.03	9918		
NAME: CASH MELSO 20241560		RECIPIENT ID. 11661194	: 530002124568	MRN: 053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
81 87486 59		UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EOB	ss	
81 87498 59 81 87581 59			220224			37.07 42.00	22.00 15.07	0.00	22.00			
81 87633	9		220224			318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
81 87640		1.00 053024 053024				37.07	106.02 22.00	0.00	22.00			
81 87641 59	9	1.00 053024 053024				37.07	15.07 22.00	0.00	22.00	9918		
81 87651 59	9	1.00 053024 053024	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 053024 053024	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: CASH MELSO 20241560		I1662501	: 530002124568	MRN: 053024	053024	319.55	213.03		106.52	0.00	0.00	213.03
POS PROC CD MO 81 87507	ODIFIERS		PROVIDER 220224			BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	DETAIL EOB 9918	3S	
NAME: JORDAN MEI 20241560		I1661195	: 530001595906 RENDERING	MRN: 053024	053024	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MG 81 87486 59	ODIFIERS 9	UNITS FROM THRU	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOB 9918	SS	
81 87498 59	9	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIETEDC		RENDERING			BILLED	ALLOWED	COPAY	ח א ד ד		ND C	
	MODIFIERS 59		PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EC 9918)B2	
01 07301 .	39	1.00 033024 033024	ZZUZZ I			12.00	14.00	0.00	20.00	9910		
81 87633		1.00 053024 053024	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 000021 000021				310.03	106.02	0.00	212.03	7710		
81 87640		1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 053024 053024	220224			49.86	28.00	0.00	28.00	9918		
0.1						225	21.86	0.00	004.00	0.01.0		
81 87798		8.00 053024 053024	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JORDAN M	ET COM	ספיפרטדפאיי דר	: 530001595906	MRN:								
	6027290	11662502	• 330001393900	053024	053024	319.55	213.03	.	106.52	0.00	0.00	213.03
202113	0027250		RENDERING	033021	033021	BILLED	ALLOWED	COPAY	100.32	0.00	0.00	213.03
POS PROC CD I	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	BS	
81 87507			220224			319.55	213.03	0.00				
							106.52	0.00				
NAME: JAMILLIA			: 530000551536	MRN:								
2024150	0022446	I1654564		052324	052324		4.00		9.50	0.00	0.00	4.00
			RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
81 36415		1.00 052324 052324	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 052324 052324	220224			9.00	4.00	0.00	4 00	9918		
01 03019		1.00 052521 052521	220221			2.00	5.00	0.00	1.00	JJ10		
							3.00	0.00				
NAME: CHRISTIA	N MENDEZ	RECIPIENT ID.	: 530001083753	MRN:								
202415	6027292	I1662505		053124	053124	120.54	84.93	}	35.61	0.00	0.00	84.93
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED		PAID	DETAIL EC	BS	
81 80053		1.00 053124 053124	220224			15.84	12.00	0.00	12.00	9918		
0.1		1 00 050104 050104	000004			00.00	3.84	0.00	1	0.01.0		
81 82607		1.00 053124 053124	220224			22.00	17.00	0.00	17.00	9918		
01 00206		1 00 052124 052124	220224			44 00	5.00	0.00	20.00	0010		
81 82306		1.00 053124 053124	220224			44.00	29.00 15.00	0.00	∠9.00	9918		
81 84443		1.00 053124 053124	220224			25.20	22.93	0.00	22 02	9918		
OT OTITS		1.00 000124 000124	220221			23.20	2.27	0.00	22.93	J J ± U		
							2.27	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

		-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	AMOUNT		LOWED A	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 364		ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053124 053124	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00		DETAIL E 3323	OBS	
81 850	049		1.00 053124 053124	220224			9.00	4.00	0.00		9918		
NAME: GEC 2	OVANNI 1 2024152		RECIPIENT ID		MRN: 052224	052224		11.00		7.00	0.00	0.00	11.00
POS PROC 81 870		ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	NON-AllOWED		PAID 11.00		OBS	
	SELLA MI 2024159		RECIPIENT ID 11665914	.: 530002292926	MRN: 060524	060524	565 12	374.03		191 09	0.00	0.00	374.03
POS PROC 81 874	C CD M	ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060524 060524	RENDERING PROVIDER 220224	000321		BILLED AMOUNT 37.07		COPAY	PAID	DETAIL E		371.03
81 875	581 5	9	1.00 060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 876	633		1.00 060524 060524				318.05	212.03 106.02	0.00	212.03	9918		
81 877	798		4.00 060524 060524	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: SKY	YLYN MIO 2024156		RECIPIENT ID 11662507	.: 530001304465	MRN: 060224	060224	000 10	586.03		212 00	0.00	0.00	586.03
2	2024130	02/303		RENDERING	000224	000224	BILLED		COPAY	313.09	0.00	0.00	560.05
POS PROC	C CD M	ODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 874	486 5	9	1.00 060224 060224	220224			42.00			28.00	9918		
01 074	400 5	0	1 00 060004 060004	000004			25 05	14.00		00.00	0010		
81 874	498 59	9	1.00 060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 875	581 5	9	1.00 060224 060224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 876	633		1.00 060224 060224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 876	540		1.00 060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	541 59	9	1.00 060224 060224	220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC C 81 87651		SERVICE DATES UNITS FROM THRU 1.00 060224 060224	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00		DETAIL EC	BS	
81 87798		8.00 060224 060224	220224			336.00	224.00 112.00	0.00	224.00	9918		
	MIDDENDORFF 4152027247	RECIPIENT ID 11658566	.: 530000647066	MRN: 052824	052824	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC C		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		BS	
81 87486	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 052824 052824	220224			318.05	14.00	0.00	212 02	0010		
01 0/033		1.00 052624 052624	220224			310.03	212.03 106.02	0.00	212.03	9910		
81 87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 052824 052824	220224			49.86	15.07 28.00	0.00	28.00	0010		
01 0/031	39	1.00 052624 052624	220224			49.00	21.86	0.00	20.00	9910		
81 87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NTN N (T) + T N T N	NIT MITTER	DECIDIENT ID	. [20002275070	MIDAT •								
NAME: JAI A	NI MILES 4159023220	11665915	.: 530002375970	MRN: 060524	060524	1,049.12	629.64		419.48	0.00	0.00	629.64
202	1137023220	SERVICE DATES	RENDERING	000321	000321	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	023.01
	D MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	BS	
81 87635		1.00 060524 060524	220224			150.00	43.61	0.00	43.61	9918		
81 87486	ΕO	1.00 060524 060524	220224			42.00	106.39 28.00	0.00	28.00	0010		
01 0/400	39	1.00 000524 000524	220224			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060524 060524	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 060524 060524	220224			318.05	14.00 212.03	0.00	212.03	9919		
01 07033		1.00 000324 000324	77071			310.03	106.02	0.00	212.03	J J ± U		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87640	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060524 060524	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL 9918	EOBS	
81 87641	59	1.00 060524 060524	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651	59	1.00 060524 060524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JA MIA 20241	MILHOUSE 56027337	RECIPIENT ID	530001357620	MRN: 053024	053024	164.66	101.41		63.25	0.00	0.	00 73.41
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87389		1.00 053024 053024	220224			36.00	23.88 12.12	0.00	23.88	9918		
81 36415		1.00 053024 053024	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 87491	59	1.00 053024 053024	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87591	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661		1.00 053024 053024	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: JA MIA 20241	MILHOUSE 56027347	RECIPIENT ID		MRN: 053024	053024		5.00		2.00	0.00	0.	00 5.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	TPL	PAID		EOBS	
81 86592		1.00 053024 053024	220224			7.00	5.00 2.00	0.00	5.00	9918		
NAME: JA MIA	MILHOUSE 56027348	RECIPIENT ID	530001357620	MRN: 053024	053024	71.00	45.00		26.00	0.00	0.	00 45.00
20211	150027510	SERVICE DATES	RENDERING	033021	033021	BILLED	ALLOWED	COPAY	20.00	0.00	0.	13.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 80074		1.00 053024 053024				71.00	45.00 26.00	0.00		9918		
373347	MILLER	D=21D1=1		NAD 3.7 -								
NAME: JAHZARA 20241	A MILLER .56027350	RECIPIENT ID	530002226126	MRN: 053024	053024	1,049.12	629.64		419.48	0.00	0.	00 629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
	SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIE					AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81 87486 59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498 59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581 59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633	1.00 053024 053024	220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
		-				15.07	0.00				
81 87641 59	1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651 59	1.00 053024 053024	220224			49.86	28.00	0.00	28.00	9918		
01 07031 39	1.00 000021 000021	220221			19.00	21.86	0.00	20.00	J J I O		
81 87798	8.00 053024 053024	220224			336.00	224.00	0.00	224.00	9918		
01 07730	0.00 033021 033021	220221			330.00	112.00	0.00	221.00	JJ 10		
81 87635	1.00 053024 053024	220224			150.00	43.61	0.00	43 61	9918		
01 07033	1.00 033021 033021	220221			130.00	106.39	0.00	13.01	JJ10		
						100.37	0.00				
NAME: JAYNE MILLER	RECIPIENT II	D.: 530001439408	MRN:								
2024158030680		D. 3 330001133100		060424	397.12	262.03		135.09	0.00	0.00	262.03
2021130030000	SERVICE DATES	RENDERING	000121	000121	BILLED	ALLOWED	COPAY	133.07	0.00	0.00	202.05
POS PROC CD MODIFIE					AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	20	
81 87498 59	1.00 060424 060424				37.07	22.00	0.00		9918	20	
01 07490 39	1.00 000424 000424	220224			37.07	15.07	0.00	22.00	9910		
81 87581 59	1.00 060424 060424	220224			42.00	28.00	0.00	20 00	9918		
81 87381 39	1.00 000424 000424	220224			42.00	14.00	0.00	20.00	9910		
81 87633	1.00 060424 060424	220224			318.05	212.03	0.00	212.03	0010		
01 0/033	1.00 000424 000424	220224			310.03	106.02		212.03	9910		
						106.02	0.00				
NIAME · KADIA MILIED		D • E2000222E202	MID NT •								
NAME: KARLA MILLER		D.: 530002235303	MRN:	050004	174 22	116 00		FO 11	0 00	0 00	116 00
2024150022472		DENDEDING	052024	052024	174.33				0.00	0.00	116.22
DOG DDOG GD MODIETI	SERVICE DATES					ALLOWED				20	
POS PROC CD MODIFIE		PROVIDER			AMOUNT			PAID		35	
81 G0482	1.00 052024 052024	220224			174.33			116.22	9918		
						58.11	0.00				
		5 - 520001420405	1.FD 1.T.								
NAME: LILLYANNA MILLE		D.: 530001439407	MRN:	0.50404	207 10	060 00		105 00	0 00	0.00	0.60 0.0
2024158030693			060424	060424		262.03		135.09	0.00	0.00	262.03
	SERVICE DATES					ALLOWED	COPAY				
POS PROC CD MODIFIE		PROVIDER			AMOUNT					38	
81 87498 59	1.00 060424 060424	220224			37.07			22.00	9918		
						15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EO 9918	BS	
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:		MING 50022483	I1654599	.: 530001421883	MRN: 052324	052324		213.03		106.52	0.00	0.00	213.03
	PROC CD 87507	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	DETAIL EO 9918	BS	
NAME:		MINIARD 49020495	RECIPIENT ID I1652214 SERVICE DATES	.: 530001866389	MRN: 051324	051324	563.12 BILLED	59.71 ALLOWED	COPAY	503.41	0.00	239.10	59.71
	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 051324 051324	RENDERING PROVIDER 220224 220224 220224			AMOUNT 42.00	NON-AllOWED 3.78	TPL 0.00		DETAIL EO 9918 9936		
81	87498	59	1.00 051324 051324	220224			37.07	38.22 3.78 33.29	0.00 0.00 0.00	3.78	9918 9936		
	87581	59	1.00 051324 051324	220224			42.00	3.78 38.22	0.00		9918 9936		
	87633 87640		1.00 051324 051324 1.00 051324 051324	220224			318.05 37.07	37.03 281.02 3.78	0.00 0.00 0.00		9918 9936		
	87641	59	1.00 051324 051324				37.07	33.29 3.78	0.00		9918 9936 9918 9936		
	87651	59	1.00 051324 051324				49.86	33.29 3.78 46.08	0.00 0.00 0.00	3.78	9918 9936		
NAME:		E MINNIFIELD 57011633	RECIPIENT ID 11663375	.: 530000245451	MRN: 060324	060324	715.12	417.64		297.48	0.00	0.00	417.64
	PROC CD 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EO 9918	BS	
81	87581	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060324 060324	220224			318.05	212.03 106.02	0.00	212.03	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED		NC ALI COPAY		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIER 81 87798	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 4.00 060324 060324 220224		AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	TPL 0.00 0.00		DETAIL EOBS 9918		
81 87635	1.00 060324 060324 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: WILLOW MINOR 2024156027373	RECIPIENT ID.: 53000063771 I1661205	1 MRN: 041524 041524	60 00	2 00		58.00	0 00	0.00	2.00
2024130027373		041324 041324	BILLED	ALLOWED	COPAY	30.00	0.00	0.00	2.00
POS PROC CD MODIFIER	S UNITS FROM THRU PROVIDER		AMOUNT		\mathtt{TPL}		DETAIL EOBS		
81 81007	1.00 041524 041524 220224		60.00	2.00 58.00	0.00	2.00	9918		
NAME: DEMERE MITCHELL	RECIPIENT ID.: 53000136085	6 MRN:							
2024158030702	I1664800	052024 052024	139.16	76.00		63.16	0.00	0.00	76.00
POS PROC CD MODIFIER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER	052024 052024	BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	חז דח	DETAIL EOBS		
81 80053	1.00 052024 052024 220224		15.84	12.00	0.00	12.00			
				3.84	0.00				
81 82306	1.00 052024 052024 220224		44.00	29.00	0.00	29.00	9918		
01 02540	1 00 052024 052024 220224		0 71	15.00	0.00	7 00	0010		
81 83540	1.00 052024 052024 220224		9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 052024 052024 220224		13.11	10.00	0.00	10.00	9918		
				3.11	0.00				
81 82728	1.00 052024 052024 220224		40.00	13.00	0.00	13.00	9918		
81 85027	1.00 052024 052024 220224		12.00	27.00 5.00	0.00	E 00	9918		
81 83027	1.00 052024 052024 220224		12.00	7.00	0.00	5.00	9910		
81 36415	1.00 052024 052024 220224		4.50	0.00	0.00	0.00	3323		
				4.50	0.00				
NAME: MACKENZIE MITCHE	LL RECIPIENT ID.: 53000141463	6 MRN:							
2024150022490	I1656692	052024 052024	1,049.12	629.64		419.48	0.00	0.00	629.64
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 87635	1.00 052024 052024 220224		150.00	43.61	0.00	43.61	9918		
81 87486 59	1.00 052024 052024 220224		42.00	106.39 28.00	0.00	28.00	9918		
31 3,130 33	1.00 002021 002021 220221		12.00	14.00	0.00	20.00	J J ± 0		
81 87498 59	1.00 052024 052024 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATE FROM THRU		ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87581 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL 9918	EOBS	
				14.00	0.00				
81 87633	1.00 052024 052024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 052024 052024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 052024 052024 220224		37.07	22.00	0.00	22.00	9918		
81 87651 59	1.00 052024 052024 220224		49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798	8.00 052024 052024 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TA VIANA MITCHELL	RECIPIENT ID.: 530001877752	2 MRN:							
2024149020526	I1652219 SERVICE DATES RENDERING	022324 0223	24 1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS	
81 87635	1.00 022324 022324 220224		150.00	43.61	0.00		9918	1020	
81 87486 59	1.00 022324 022324 220224		42.00	106.39 28.00	0.00	20 00	0010		
01 07400 59	1.00 022324 022324 220224		42.00	14.00	0.00	20.00	9918		
81 87498 59	1.00 022324 022324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87640 59	1.00 022324 022324 220224		37.07	22.00	0.00	22.00	9918		
01 05501 50	1 00 000004 000004 000004		40.00	15.07	0.00	00.00	0.01.0		
81 87581 59	1.00 022324 022324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022324 022324 220224		318.05	212.03	0.00	212.03	9918		
81 87641 59	1.00 022324 022324 220224		37.07	106.02 22.00	0.00	22.00	9918		
01 07651 50	1 00 000004 000004		40.06	15.07	0.00				
81 87651 59	1.00 022324 022324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 022324 022324 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: NYOMI MIXON	RECIPIENT ID.: 530002414120) MRN:							
2024156027382	I1661211	053024 0530		629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL 9918	EOBS		
81	87498	59	1.00 053024 053024	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87581	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918			
	87640		1.00 053024 053024				37.07	22.00 15.07	0.00		9918			
	87641	59	1.00 053024 053024				37.07	22.00 15.07	0.00		9918			
	87651 87798	59	1.00 053024 053024				49.86	28.00 21.86	0.00 0.00 0.00	28.00				
81	87798		8.00 053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918			
POS P	20241	MOLAN 56027396 MODIFIERS	RECIPIENT ID 11662521 SERVICE DATES UNITS FROM THRU 1.00 052824 052824	RENDERING PROVIDER	MRN: 052824	052824	174.33 BILLED AMOUNT 174.33		COPAY TPL	PAID 116.22	DETAIL		0.00	116.22
NAME:		AN MONTGOMER 49020535	Y RECIPIENT ID I1652223 SERVICE DATES	.: 530002416763	MRN: 052224	052224	715.12 BILLED	417.64 ALLOWED	COPAY	297.48	0.00		0.00	417.64
POS P	ROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed		PAID	DETAIL	EOBS		
	87498		1.00 052224 052224	220224			37.07	22.00 15.07	0.00					
	87581	59	1.00 052224 052224				42.00	28.00 14.00	0.00					
	87633		1.00 052224 052224				318.05	212.03 106.02	0.00					
	87798		4.00 052224 052224				168.00	112.00 56.00	0.00	112.00				
81	87635		1.00 052224 052224	220224			150.00	43.61 106.39	0.00	43.61	9918			
NAME:	KIMORA 20241	MOODY 55014076	RECIPIENT ID	.: 530001016095	MRN: 052924	052924	222.58	50.00		172.58	0.00		0.00	46.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
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DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC	CD MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC) D.C.	
81 8415			220224			8.00	4.00	0.00		9918	מפט	
01 0113	, 0	1.00 032321 032321 2	220221			0.00	4.00	0.00	1.00	JJ 10		
81 8257	70	1.00 052924 052924 2	220224			8.00	6.00	0.00	6.00	9918		
							2.00	0.00				
81 8306	59	1.00 052924 052924 2	220224			8.00	4.00	0.00	4.00	9918		
							4.00	0.00				
81 8431	L1	2.00 052924 052924 2	220224			32.00	14.00	0.00	14.00	9918		
0.1		1 00 050004 050004	000004			16.00	18.00	0.00	0.00	4504		
81 8201	10	1.00 052924 052924 2	220224			16.00	0.00	0.00	0.00	4524		
01 000	16	1 00 052024 052024 1	220224			8.00	16.00	0.00	4 00	0010		
81 8294	ŧ O	1.00 052924 052924 2	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 8224	17 59	1.00 052924 052924 2	220224			8.00	5.00	0.00	5 00	9918		
01 022	17 35	1.00 032721 032721 2	220221			0.00	3.00	0.00	3.00	JJ±0		
81 8398	36	1.00 052924 052924 2	220224			7.00	3.00	0.00	3.00	9918		
	-						4.00	0.00				
81 8100)7	2.00 052924 052924 2	220224			120.00	4.00	0.00	0.00	5900		
							116.00	0.00				
81 8204	13 QW	1.00 052924 052924 2	220224			7.58	6.00	0.00	6.00	9918		
							1.58	0.00				
MANG. DDAN	TET ETT MOONT			N/DAT 4								
	NTLEY MOON	RECIPIENT ID.: 11660027	530001666/61	MRN: 052824	052024	210 55	212 02		106 50	0.00	0.00	213.03
∠()24155014106		RENDERING	052624	052624	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC	CD MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
81 8750			220224			319.55	213.03	0.00	213.03		000	
0_ 0.00	•					0_7,00	106.52	0.00		7720		
NAME: BRUC	CHETTE MOORE	RECIPIENT ID.	: 530000665988	MRN:								
20	24156027415	I1661214		051724	051724	143.90			67.90	0.00	0.00	57.00
			RENDERING			BILLED	ALLOWED	COPAY				
POS PROC			PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81 8267	/2	1.00 051724 051724 2	220224			60.00	25.00	0.00	25.00	9918		
01 0015	7.0	1 00 051704 051704 0	220224			21 00	35.00	0.00	10 00	0010		
81 8217	/ <u>Z</u>	1.00 051724 051724 2	220224			31.00	19.00 12.00	0.00	19.00	9918		
81 8369	15	1.00 051724 051724 2	220224			21.90	13.00	0.00	13 00	9918		
01 0302	, 5	1.00 031/21 031/24 2	22021			21.70	8.90	0.00	13.00	J J ± 0		
81 8217	72	1.00 051724 051724 2	220224			31.00	19.00	0.00	0.00	5000		
		· · · · · · · · · · · · · · · · · · ·					12.00	0.00	2.00	-		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: EMORY MOORE 2024156027428	RECIPIENT ID.: 530001527301 I1662527 SERVICE DATES RENDERING	MRN: 053024 053024	5.00 BILLED	4.00 ALLOWED) COPAY	1.00	0.00	0.00	4.00
POS PROC CD MODIFIEF 81 81001			AMOUNT 5.00	NON-AllOWED 4.00 1.00	TPL 0.00 0.00	PAID 4.00	DETAIL EC 9918	DBS	
NAME: JAICEYON MOORE 2024158030742	RECIPIENT ID.: 530002370400	MRN: 060424 060424	899.12	586.03	}	313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER				NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 87486 59	1.00 060424 060424 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 060424 060424 220224		37.07	22.00	0.00	22.00	9918		
81 87581 59	1.00 060424 060424 220224		42.00	15.07 28.00	0.00 0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 060424 060424 220224		318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 060424 060424 220224		37.07	22.00	0.00	22.00	9918		
01 00651 50	1 00 000404 000404 000004		40.06	15.07	0.00	00.00	0.01.0		
81 87651 59	1.00 060424 060424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 060424 060424 220224		336.00	224.00 112.00	0.00	224.00	9918		
				112.00	0.00				
NAME: JOHNATHAN MOORE	RECIPIENT ID.: 530000924462		000 10	=04.00		0.1.0		0.00	-06.00
2024157011671	I1663383	060324 060324		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	ND C	
81 87486 59	1.00 060324 060324 220224		42.00	28.00	0.00			Cal	
01 07400 35	1:00 000321 000321 220221		42.00	14.00	0.00	20.00	JJ±0		
81 87498 59	1.00 060324 060324 220224		37.07	22.00	0.00	22.00	9918		
81 87640 59	1.00 060324 060324 220224		37.07	15.07 22.00	0.00 0.00	22.00	9918		
81 87581 59	1.00 060324 060324 220224		42.00	15.07 28.00	0.00 0.00	28.00	9918		
3_ 3.33_ 3,			12.50	14.00	0.00	20.00	2223		
81 87633	1.00 060324 060324 220224		318.05	212.03 106.02	0.00	212.03	9918		
				100.02	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

343

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU PR	ENDERING ROVIDER 20224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL E 9918	OBS	
81 87651	59	1.00 060324 060324 22	20224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060324 060324 22	20224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KAYLYN 20241	MOORE 58030760	RECIPIENT ID.: 11664814		MRN: 052824	052824		89.93		38.61	0.00	0.00	89.93
	MODIFIED		ENDERING			BILLED	ALLOWED	COPAY	D 3 T D		1000	
	MODIFIERS		ROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 80053		1.00 052824 052824 22	20224			15.84	12.00 3.84	0.00 0.00	12.00	9918		
81 82306		1.00 052824 052824 22	20224			44.00	29.00	0.00	29.00	9918		
01 02300		1.00 032021 032021 22				11.00	15.00	0.00	27.00	7710		
81 83036		1.00 052824 052824 22	20224			14.00	12.00	0.00	12 00	9918		
01 0000		1.00 032021 032021 22				11.00	2.00	0.00	12.00	7710		
81 84443		1.00 052824 052824 22	20224			25.20	22.93	0.00	22.93	9918		
01 01115		1:00 002021 002021 22				23.20	2.27	0.00	22.73	7710		
81 84439		1.00 052824 052824 22	20224			13.00	9.00	0.00	9 00	9918		
01 01199		1.00 052021 052021 22	20221			13.00	4.00	0.00	J.00	JJ±0		
81 85027		1.00 052824 052824 22	20224			12.00	5.00	0.00	5 00	9918		
81 85027		1.00 052824 052824 22	20224			12.00	7.00	0.00	5.00	9910		
01 26415		1 00 052024 052024 22	20224			4 50			0 00	2222		
81 36415		1.00 052824 052824 22	20224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NAME: KAYLYN	MOODE	RECIPIENT ID.:	530001156053	MRN:								
	59023244	I1665929			022024	64.34	41.00		23.34	0.00	0.00	41.00
20211	JJ025211		ENDERING	022021	022021	BILLED	ALLOWED	COPAY	23.31	0.00	0.00	11:00
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	י חשכ	
81 82306	MODILIEVS		20224			44.00	29.00	0.00		9918	1000	
81 82300		1.00 022024 022024 22	20224			44.00	15.00	0.00	29.00	9910		
01 26415		1 00 022024 022024 22	20224			4 50			0 00	2222		
81 36415		1.00 022024 022024 22	20224			4.50	0.00	0.00	0.00	3323		
01 00053		1 00 000004 000004 00	00004			1 - 0 4	4.50	0.00	10.00	0010		
81 80053		1.00 022024 022024 22	20224			15.84	12.00	0.00	12.00	9918		
							3.84	0.00				
			500001156051									
		RECIPIENT ID.:		MRN:	0.5.0.0.4	010 10	150 00		F1 0C	0 00	0.00	150.00
20241	56027439	I1662530		052824	052824		158.93		51.26	0.00	0.00	158.93
		SERVICE DATES RE					ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PF				AMOUNT			PAID		OBS	
81 80053		1.00 052824 052824 22	20224			15.84	12.00		12.00	9918		
							3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

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-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			~	
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 82306		1.00 052824 052824	220224			44.00	29.00	0.00	29.00	9918		
01 03000		1 00 050004 050004	000004			07 70	15.00	0.00	01 00	0.01.0		
81 83002		1.00 052824 052824	220224			27.78	21.00	0.00	21.00	9918		
01 02001		1 00 050004 050004	000004			00.00	6.78	0.00	00.00	0.01.0		
81 83001		1.00 052824 052824	220224			27.87	22.00	0.00	22.00	9918		
01 04402		1 00 050004 050004	000004			20.00	5.87	0.00	21 00	0.01.0		
81 84403		1.00 052824 052824	220224			38.00	31.00	0.00	31.00	9918		
01 02026		1 00 050004 050004	000004			14.00	7.00	0.00	10.00	0.01.0		
81 83036		1.00 052824 052824	220224			14.00	12.00	0.00	12.00	9918		
01 04442		1 00 050004 050004	000004			05 00	2.00	0.00	00.00	0.01.0		
81 84443		1.00 052824 052824	220224			25.20	22.93	0.00	22.93	9918		
01 04420		1 00 050004 050004	000004			12.00	2.27	0.00	0.00	0.01.0		
81 84439		1.00 052824 052824	220224			13.00	9.00	0.00	9.00	9918		
01 26415		1 00 050004 050004	000004			4 50	4.00	0.00	0.00	2202		
81 36415		1.00 052824 052824	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
NIN MID · IZIISZI IDSZ MA	ODE		• 620001166061	MID NT •								
NAME: KHYLEY MO		11662532	.: 530001156051	MRN: 022024	022024	61 21	41 00		22 24	0 00	0.00	41 00
2024156	002/454		DENDEDING	022024	022024	64.34	41.00 ALLOWED		23.34	0.00	0.00	41.00
POS PROC CD M	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-AllowED	COPAY TPL	PAID	DETAIL EOB	C	
81 80053	IODIFIERS	1.00 022024 022024	220224			15.84			12.00		۵	
81 80033		1.00 022024 022024	220224			13.04	12.00 3.84	0.00	12.00	9910		
81 82306		1.00 022024 022024	220224			44.00	29.00	0.00	29.00	0010		
01 02300		1.00 022024 022024	220224			44.00	15.00	0.00	29.00	9910		
81 36415		1.00 022024 022024	220224			4.50	0.00	0.00	0 00	3323		
01 30413		1.00 022024 022024	220224			4.50	4.50	0.00	0.00	3343		
							4.50	0.00				
NAME: LIAM MOOR	o tr	סקלדטדעויי דו	.: 530002395880	MRN:								
2024152		I1658576	550002575000	052824	052824	1,049.12	629.64		419.48	0.00	0.00	629.64
2024132	2021233	SERVICE DATES	RENDERING	032024	032024	BILLED	ALLOWED	COPAY	119.10	0.00	0.00	029.04
POS PROC CD M	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	Q	
81 87486 5		1.00 052824 052824	220224			42.00	28.00	0.00			D	
01 07400 3) 9	1.00 052024 052024	220224			12.00	14.00	0.00	20.00	9910		
81 87498 5	59	1.00 052824 052824	220224			37.07	22.00	0.00	22 00	9918		
01 0/4/0 3		1.00 052021 052021	220221			57.07	15.07	0.00	22.00	J J ± U		
81 87581 5	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
01 0/301 3		1.00 052024 052024	2202I			72.00	14.00	0.00	20.00	J J ± U		
81 87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 052021 052021	220221			310.03	106.02	0.00	212.03	J J ± U		
							100.02	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
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DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC At.t		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
				SERVICE DA	TES	RENDERING	11011	11110	BILLED	ALLOWED	COPAY		11100111	11100		11100111
POS F	PROC CD	MODIFIERS	UNITS		HRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87640		1.00	052824 052	824	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87641	59	1.00	052824 052	824	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87651	59	1.00	052824 052	824	220224			49.86	28.00	0.00	28.00	9918			
0.1						000004			225	21.86	0.00	224 22	2212			
81	87798		8.00	052824 052	824	220224			336.00	224.00	0.00	224.00	9918			
0.1	07625		1 00	050004 050	004	220224			150.00	112.00	0.00	40 (1	0010			
81	87635		1.00	052824 052	824	220224			150.00	43.61	0.00	43.61	9918			
										106.39	0.00					
NAMF:	OLIVER	MOORE		PFCTDTFN	תד דח	.: 530002343521	MRN:									
IVAITE •		50022521	I165670		י די	. • 550002515521	052424	052424	1,049.12	629.64		419.48	0.00		0.00	629.64
	20211	30011311	11000,0	SERVICE DA	TES	RENDERING	002121	002121	BILLED	ALLOWED	COPAY	117.10	0.00		0.00	027.01
POS F	PROC CD	MODIFIERS	UNITS		HRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
	87635			052424 052		220224			150.00	43.61	0.00		9918			
										106.39	0.00					
81	87486	59	1.00	052424 052	424	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87498	59	1.00	052424 052	424	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87581	59	1.00	052424 052	424	220224			42.00	28.00	0.00	28.00	9918			
0.1	0.7.600		1 00	0=0404 0=0		000004			212 25	14.00	0.00	010 00	2212			
81	87633		1.00	052424 052	424	220224			318.05	212.03	0.00	212.03	9918			
0.1	07640		1 00	050404 050	101	220224			27 07	106.02	0.00	22.00	0010			
81	87640		1.00	052424 052	424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1 00	052424 052	121	220224			37.07	22.00	0.00	22 00	9918			
01	07041		1.00	032424 032	121	220224			37.07	15.07	0.00	22.00	J J ± 0			
81	87651	59	1.00	052424 052	424	220224			49.86	28.00	0.00	28.00	9918			
01	0,001		1.00	032121 032		220221			19.00	21.86	0.00	20.00	3310			
81	87798		8.00	052424 052	424	220224			336.00	224.00	0.00	224.00	9918			
										112.00	0.00					
NAME:					T ID	.: 530000365096										
	20241	55014116	I166003				052924	052924		50.00		172.58	0.00		0.00	46.00
				SERVICE DA						ALLOWED						
		MODIFIERS	UNITS			PROVIDER			AMOUNT					EOBS		
81	84156		1.00	052924 052	924	220224			8.00			4.00	9918			
										4.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PR		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81 8	32570		1.00	052924 052924	220224			8.00	6.00	0.00	6.00	9918		
									2.00	0.00				
81 8	33069		1.00	052924 052924	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81 8	34311		2.00	052924 052924	220224			32.00	14.00	0.00	14.00	9918		
									18.00	0.00				
81 8	32010		1.00	052924 052924	220224			16.00	0.00	0.00	0.00	4524		
									16.00	0.00				
81 8	32945		1.00	052924 052924	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81 8	32247	59	1.00	052924 052924	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81 8	33986		1.00	052924 052924	220224			7.00	3.00	0.00	3.00	9918		
									4.00	0.00				
81 8	31007		2.00	052924 052924	220224			120.00	4.00	0.00	0.00	5900		
									116.00	0.00				
81 8	32043	QW	1.00	052924 052924	220224			7.58	6.00	0.00	6.00	9918		
									1.58	0.00				
NAME: T	CATE YA	NA MOORE		RECTPIENT IF).: 530002014750	MDNT •								
	00011				330002011730	MRN:	0.50004	0.70						0.1.0.4.1
	20241	57011690	I166338	4		060324	060324	378.02			136.61	0.00	0.00	213.41
200 22		57011690		4 SERVICE DATES	RENDERING		060324	BILLED	ALLOWED	COPAY				213.41
POS PR	ROC CD		UNITS	4 SERVICE DATES FROM THRU	RENDERING PROVIDER		060324	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO		213.41
		57011690	UNITS	4 SERVICE DATES	RENDERING		060324	BILLED	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00		DETAIL EO		213.41
81 8	ROC CD 37798	57011690 MODIFIERS	UNITS 3.00	SERVICE DATES FROM THRU 060324 060324	RENDERING PROVIDER 220224		060324	BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL EON		213.41
81 8	ROC CD	57011690	UNITS 3.00	4 SERVICE DATES FROM THRU	RENDERING PROVIDER 220224		060324	BILLED AMOUNT	ALLOWED NON-AlloWED 84.00 42.00 28.00	COPAY TPL 0.00 0.00 0.00	PAID 84.00	DETAIL EO		213.41
81 8 81 8	ROC CD 37798 37491	57011690 MODIFIERS 59	UNITS 3.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224		060324	BILLED AMOUNT 126.00 49.86	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00	PAID 84.00 0.00	DETAIL EON 9918 5490		213.41
81 8 81 8	ROC CD 37798	57011690 MODIFIERS	UNITS 3.00 1.00	SERVICE DATES FROM THRU 060324 060324	RENDERING PROVIDER 220224 220224		060324	BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00 28.00 21.86 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 84.00	DETAIL EON 9918 5490		213.41
81 8 81 8 81 8	ROC CD 37798 37491 37511	57011690 MODIFIERS 59 59	UNITS 3.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 84.00 0.00 28.00	DETAIL EON 9918 5490 9918		213.41
81 8 81 8 81 8	ROC CD 37798 37491	57011690 MODIFIERS 59	UNITS 3.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 84.00 0.00	DETAIL EON 9918 5490 9918		213.41
81 8 81 8 81 8 81 8	ROC CD 37798 37491 37511 37529	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00	DETAIL EON 9918 5490 9918 9918		213.41
81 8 81 8 81 8 81 8	ROC CD 37798 37491 37511	57011690 MODIFIERS 59 59	UNITS 3.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00	DETAIL EON 9918 5490 9918 9918		213.41
81 8 81 8 81 8 81 8	ROC CD 87798 37491 37511 37529	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00	DETAIL EON 9918 5490 9918 9918		213.41
81 8 81 8 81 8 81 8	ROC CD 37798 37491 37511 37529	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 21.86 28.00 21.53	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00	DETAIL EON 9918 5490 9918 9918		213.41
81 8 81 8 81 8 81 8 81 8	ROC CD 37798 37491 37511 37529 37591	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 14.00 21.53 10.77	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00 28.00 21.53	DETAIL EON 9918 5490 9918 9918 9918		213.41
81 8 81 8 81 8 81 8 81 8	ROC CD 87798 37491 37511 37529	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00	ALLOWED NON-AlloWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 21.86 28.00 21.86 28.07 21.86 28.07 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00	DETAIL EON 9918 5490 9918 9918 9918		213.41
81 8 81 8 81 8 81 8 81 8	ROC CD 37798 37491 37511 37529 37591	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		060324	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30	ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 14.00 21.53 10.77	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00 28.00 21.53	DETAIL EON 9918 5490 9918 9918 9918		213.41
81 8 81 8 81 8 81 8 81 8 81 8	ROC CD 87798 37491 37511 37529 37591 37661 37389	57011690 MODIFIERS 59 59 59 59 59	UNITS 3.00 1.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224	060324	060324	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30	ALLOWED NON-AlloWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 21.86 28.00 21.86 28.07 21.86 28.07 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00 28.00 21.53	DETAIL EON 9918 5490 9918 9918 9918		213.41
81 8 81 8 81 8 81 8 81 8 81 8	ROC CD 87798 37491 37511 37529 37591 37661 37389	57011690 MODIFIERS 59 59 59	UNITS 3.00 1.00 1.00 1.00 1.00	4 SERVICE DATES FROM THRU 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 060324 RECIPIENT ID	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224			BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30	ALLOWED NON-AlloWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 21.86 28.00 21.86 28.07 21.86 28.07 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 84.00 0.00 28.00 28.00 21.53 23.88	DETAIL EON 9918 5490 9918 9918 9918		213.41

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

347

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
חסמ ד		MODIFIED	TINTETIC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D7 TD	ד גיייטים א	EODC	
	PROC CD 87491	MODIFIERS 59	UNITS	FROM THRU 060324	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID 0 00	DETAIL 5490	I FORS	
01	07171	37	1.00	000321 000321	220221			19.00	21.86	0.00	0.00	3170		
81	87511		1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87529		2.00	060324 060324	220224			99.72	56.00	0.00	56.00	9918		
									43.72	0.00				
81	87591		1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87661		1.00	060324 060324	220224			32.30	21.53	0.00	21.53	9918		
0.1	07560		1 00	060204 060204	000004			40 50	10.77	0.00	0.00	4001		
81	87563		1.00	060324 060324	220224			42.50	0.00	0.00	0.00	4021		
81	87798	59	9 00	060324 060324	220224			378.00	42.50 252.00	0.00	252.00	0010		
01	01190	39	9.00	000324 000324	220224			370.00	126.00	0.00	232.00	9910		
									120.00	0.00				
NAME:	ALISSA	MORGAN		RECIPIENT ID	.: 530002090191	MRN:								
		56027458	I166121			053024	053024	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00	053024 053024	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00	053024 053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.400	F.0	1 00	052004 052004	000004			25 25	14.00	0.00	00.00	0010		
81	87498	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
0.1	87581	59	1 00	052024 052024	220224			42.00	15.07	0.00	20 00	0010		
81	0/301	39	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87633		1 00	053024 053024	220224			318.05	212.03	0.00	212.03	9918		
01	0,033		1.00	033021 033021	220221			310.03	106.02	0.00	212.03	JJ 10		
81	87640		1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	053024 053024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	053024 053024	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	053024 053024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
MT7 MT7 •	AMBERLY	MODOAN		DECIDIENT ID	.: 530001235492	MID NT •								
MAME.		56027468	I166121		550001255492	MRN: 053024	053024	899.12	586.03		313.09	0.00	0.00	586.03
	7074T	J002/400	1100121			033024	000024	099.14	200.03		J±J•UJ	0.00	0.00	200.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIE		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87486 59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00			
81 87498 59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KEYOSHA MORRISO	N RECIPIENT I	D.: 530000436361	MRN:								
2024158030777		_	021424	021424	578.14	380.00		198.14	0.00	0.00	380.00
DOG DDOG OD MODIETE	SERVICE DATES				BILLED AMOUNT	ALLOWED	COPAY	PAID		C	
POS PROC CD MODIFIE 81 87481 59	RS UNITS FROM THRU 1.00 021424 021424	220224			42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	28.00	DETAIL EOB 9918	6	
81 87640 59	1.00 021424 021424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 021424 021424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	11.00 021424 021424	220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: KAMANI MORROW		o.: 530002099079	MRN:								
2024159023258		DENDEDING	060424	060424	565.12	374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIE	SERVICE DATES RS UNITS FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 87498 59	1.00 060424 060424				37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DA FROM TH	ATES HRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			PL OUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 060424 060424 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00 56.00	COPAY	PAID 112.00	DETAIL EOBS 9918		
NAME: TEAILEE 202415 HEADER EOBS:	59023275	RECIPIENT ID.: 5300011797	11 MRN: 012924 01	12924	563.12	0.00		563.12	0.00	298.81	0.00
POS PROC CD	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 012924 012924 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 0.00 42.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918 9936		
81 87498	59	1.00 012924 012924 220224			37.07	0.00 37.07	0.00	0.00	9918 9936		
81 87581	59	1.00 012924 012924 220224			42.00	0.00 42.00	0.00	0.00	9918 9936		
81 87633		1.00 012924 012924 220224			318.05	0.00 318.05	0.00	0.00	9918 9936		
81 87640		1.00 012924 012924 220224			37.07	0.00 37.07	0.00 0.00		9918 9936		
	59	1.00 012924 012924 220224			37.07	0.00 37.07	0.00 0.00		9918 9936		
81 87651	59	1.00 012924 012924 220224			49.86	0.00 49.86	0.00	0.00	9918 9936		
	MOSLEY 56027484	RECIPIENT ID.: 5300023317 I1661221 SERVICE DATES RENDERING	96 MRN: 052424 05	52424	83.81 BILLED	55.87	COPAY	27.94	0.00	0.00	55.87
POS PROC CD 81 80307	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052424 052424 220224			AMOUNT 83.81	NON-AllOWED	\mathtt{TPL}	PAID 55.87	DETAIL EOBS 9918		
NAME: OWEN MOS 202415	SS 50022553	RECIPIENT ID.: 5300023885 I1654664	32 MRN: 052324 05	52324		374.03		191.09	0.00	0.00	374.03
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87581	59	1.00 052324 052324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052324 052324 220224			318.05	212.03 106.02	0.00	212.03	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOTINT	ALLOWED AMOUNT	NON ALLIC		COPAY TE		PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052324 052324 220224	THOIT TIME	BILLED AMOUNT 168.00	ALLOWED NON-AllowED	COPAY TPL	PAID 112.00	DETAIL EOBS	-	
NAME: LILAH MURDOCK 2024150022568 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530000846820 11654683 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	MRN: 052324 052324	49.86 BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00	COPAY TPL	PAID 28.00	DETAIL EOBS	0.00	28.00
2024157011733 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530001896544 11663393 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 053024	18.00 BILLED AMOUNT 18.00	15.00 ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00	3.00 PAID 15.00	0.00 DETAIL EOBS 9918	0.00	15.00
NAME: AVERY MURPHREE 2024155014137 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633	RECIPIENT ID.: 530000730691 I1660053 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224	MRN: 052924 052924	397.12 BILLED AMOUNT 37.07 42.00	262.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL		DETAIL EOBS 9918 9918	0.00	262.03
NAME: AMARI MURPHY 2024155014156 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633	RECIPIENT ID.: 530000419151 11660054 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224	MRN: 052924 052924	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL		DETAIL EOBS 9918 9918 9918	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	AMOUNT	AMOUNT	ALL	OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING				ALLOWED					
POS PROC		UNITS FROM THRU PROVIDER			AMOUNT			PAID		EOBS	
81 8764	0	1.00 052924 052924 220224			37.07		0.00	22.00	9918		
01 0064	1 50	1 00 050004 050004 000004			25 05	15.07	0.00	00.00	0010		
81 8764	1 59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
01 0765	1	1 00 050004 050004 000004			40.06	15.07	0.00	20.00	0010		
81 8765	1 59	1.00 052924 052924 220224			49.86	28.00	0.00	28.00	9918		
81 8779	0	8.00 052924 052924 220224			336.00	21.86 224.00	0.00 0.00	224.00	0010		
O1 0//9	0	0.00 032924 032924 220224			330.00	112.00	0.00	224.00	9910		
						112.00	0.00				
NAME: LASH	ANDA MURPHY	RECIPIENT ID.: 530001472406	MRN:								
	24156027500	I1662543		051624	22.58	12.00		10.58	0.00	0.00	12.00
		SERVICE DATES RENDERING			BILLED	ALLOWED					
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT			PAID	DETAIL	EOBS	
81 8470	2	UNITS FROM THRU PROVIDER 1.00 051624 051624 220224			22.58	12.00	0.00	12.00	9918		
							0.00				
		RECIPIENT ID.: 530001472406									
20:	24156027509	I1662544	052124	052124		12.00		10.58	0.00	0.00	12.00
		SERVICE DATES RENDERING				ALLOWED		DATE		HODG	
	CD MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052124 052124 220224			AMOUNT					EOBS	
81 8470.	2	1.00 052124 052124 220224			22.58	12.00	0.00	12.00	9918		
						10.56	0.00				
NAME: TORR	IONNA NANCE	RECIPIENT ID.: 530000224341	MRN:								
	24152027271	11658596		052824	106.77	67.00		39.77	0.00	0.00	67.00
		SERVICE DATES RENDERING			BILLED		COPAY				
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED		PAID	DETAIL	EOBS	
81 8455	0	1.00 052824 052824 220224			6.78	6.00	0.00	6.00	9918		
						0.78	0.00				
81 8005	3	1.00 052824 052824 220224			15.84	12.00	0.00	12.00	9918		
	_					3.84	0.00				
81 8565	2	1.00 052824 052824 220224			4.00	3.00	0.00	3.00	9918		
01 0202		1 00 050004 050004 000004			14.00	1.00	0.00	10.00	0.01.0		
81 8303	6	1.00 052824 052824 220224			14.00	12.00	0.00	12.00	9918		
01 0006	1	1 00 052024 052024 220224			20.00	2.00	0.00	14 00	9918		
81 8006	Τ	1.00 052824 052824 220224			20.00	14.00 6.00	0.00	14.00	9910		
81 8643	1	1.00 052824 052824 220224			20.00	5.00	0.00 0.00	5 00	9918		
01 00 1 3.	±	1.00 032021 032021 220221			20.00	15.00	0.00	5.00	J J ± U		
81 8352	5	1.00 052824 052824 220224			17.15	11.00	0.00	11.00	9918		
3_ 332	-				1,:13	6.15	0.00	11.00	2210		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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TON	DAM AGGE NO					».Tr	ONT	20027	ını	
ICN	PAT ACCT NO.	SERVICE FROM	THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL:			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	FROM	THRU	AMOUNT AMOUNT 9.00	ALLOWED NON-AlloWED 4.00 5.00	COPAY TPL	PAID 4.00			AMOUNT
NAME: TORRIONNA NANCE 2024155014180	RECIPIENT ID.: 530000224341 I1660063 SERVICE DATES RENDERING	MRN: 052824	052824	59.00 BILLED	28.00 ALLOWED	COPAY	31.00	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 86141	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 19.00	NON-Allowed 13.00 6.00	TPL 0.00 0.00	13.00	DETAIL EOBS 9918	5	
81 86038	1.00 052824 052824 220224			40.00	15.00 25.00	0.00	15.00	9918		
NAME: TRINITI NASH 2024149020548	RECIPIENT ID.: 530002220641 I1652239 SERVICE DATES RENDERING	MRN: 051424	051424	713.12 BILLED	49.56 ALLOWED	COPAY	663.56	0.00	280.93	49.56
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 051424 051424 220224			AMOUNT 150.00	NON-AllOWED 4.75 145.25	TPL 0.00 0.00		DETAIL EOBS 9918 9936	5	
81 87486 59	1.00 051424 051424 220224			42.00	2.84 39.16	0.00	2.84	9918 9936		
81 87498 59	1.00 051424 051424 220224			37.07	2.84 34.23	0.00 0.00		9918 9936		
81 87581 59	1.00 051424 051424 220224			42.00	2.84 39.16	0.00		9918 9936		
81 87633 81 87640	1.00 051424 051424 220224 1.00 051424 051424 220224			318.05 37.07	27.77 290.28 2.84	0.00 0.00 0.00		9918 9936 9918 9936		
81 87641 59	1.00 051424 051424 220224			37.07	34.23 2.84	0.00		9918 9936		
81 87651 59	1.00 051424 051424 220224			49.86	34.23 2.84 47.02	0.00 0.00 0.00	2.84	9918 9936		
NAME: TRINITI NASH 2024149020562	RECIPIENT ID.: 530002220641 I1652240	MRN: 051424	051424		22.72 ALLOWED		313.28	0.00	128.80	22.72
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 051424 051424 220224				NON-Allowed 22.72 313.28		22.72	DETAIL EOBS 9918 9936	5	
NAME: NOVA NEEDHAM 2024157011746	RECIPIENT ID.: 530002366832 I1663395	MRN: 060324	060324	547.12	305.64		241.48	0.00	0.00	305.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	rOBS	
81	87498	59	1.00 060324 060324	220224			37.07	22.00	0.00		9918	1000	
01	0,100	3,5	1.00 000321 000321	220221			37.07	15.07	0.00	22.00	J J I O		
81	87581	59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 060324 060324	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87635		1.00 060324 060324	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
NAME:	: LONDYN	NELSON	RECIPTENT ID	0.: 530001920125	MRN:								
		56024436	I1661232		052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052924 052924	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.7.6.4.0		1 00 050004 050004	000004			20.00	106.02	0.00	00.00	0010		
81	87640		1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	ГО	1 00 050004 050004	222224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 052924 052924	220224			49.86	15.07 28.00	0.00	20 00	9918		
OΤ	0/031	39	1.00 052924 052924	220224			49.00	21.86	0.00	20.00	9910		
81	87798		8.00 052924 052924	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00 032724 032724	220224			330.00	112.00	0.00	224.00	JJ±0		
								112.00	0.00				
NAME :	: ZURIE N	JELSON	RECIPIENT ID	530002145972	MRN:								
		56024453	I1661233		052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT		\mathtt{TPL}	PAID	DETAIL E	EOBS	
	87486	59	1.00 052924 052924	220224			42.00	28.00	0.00		9918		
								14.00	0.00				
81	87498	59	1.00 052924 052924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-

S LAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
AL 35235-2718	ISSUE DATE	06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY TI AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224	11.011	BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL EOBS		11100111
81 87640		1.00 052924 052924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052924 052924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052924 052924 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052924 052924 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TEYONNA	NETTLES 149020564	RECIPIENT ID.: 53000081	6543 MRN: 022624 022624	1,049.12	629.64	4	19.48	0.00	0.00	629.64
20211	17020301	SERVICE DATES RENDERING	022021	BILLED	ALLOWED	COPAY	17.10	0.00	0.00	023.01
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87635		1.00 022624 022624 220224		150.00	43.61	0.00	43.61	9918		
81 87486	59	1.00 022624 022624 220224		42.00	106.39 28.00	0.00	28.00	9918		
81 87498	59	1.00 022624 022624 220224		37.07	14.00 22.00	0.00	22.00	9918		
81 87581	59	1.00 022624 022624 220224		42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 022624 022624 220224		318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640		1.00 022624 022624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 022624 022624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 022624 022624 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 022624 022624 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: LEONIDA	AS NEWMAN 150022607	RECIPIENT ID.: 53000233	6124 MRN: 052324 052324	899 12	58K N3	2	13 09	0.00	0.00	586.03
20241		SERVICE DATES RENDERING	032324 032324		ALLOWED		13.09	0.00	0.00	300.03
POS PROC CD 81 87486		UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			NON-AllowED	TPL	PAID 28.00	DETAIL EOBS 9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EORS	
81	87498	59	1.00 052324 052324	220224			37.07	22.00	0.00		9918	EODS	
81	87581	59	1.00 052324 052324	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00 052324 052324	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00 052324 052324				37.07	106.02 22.00	0.00		9918		
								15.07	0.00				
81	87641	59	1.00 052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052324 052324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052324 052324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	: ZA NYLA	NICHOLES	RECIPIENT ID).: 530002101058	MRN:								
	20241	50022629	I1654723	DENDEDING	052324	052324	899.12			313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	E∩BS	
81	87486	59	1.00 052324 052324	220224			42.00	28.00	0.00		9918		
81	87498	59	1.00 052324 052324	220224			37.07	14.00 22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052324 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052324 052324	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 052324 052324	220224			37.07	106.02 22.00	0.00	22.00	9918		
81	87641	59	1.00 052324 052324	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00 052324 052324	220224			49.86	15.07 28.00	0.00	28 00	9918		
01	07031	3,7	1.00 032321 032321	220221			19.00	21.86	0.00	20.00	JJ±0		
81	87798		8.00 052324 052324	220224			336.00	224.00 112.00		224.00	9918		
NAME:			RECIPIENT ID	0.: 530000329610	MRN:								
	20241	52027284	I1658604 SERVICE DATES	RENDERING	052724	052724		542.00 ALLOWED		283.21	0.00	0.00	486.00
	PROC CD 87481	MODIFIERS 59		PROVIDER			AMOUNT 168.00		\mathtt{TPL}	PAID 112.00		EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8764	0 59	1.00 052724 052724 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 8765	3 59	1.00 052724 052724 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 8779	8	11.00 052724 052724 220224			462.00	308.00	0.00	308.00	9918		
						154.00	0.00				
81 8764	1 59	1.00 052724 052724 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 8779	8	2.00 052724 052724 220224			84.00	56.00	0.00	0.00	5000		
						28.00	0.00				
	AH NICHOLS	RECIPIENT ID.: 530000329610									
20	24155014199	I1660071	052724	052724		27.09		13.03	0.00	0.00	27.09
		SERVICE DATES RENDERING			BILLED	ALLOWED					
POS PROC		UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED		PAID		EOBS	
81 8708	6	1.00 052724 052724 220224			18.53	10.00	0.00	10.00	9918		
0.1	_				10 -0	8.53	0.00		0010		
81 8718	6	1.00 052724 052724 220224			13.50	9.00	0.00	9.00	9918		
01 000	•	1 00 050504 050504 000004			0.00	4.50	0.00	0.00			
81 8708	8	1.00 052724 052724 220224			8.09	8.09	0.00	8.09			
						0.00	0.00				
MAME THOT	IN NICHOLS	RECIPIENT ID.: 530001503879	MDM•								
	24150022639	I1654720		052324	25 50	16.00		9.50	0.00	0.00	16.00
20	24130022039	SERVICE DATES RENDERING	032324	032324	BILLED			9.50	0.00	0.00	10.00
DOS DROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed		PAID	DETAIL	FORS	
81 8294		1.00 052324 052324 220224			7.00	4.00	0.00		9918	EODO	
01 0271	1	1.00 052521 052521 220221			7.00	3.00	0.00	1.00	JJ10		
81 8303	6	1.00 052324 052324 220224			14.00	12.00	0.00	12 00	9918		
01 0505	·	1.00 032321 032321 220221			11.00	2.00	0.00	12.00	J J I O		
81 3641	5	1.00 052324 052324 220224			4.50	0.00	0.00	0 00	3323		
01 3011	J	1.00 032321 032321 220221			1.50	4.50	0.00	0.00	3323		
						1.50	0.00				
NAME: LATA	SHA NICHOLS	RECIPIENT ID.: 530000125790	MRN:								
	24150022646	I1654721		052324	881.59	535.53		346.06	0.00	0.00	463.53
_		SERVICE DATES RENDERING				ALLOWED					
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 8779		9.00 052324 052324 220224			378.00	252.00	0.00	252.00			
						126.00	0.00				
81 8748	1 59	2.00 052324 052324 220224			84.00	56.00	0.00	56.00	9918		
						28.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87491 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 0.00	DETAIL EOBS	3	
				21.86	0.00				
81 87511 59	1.00 052324 052324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	2.00 052324 052324 220224		99.72	56.00 43.72	0.00	56.00	9918		
81 87591 59	1.00 052324 052324 220224		42.00	28.00	0.00	28.00	9918		
81 87653 59	2.00 052324 052324 220224		74.14	14.00 44.00	0.00	0.00	5900		
81 87661 59	1.00 052324 052324 220224		32.30	30.14 21.53	0.00	21.53	9918		
81 87563	1.00 052324 052324 220224		42.50	10.77 0.00	0.00	0.00	4021		
				42.50	0.00				
81 87640 59	1.00 052324 052324 220224		37.07	22.00 15.07	0.00	22.00	9918		
NAME: LATASHA NICHOLS	RECIPIENT ID.: 53000012579	0 MRN:							
2024150022663	I1656724 SERVICE DATES RENDERING	052324 052324	843.74 BILLED	552.00 ALLOWED) COPAY	291.74	0.00	0.00	496.00
POS PROC CD MODIFIERS			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87481 59	4.00 052324 052324 220224		168.00	112.00	0.00	112.00			
81 87640 59	1.00 052324 052324 220224		37.07	22.00	0.00	22.00	9918		
81 87653 59	1.00 052324 052324 220224		37.07	15.07 22.00	0.00	22.00	9918		
81 87798	11.00 052324 052324 220224		462.00	15.07 308.00	0.00	308.00	9918		
81 87641 59	1.00 052324 052324 220224		37.07	154.00 22.00	0.00	22.00	9918		
81 87798	2.00 052324 052324 220224		84.00	15.07 56.00	0.00		5000		
				28.00	0.00				
81 87086	1.00 052324 052324 220224		18.53	10.00 8.53	0.00	10.00	9918		
	RECIPIENT ID.: 53000242813								
2024159023301	I1665942 SERVICE DATES RENDERING	060524 060524		458.00 ALLOWED		241.21	0.00	0.00	458.00
POS PROC CD MODIFIERS 81 87481 59			AMOUNT 42.00	NON-AllOWED	\mathtt{TPL}	28.00	DETAIL EOBS 9918	3	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			ENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD 81 87640	MODIFIERS 59		ROVIDER 20224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL E 9918	COBS	
01 0/040	59	1.00 000324 000324 22	20224			37.07	15.07	0.00	22.00	9910		
81 87653	59	1.00 060524 060524 22	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798	59	11.00 060524 060524 22	20224			462.00	308.00	0.00	308.00	9918		
81 87641	59	1.00 060524 060524 22	00224			37.07	154.00 22.00	0.00	22 00	9918		
01 0/041	59	1.00 000324 000324 22	20224			37.07	15.07	0.00	22.00	9910		
81 87798		2.00 060524 060524 22	20224			84.00	56.00	0.00	56.00	9918		
							28.00	0.00				
NIAME · ALIA NOE	1	DEGIDIENT ID .	E20002020141	MID NT •								
NAME: AVA NOE	.59023318	RECIPIENT ID.: 11665944		MRN: 060524	060524	899.12	586.03		313.09	0.00	0.00	586.03
20211	.37023310		ENDERING	000321	000321	BILLED	ALLOWED	COPAY	313.05	0.00	0.00	300.03
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87486	59	1.00 060524 060524 22	20224			42.00	28.00	0.00	28.00	9918		
01 07400	F.0	1 00 060504 060504 00	20004			27 07	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00 060524 060524 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060524 060524 22	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060524 060524 22	20224			318.05	212.03	0.00	212.03	9918		
01 05640		1 00 060504 060504 00	20004			25 25	106.02	0.00	00.00	0.01.0		
81 87640		1.00 060524 060524 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060524 060524 22	20224			37.07	22.00	0.00	22.00	9918		
0_ 0,0							15.07	0.00		77_0		
81 87651	59	1.00 060524 060524 22	20224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 060504 060504 00	20004			226.00	21.86	0.00	004 00	0.01.0		
81 87798		8.00 060524 060524 22	20224			336.00	224.00 112.00	0.00	224.00	9918		
							112.00	0.00				
NAME: BRILEE		RECIPIENT ID.:		MRN:								
20241	.50022687	I1656726		052124	052124	93.00			21.00	0.00	0.00	72.00
POS PROC CD	MUDIFIEDG	SERVICE DATES RE UNITS FROM THRU PR				AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	דעיים רו	'OBG	
81 86003	MODIFIERS	12.00 052124 052124 22				93.00	72.00	0.00	72.00		מסטו	
						22.00	21.00	0.00	, 2 : 00			
		5	F20000040004	MDAT								
NAME: AMLYA N	IUKD 56024464	RECIPIENT ID.: 11661236	530000948204	MRN: 053024	053024	1,049.12	629.64		419.48	0.00	0.00	629.64
Z0Z 1 1	.50021101	11001230		00004	033024	I, UIJ.IZ	029.04		117.10	0.00	0.00	029.04

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87635	MODIFIERS		DERING VIDER		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID	DETAIL 9918		
81	87486	59	1.00 053024 053024 2202	224		42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87498	59	1.00 053024 053024 2202	224		37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 053024 053024 2202	224		42.00	28.00 14.00	0.00		9918		
81	87633		1.00 053024 053024 2202			318.05	212.03 106.02	0.00	212.03			
81	87640	Γ0	1.00 053024 053024 2202			37.07	22.00 15.07	0.00		9918		
81 81	87641 87651	59 59	1.00 053024 053024 2202 1.00 053024 053024 2202			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81	87798		8.00 053024 053024 2202			336.00	21.86 224.00	0.00		9918		
717 V/II. •	TCADELL	A O'DELL	RECIPIENT ID.: 53	30000560393 MRN:			112.00	0.00				
NAME.		49020577	I1652247	052224 DERING	052224	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS		VIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 052224 052224 2202			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 052224 052224 2202			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 052224 052224 2202			42.00	28.00 14.00	0.00		9918		
81	87633		1.00 052224 052224 2202			318.05	212.03 106.02	0.00	212.03			
81	87640		1.00 052224 052224 2202			37.07	22.00 15.07	0.00 0.00		9918		
81	87641	59	1.00 052224 052224 2202	224		37.07	22.00 15.07	0.00 0.00		9918		
81	87651	59	1.00 052224 052224 2202			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 052224 052224 2202	224		336.00	224.00 112.00	0.00	224.00	9918		
NAME:		A O'DELL 58030808	RECIPIENT ID.: 50	00002000391 MRN: 060324	060324	46.50	17.00		29.50	0.00	0.00	17.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT	ALI	LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 80164	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224		∧ M∩TINTT	ALLOWED NON-AllOWED 17.00 25.00	\mathtt{TPL}	PAID 17.00		BS	
81 36415	1.00 060324 060324 220224		4.50	0.00 4.50		0.00	3323		
2024150022694	SERVICE DATES RENDERING	052024 052024	174.33 BILLED	ATTOMED	COPAY				116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 052024 052024 220224		AMOUNT 174.33	NON-AllOWED 116.22	TPL 0.00 0.00	PAID 116.22	DETAIL EO 9918	BS	
	RECIPIENT ID.: 530001898413	MRN: 052324 052324	12 50	4 00		0 50	0 00	0 00	4.00
2024150022723	SERVICE DATES RENDERING	052324 052324	BILLED	ALLOWED	COPAY				4.00
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224		AMOUNT	NON-AllOWED 0.00 4.50	TPL 0.00 0.00	0.00	DETAIL EO 3323	BS	
81 85049	1.00 052324 052324 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: MYLEA OLIVE 2024150022729		052424 052424					0.00	0.00	586.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED	ALLOWED NON-AlloWED			DETAIL EO	BS	
81 87486 59	UNITS FROM THRU PROVIDER 1.00 052424 052424 220224 1.00 052424 052424 220224		42.00	28.00 14.00	0.00	28.00	9918	_~	
81 87498 59	1.00 052424 052424 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59				28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052424 052424 220224		318.05				9918		
81 87640	1.00 052424 052424 220224		37.07		0.00	22.00	9918		
81 87641 59	1.00 052424 052424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 052424 052424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 052424 052424 220224		336.00	224.00 112.00	0.00	224.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ALANDRIA OLIVER 2024159023339	RECIPIENT ID.: 530001096676 I1665947 SERVICE DATES RENDERING	MRN: 060524 060524	124.16 BILLED	77.53	COPAY	46.63	0.00	0.00	49.53
POS PROC CD MODIFIERS 81 87491 59	UNITS FROM THRU PROVIDER 1.00 060524 060524 220224		AMOUNT 49.86	NON-Allowed 28.00 21.86	TPL 0.00 0.00	PAID 0.00	DETAIL E 5490	EOBS	
81 87591 59	1.00 060524 060524 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661	1.00 060524 060524 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: MAKAYLA ORR 2024149020591	RECIPIENT ID.: 530000745814 I1652250	MRN: 122723 122723	1,098.98	657.64		441.34	0.00	0.00	657.64
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 122723 122723 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	EOBS	
81 87635	1.00 122723 122723 220224		150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59	1.00 122723 122723 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 122723 122723 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 122723 122723 220224		42.00	28.00 14.00	0.00	28.00			
81 87633	1.00 122723 122723 220224		318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641 59	1.00 122723 122723 220224 1.00 122723 122723 220224		37.07 37.07	22.00 15.07	0.00	22.00			
81 87651 59	1.00 122723 122723 220224		49.86	22.00 15.07 28.00	0.00 0.00 0.00	28.00			
81 87798	8.00 122723 122723 220221		336.00	21.86 224.00	0.00	224.00			
				112.00	0.00				
NAME: NEVAEH ORR 2024149020613	RECIPIENT ID.: 530002443714 I1652251 SERVICE DATES RENDERING	MRN: 052224 052224		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			NON-AllOWED 28.00	\mathtt{TPL}	28.00		EOBS	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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NAME RATION NAME RATIO			ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87498 59 1.00 052224 052224 220224	DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			HODG	
Recommendation Reco													FORS	
81 87581 59	0.1	0/490	59	1.00 052224 052224	220224			37.07			22.00	9910		
1	01	07501	5 Q	1 00 052224 052224	220224			42 00			20 00	0010		
81 87632	0.1	0/301	59	1.00 032224 032224	220224			42.00			20.00	9910		
NAME NOT NAME NOT NAME NOT NAME NOT NAME NAME NOT N	01	07622		1 00 052224 052224	220224			210 05			212 02	0010		
81 87640	0.1	0/033		1.00 032224 032224	220224			310.03			212.03	9910		
Recommendation Reco	01	07640		1 00 052224 052224	220224			27 07			22 00	0010		
8764	0.1	0/040		1.00 032224 032224	220224			37.07			22.00	9910		
NAME NOTE	0.1	07641	ΕO	1 00 052224 052224	220224			27 07			22.00	0010		
81 8761 59	0.1	0/041	59	1.00 052224 052224	220224			37.07			22.00	9910		
NAME: NEVALE NO NO NO NO NO NO NO N	0.1	07651	Γ0	1 00 052224 052224	220224			40.06			20.00	0010		
81 87798	81	8/651	59	1.00 052224 052224	220224			49.80			28.00	9918		
NAME: NEVAEH OR 2024152027300 NAME: NEVAEH OR 20224152027300 165851 165861	0.1	07700		0 00 050004 050004	220224			226 00			224 00	0010		
NAME: NEVAREH OR: 2024 5027300 165861 16586	81	8//98		8.00 052224 052224	220224			330.00			224.00	9918		
Transfer									112.00	0.00				
Transfer	7 T 7 T 7 T T 7	NTES 7.7 TEST	ODD	DECIDIENT I		MID NT •								
SERVICE DATES SERVICE DATE	NAME.				0 530002443714		050004	1 010 67	700 06		110 61	0 00	0 00	700 06
POS PROC CD MODIFIERS UNITS FROM THEU PROVIDER AMOUNT NON-AllOWED TEL PAID DETAIL EOBS PROVIDER AMOUNT ALLOW COLOR C		20241	5202/300		DENDEDING	052824	052824				419.61	0.00	0.00	799.06
81 87486 59	DOG		MODIFIED								D 7 T D		TODG	
81 87498 59													FORS	
81 87498 59	81	8/486	59	1.00 052824 052824	220224			42.00			28.00	9918		
STORY STOR	0.1	07400	F 0	1 00 050004 050004	000004			27 07			00.00	0010		
81 87581 59	81	8/498	59	1.00 052824 052824	220224			3/.0/			22.00	9918		
14.00 0.00	0.1	07501	F 0	1 00 050004 050004	000004			40.00			00 00	0010		
81 87633	81	8/581	59	1.00 052824 052824	220224			42.00			28.00	9918		
81 87640	0.1	07622		1 00 050004 050004	000004			210 05			010 02	0010		
81 87640	81	8/633		1.00 052824 052824	220224			318.05			212.03	9918		
81 87641 59	0.1	0.00		1 00 050004 050004	000004			20.00			00.00	0010		
81 87641 59	81	8/640		1.00 052824 052824	220224			3/.0/			22.00	9918		
81 87651 59	0.1	07641	F 0	1 00 050004 050004	000004			27 07			00.00	0010		
81 87651 59	81	8/641	59	1.00 052824 052824	220224			37.07			22.00	9918		
81 87798 8.00 052824 052824 220224 336.00 224.00 0.00 224.00 9918 81 87507 1.00 052824 052824 220224 319.55 213.03 0.00 213.03 9918 NAME: ZANDER ORTIZ RECIPIENT ID.: 530001865599 MRN:	0.1	07651	F 0	1 00 050004 050004	000004			40.06			00 00	0010		
81 87798 8.00 052824 052824 220224 336.00 224.00 0.00 224.00 9918 81 87507 1.00 052824 052824 220224 319.55 213.03 0.00 213.03 9918 NAME: ZANDER ORTIZ RECIPIENT ID.: 530001865599 MRN:	81	8/651	59	1.00 052824 052824	220224			49.86			28.00	9918		
81 87507	0.1	07700		0 00 050004 050004	000004			226 00			004 00	0010		
81 87507	81	8//98		8.00 052824 052824	220224			336.00			224.00	9918		
106.52 0.00 NAME: ZANDER ORTIZ RECIPIENT ID.: 530001865599 MRN:	0.1	0.55.05		1 00 050004 050004	000004			210 55			012 02	0010		
NAME: ZANDER ORTIZ RECIPIENT ID.: 530001865599 MRN:	81	87507		1.00 052824 052824	220224			319.55			213.03	9918		
									106.52	0.00				
	37337		ODEL 7	5565555		MD 37 -								
ZUZ4158U3U8ZZ 11664857	NAME:).· 53UUU1865599		0.60404	000 10	F0C 00		212 00	0.00	0 00	F06 00
		ZUZ41	20030044	TT00400/		000424	000424	899.1∠	586.03		313.U9	0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING	11011	11110	BILLED	ALLOWED	COPAY	3,122		11100111	11100111
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
		55655555		15777								
NAME: ADALYNN).: 530000999511	MRN:				_				
				$\Delta \Gamma \Delta \Delta \Delta A$	$\Delta \Gamma \Delta \Delta \Delta A$	000 10	E06 03		212 00			
20241	49020622	I1652252	DENDEDING	052224	052224	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING	052224	052224	BILLED	ALLOWED	COPAY				586.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	052224	052224	BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL		586.03
		SERVICE DATES		052224	052224	BILLED	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			586.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224	052224	052224	BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918		586.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER 220224	052224	052224	BILLED AMOUNT	ALLOWED NON-AllOWED 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00	PAID 28.00	DETAIL		586.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224	052224	052224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918		586.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224 220224	052224	052224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00 28.00	DETAIL 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 2.00 052224 052224 3.00 052224 052224 3.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	052224 MRN:	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651 81 87798 NAME: LONDON	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 2.00 052224 052224 3.00 052224 052224 3.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224	MRN:	052224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידה		C	
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 052824 052824	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EOB	۵	
01 07400	3,7	1.00 032024 032024	220224			42.00	14.00	0.00	20.00	JJ±0		
81 87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22 00	9918		
01 07190	3,5	1.00 032021 032021	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
0_ 0/00_							14.00	0.00		,,_,		
81 87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918		
			-				106.02	0.00				
81 87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 052824 052824	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: EDWARD			.: 530002208113	MRN:								
20241	.58030844	I1664860	_	053024	053024	258.14	172.09		86.05	0.00	0.00	172.09
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_		
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOE	S	
81 80307		1.00 053024 053024	220224			83.81	55.87	0.00	55.87	9918		
		1 00 050004 050004	000001			174 00	27.94	0.00	116.00	0.01.0		
81 G0482		1.00 053024 053024	220224			174.33	116.22	0.00	116.22	9918		
							58.11	0.00				
NAME: MELANIE	· OMENC	DECIDIENT ID	.: 530001011794	MDNT•								
	.52027335	I1658616	530001011/94	MRN: 052024	052024	759.74	496.00		263.74	0.00	0.00	496.00
20241	.52027555	SERVICE DATES	RENDERING	032024	032024	BILLED	ALLOWED	COPAY	203.74	0.00	0.00	490.00
POS PROC CD	MUDIEIEBG	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	Q	
81 87481	59	4.00 052024 052024	220224			168.00	112.00	0.00	112.00		D	
01 07401	3,7	4.00 032024 032024	220224			100.00	56.00	0.00	112.00	JJ±0		
81 87640	59	1.00 052024 052024	220224			37.07	22.00	0.00	22.00	9918		
01 07010	3,7	1.00 032021 032021	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87653	59	1.00 052024 052024	220224			37.07	22.00	0.00	22 00	9918		
01 07000	3,5	1.00 002021 002021	220221			37.07	15.07	0.00	22.00	,,,,		
81 87798		11.00 052024 052024	220224			462.00	308.00	0.00	308.00	9918		
			-				154.00	0.00				
81 87641	59	1.00 052024 052024	220224			37.07	22.00	0.00	22.00	9918		
-							15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052024 052024	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AlloWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL E 9918	OBS	
NAME:		PALACIOS 59023352	RECIPIENT ID I1665958 SERVICE DATES	D.: 530000933552 RENDERING	MRN: 010824	010824	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81	87486	59	1.00 010824 010824	220224			42.00	28.00 14.00	0.00	28.00			
81	87498	59	1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 010824 010824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 010824 010824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 010824 010824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 010824 010824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 010824 010824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	AMELIA 20241	PALMER 58030855	RECIPIENT ID	530002383112	MRN: 060424	060424	715.12	417.64		297.48	0.00	0.00	417.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL E	OBS	
OΤ	0/033		1.00 000424 000424	22022 4			150.00	106.39	0.00	43.01	9910		
81	87498	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 060424 060424	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	OLIVER 20241	PALMER 50022756	RECIPIENT ID	530002373470	MRN: 052324	052324	764.98	445.64		319.34	0.00	0.00	445.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_		
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
81	87651		1.00 052324 052324	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.7.4.0.0		1 00 050004 050004	000001			25 25	21.86	0.00	00.00	0010		
81	87498	59	1.00 052324 052324	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.000		1 00 050004 050004	000001			40.00	15.07	0.00	00.00	0010		
81	87581	59	1.00 052324 052324	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00 050304 050304	000004			210 05	14.00	0.00	010 02	0010		
81	87633		1.00 052324 052324	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.7700		4 00 050004 050004	000001			1.60 0.0	106.02	0.00	110 00	0010		
81	87798		4.00 052324 052324	220224			168.00	112.00	0.00	112.00	9918		
0.1	0000		1 00 050004 050004	000001			150.00	56.00	0.00	40.61	0010		
81	87635		1.00 052324 052324	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
NT	OT TIMED		DECIDIENT ID		MIDNI •								
NAME •	OLIVER			530002373470	MRN:	060404	715 10	117 61		207 40	0 00	0 00	117 61
	20241	58030864	I1664865 SERVICE DATES	DENDEDING	060424	060424	715.12	417.64 ALLOWED	COPAY	297.48	0.00	0.00	417.64
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	IDC	
81	87635	MODIFIERS	1.00 060424 060424	220224			150.00	43.61	0.00		9918	CA	
0.1	07033		1.00 000424 000424	220224			130.00	106.39	0.00	43.01	9910		
81	87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22 00	9918		
0.1	07490	39	1.00 000424 000424	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28 00	9918		
0.1	07301	39	1.00 000424 000424	220224			12.00	14.00	0.00	20.00	9910		
81	87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	0010		
0.1	07033		1.00 000424 000424	220224			310.03	106.02	0.00	212.03	9910		
81	87798		4.00 060424 060424	220224			168.00	112.00	0.00	112.00	9918		
01	01170		1.00 000121 000121	220224			100.00	56.00	0.00	112.00	JJ10		
								30.00	0.00				
NAME:	SARAH P.	AT.MER	RECIPTENT ID	.: 530000995549	MRN:								
147111111		56024474	I1662568	330000000000000000000000000000000000000	053024	053024	138.04	100.93		37.11	0.00	0.00	100.93
	20211	30021171	SERVICE DATES	RENDERING	000021	000021	BILLED	ALLOWED	COPAY	37.11	0.00	0.00	100.75
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
	80053	1102111110	1.00 053024 053024	220224			15.84	12.00	0.00			20	
0_								3.84	0.00		J		
81	82306		1.00 053024 053024	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	83036		1.00 053024 053024	220224			14.00	12.00	0.00	12.00	9918		
								2.00	0.00				
81	80061		1.00 053024 053024	220224			20.00	14.00	0.00	14.00	9918		
				- 				6.00	0.00	= = • • •			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 84443 1.00 053024 053024 220224 25.20 22.93 0.00 22.93 9918 81 84436 59 1.00 053024 053024 220224 10.00 7.00 0.00 7.00 9918	
3.00 0.00	
81 85049 1.00 053024 053024 220224 9.00 4.00 0.00 4.00 9918 5.00 0.00	
NAME: BRIKEN PANKEY RECIPIENT ID.: 530002282799 MRN:	
2024149020641	305.64
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 1.00 020824 020824 220224 150.00 43.61 0.00 43.61 9918	
$81 87635 \qquad \qquad 1.00 020824 020824 220224 \qquad \qquad 150.00 \qquad 43.61 \qquad 0.00 \qquad 43.61 9918 \qquad \qquad 106.39 \qquad 0.00$	
81 87498 59 1.00 020824 020824 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87581 59 1.00 020824 020824 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
81 87633 1.00 020824 020824 220224 318.05 212.03 0.00 212.03 9918 106.02 0.00	
NAME: LUCAS PANTOJA RECIPIENT ID.: 530002360870 MRN:	F0C 03
2024156024488 I1662569 060224 060224 899.12 586.03 313.09 0.00 0.00 SERVICE DATES RENDERING BILLED ALLOWED COPAY	586.03
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 87486 59 1.00 060224 060224 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
81 87498 59 1.00 060224 060224 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
$81 87581 59 \qquad \qquad 1.00 060224 060224 220224 \qquad \qquad 42.00 \qquad 28.00 \qquad 0.00 \qquad 28.00 9918 \qquad \qquad 14.00 \qquad 0.00$	
81 87633 1.00 060224 060224 220224 318.05 212.03 0.00 212.03 9918	
106.02 0.00	
81 87640 1.00 060224 060224 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
$81 87641 59 \qquad \qquad 1.00 060224 060224 220224 \qquad \qquad 37.07 \qquad 22.00 \qquad 0.00 \qquad 22.00 9918 \qquad \qquad 15.07 \qquad 0.00$	
15.07 0.00 81 87651 59 1.00 060224 060224 220224 49.86 28.00 0.00 28.00 9918	
21.86 0.00	
81 87798 8.00 060224 060224 220224 336.00 224.00 0.00 224.00 9918	
112.00 0.00	

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: BRANTLE 20241	Y PARDO 49020650	RECIPIENT ID I1652256 SERVICE DATES	: 530002348162 RENDERING	MRN: 052224	052224	547.12 BILLED	305.64	COPAY	241.48	0.00	0.00	305.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EC 9918	DBS	
81 87498	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: DAI VEC	N PARHAM 49020657	RECIPIENT ID 11652257	.: 530002143911	MRN: 052224	052224	764.98	445.64		319.34	0.00	0.00	445.64
20211		SERVICE DATES	RENDERING	032221	032221	BILLED	ALLOWED	COPAY				113.01
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EC 9918	BS	
81 87651		1.00 052224 052224	220224			49.86	106.39 28.00	0.00	28.00			
							21.86	0.00				
81 87498	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 052224 052224	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: DEZ LEN			.: 530001649233	MRN:	050004	F. (4, 0.0)	445 64		210 24	0.00	0.00	445 64
20241	49020665	I1652258 SERVICE DATES	RENDERING	052224	052224	764.98 BILLED	445.64 ALLOWED	COPAY	319.34	0.00	0.00	445.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EC 9918	DBS	
81 87651		1.00 052224 052224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 052224 052224	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87633	MODIFIERS		SERVICE DATES FROM THRU 052224 052224	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL E 9918	EOBS	
81	87798		4.00	052224 052224	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		L PARKER 50022767	I165479		.: 530001249714	MRN: 052324	052324	899.12	586.03		313.09	0.00	0.00	586.03
	20211	30022707	1103177	SERVICE DATES	RENDERING	032321	032321	BILLED	ALLOWED	COPAY	313.05	0.00	0.00	300.03
POS				FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS	
81	87486	59	1.00	052324 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00	052324 052324	220224			318.05	14.00 212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00	052324 052324	220224			49.86	15.07 28.00	0.00	28.00	9918		
0.4					000004			225 22	21.86	0.00	004.00	0.01.0		
81	87798		8.00	052324 052324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	ANGELA	PARKER		RECIPIENT ID	.: 530000579626	MRN:								
		56024521	I166257				053124	699.21	458.00		241.21	0.00	0.00	458.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
81	87481	59	1.00	053124 053124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87640	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1 00	053124 053124	220224			37.07	15.07 22.00	0.00	22.00	0010		
OΤ	07033	J	1.00	033124 033124	22022 1			37.07	15.07	0.00	22.00	J J ⊥ O		
81	87798	59	11.00	053124 053124	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1.00	053124 053124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				

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CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

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POS PROC CD MODIFIERS 81 87798 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 053124 053124 220224	FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 56.00 28.00	ALI COPAY TPL	LOWED	AMOUNT A DETAIL EOB	TPL MOUNT S	PAID AMOUNT
2024155014215 POS PROC CD MODIFIERS 81 36415		052924 052924	BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00	COPAY TPL 0.00 0.00 0.00	PAID 0.00 4.00	DETAIL EOB 3323		4.00
2024156024535 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001246975 11662571 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224	052024 052024	37.07 BILLED AMOUNT 37.07	NON-AllOWED 22.00	\mathtt{TPL}	PAID 22.00	DETAIL EOB	0.00 S	22.00
2024158030876 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000872861 I1664867 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	052224 052224	125.00 BILLED AMOUNT 125.00	NON-AllOWED 55.48	\mathtt{TPL}	PAID 55.48	DETAIL EOB	0.00 S	55.48
2024155014226 POS PROC CD MODIFIERS 81 87481 59	RECIPIENT ID.: 530001998455 11660112 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 2.00 052024 052024 220224 1.00 052024 052024 220224	MRN: 052024 052024	503.59 BILLED AMOUNT 84.00 49.86 42.00 99.72 42.00	75.00 ALLOWED NON-AllOWED 15.00 69.00 7.50 42.36 7.50 34.50 15.00 84.72 7.50 34.50	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 7.50 15.00 7.50	0.00 DETAIL EOB 9918 9936 5490 9918 9936 9918 9936 9918 9936	125.84 S	60.00

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	9	PAT ACCT NO. SERVICE DATES RENDERING PROVIDER 2.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224	SERVICE FROM	DATES THRU	AMOUNT BILLED	AMOUNT ALLOWED NON-AllOWED	COPAY	PAID 0.00 7.50 0.00		FPL MOUNT	PAID AMOUNT
NAME: SCARLETT E 20241580 POS PROC CD MO 81 87651	030885	RECIPIENT ID.: 530001369058 11664869 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050924 050924 220224	MRN: 050924	050924	BILLED	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL		DETAIL EOBS		28.00
NAME: AMIR PATRI 20241520 POS PROC CD MO 81 87651	027348	RECIPIENT ID.: 530001130528 I1658632 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224	MRN: 050624	050624	BILLED	28.00	COPAY TPL		DETAIL EOBS		28.00
NAME: AMIR PATRI 20241520 POS PROC CD MO 81 80053 81 82306 81 83540 81 83550 81 82728 81 83735 81 84443	027354	RECIPIENT ID.: 530001130528 11658633 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224	MRN: 052024			3.84	COPAY	PAID 12.00 29.00 7.00 10.00 13.00 8.00			114.93

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81 36	ICN C CD MODIFIERS 439 415 049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224 1.00 052024 052024 220224 1.00 052024 052024 220224	SERVICE FROM	E DATES THRU	BILLED AMOUNT BILLED AMOUNT 13.00 4.50 9.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 9.00 4.00 0.00 4.50 4.00 5.00	O ALI COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 9.00		TPL MOUNT S	PAID AMOUNT
	ABELLA PATRICK 2024159023399	RECIPIENT ID.: 530001253466 I1665961	MRN: 032124	032124	145.00			45.00	0.00	0.00	100.00
POS PRO 81 83	C CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224			BILLED AMOUNT 14.00	ALLOWED NON-AllOWED 12.00 2.00	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOB 9918	S	
81 84	481	1.00 032124 032124 220224			24.00	16.00 8.00	0.00	16.00	9918		
81 80	061	1.00 032124 032124 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 86	376	1.00 032124 032124 220224			21.00	15.00 6.00	0.00	15.00	9918		
81 84	436 59	1.00 032124 032124 220224			10.00	7.00 3.00	0.00	7.00	9918		
81 86	800	1.00 032124 032124 220224			23.00	15.00 8.00	0.00	15.00	9918		
81 84	432	1.00 032124 032124 220224			24.00	17.00 7.00	0.00	17.00	9918		
81 85	049	1.00 032124 032124 220224			9.00	4.00 5.00	0.00	4.00	9918		
	MESON PATRICK	RECIPIENT ID.: 530002240586	MRN:	052224	207 12	262.02		125 00	0.00	0.00	262 02
POS PRO	498 59	I1652264 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	U32224	052224	397.12 BILLED AMOUNT 37.07	15.07	COPAY TPL 0.00 0.00			0.00 S	262.03
	581 59 633	1.00 052224 052224 220224 1.00 052224 052224 220224			42.00	28.00 14.00 212.03 106.02	0.00 0.00 0.00 0.00	28.00			
	DISON PATTERSON 2024159023414	RECIPIENT ID.: 530000747279 11665963	MRN: 060524	060524	965.59	591.53		374.06	0.00	0.00	519.53

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87798	59	9.00 060524 060524	220224			378.00	252.00 126.00	0.00 0.00	252.00	9918			
81	87481	59	4.00 060524 060524	220224			168.00	112.00 56.00	0.00	112.00	9918			
81	87491	59	1.00 060524 060524	220224			49.86	28.00	0.00	0.00	5490			
81	87511	59	1.00 060524 060524	220224			42.00	21.86 28.00	0.00 0.00	28.00	9918			
81	87529	59	2.00 060524 060524	220224			99.72	14.00 56.00	0.00 0.00	56.00	9918			
81	87591	59	1.00 060524 060524	220224			42.00	43.72 28.00	0.00	28.00	9918			
81	87653	59	2.00 060524 060524				74.14	14.00 44.00	0.00		5900			
								30.14	0.00					
81	87661	59	1.00 060524 060524	220224			32.30	21.53 10.77	0.00 0.00	21.53	9918			
81	87563		1.00 060524 060524	220224			42.50	0.00 42.50	0.00	0.00	4021			
81	87640	59	1.00 060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918			
NT	• TAMPIN	D A IIIII ONI		. 520001264500	MID NI •			13.07	0.00					
NAME	: JAYDEN 20241	L56024546	I1662577	.: 530001364508	MRN: 041524	041524	266.19	191.93		74.26	0.00	0	.00	191.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	80053		1.00 041524 041524	220224			15.84	12.00 3.84	0.00 0.00	12.00	9918			
81	85049		1.00 041524 041524	220224			9.00	4.00 5.00	0.00	4.00	9918			
81	82306		1.00 041524 041524	220224			44.00	29.00 15.00	0.00	29.00	9918			
81	83002		1.00 041524 041524	220224			27.78	21.00	0.00	21.00	9918			
81	83001		1.00 041524 041524	220224			27.87	6.78 22.00	0.00	22.00	9918			
81	82670		1.00 041524 041524	220224			41.00	5.87 27.00	0.00 0.00	27.00	9918			
81	84403		1.00 041524 041524	220224			38.00	14.00 31.00	0.00	31.00	9918			
81	80061		1.00 041524 041524	220224			20.00	7.00 14.00 6.00	0.00 0.00 0.00	14.00	9918			

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	NON-AllOWED	COPAY TPL	PAID	DETAIL E(שמ	
81 84443	1.00 041524 041524 220224		25.20	22.93	0.00		9918	200	
01 01115	1.00 011321 011321 220221		23.20	2.27	0.00	22.75	JJ±0		
81 84439	1.00 041524 041524 220224		13.00	9.00	0.00	9.00	9918		
0_ 01_0;				4.00	0.00	2.00	,,,,		
81 36415	1.00 041524 041524 220224		4.50	0.00	0.00	0.00	3323		
				4.50	0.00				
NAME: MICHAEL PATTON	RECIPIENT ID.: 530001998786	MRN:							
2024155014252	I1660118	052924 052924	151.04	107.93		43.11	0.00	0.00	107.93
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	DBS	
81 80053	1.00 052924 052924 220224		15.84	12.00	0.00	12.00	9918		
				3.84	0.00				
81 82607	1.00 052924 052924 220224		22.00	17.00	0.00	17.00	9918		
0.1	1 00 050004 050004 000004		00.00	5.00	0.00	12.00	0010		
81 82746	1.00 052924 052924 220224		22.00	13.00	0.00	13.00	9918		
01 04401	1 00 052024 052024 220224		24.00	9.00	0.00	16.00	0010		
81 84481	1.00 052924 052924 220224		24.00	16.00 8.00	0.00	16.00	9918		
81 80061	1.00 052924 052924 220224		20.00	14.00	0.00	14 00	9918		
01 00001	1.00 032724 032724 220224		20.00	6.00	0.00	14.00	JJ±0		
81 84443	1.00 052924 052924 220224		25.20	22.93	0.00	22.93	9918		
				2.27	0.00				
81 84439	1.00 052924 052924 220224		13.00	9.00	0.00	9.00	9918		
				4.00	0.00				
81 85049	1.00 052924 052924 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: CUDICEINA DAVION	DEGET DE DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MDM							
NAME: CHRISTINA PAXSON	RECIPIENT ID.: 530002332366	5 MRN: 060324 060324	151 04	107 02		43.11	0 00	0.00	107 02
2024158030895	SERVICE DATES RENDERING	060324 060324	151.04 BILLED	107.93 ALLOWED	COPAY	43.11	0.00	0.00	107.93
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL E)BS	
81 80053	1.00 060324 060324 220224		15.84		0.00	12.00		700	
01 00033	1.00 000321 000321 220221		13.01	3.84	0.00	12.00	JJ±0		
81 82607	1.00 060324 060324 220224		22.00	17.00	0.00	17.00	9918		
				5.00	0.00				
81 82746	1.00 060324 060324 220224		22.00	13.00	0.00	13.00	9918		
				9.00	0.00				
81 84481	1.00 060324 060324 220224		24.00	16.00	0.00	16.00	9918		
				8.00	0.00				

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ISSUE DATE 06/07/2024

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STATE STAT			ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
81 8061														
Record R			MODIFIERS										5	
81 84443	81	80061		1.00 060324 060324	220224			20.00			14.00	9918		
Recommendation Reco	0.1	0.4.4.0		1 00 060004 060004	000004			05.00			00.00	0.01.0		
81 84439	81	84443		1.00 060324 060324	220224			25.20			22.93	9918		
NAME	0.1	0.4.4.2.0		1 00 000004 000004	000004			10.00			0.00	0.01.0		
Record R	81	84439		1.00 060324 060324	220224			13.00			9.00	9918		
NAME BROOKLIN PAYNE 2024158030927 11664875	0.1	05040		1 00 060204 060204	000004			0.00			4 00	0.01.0		
NAME BROOKLY PAYNE 20241 S030977 T1664875	81	85049		1.00 060324 060324	220224			9.00			4.00	9918		
Table Tabl									5.00	0.00				
Table Tabl	3T7 34T7 •	DD00KI M	TAT TO A \$7.50TT	DECIDIONE I		NATONT .								
SENIC SENI	NAME •				J. 530001420707		041024	000 10	E06 02		212 00	0 00	0 00	E06 02
POS PROC CD MODIFIERS NTTS FROM THRU PROVIDER 1.00 041024 041024 240024 240024 420024 420024 420024 420024 42002 420024 420000 42000 42000 420000 42000 42000 42000 42000		202 4 1	.56030947		DENDEDING	041024	041024				313.09	0.00	0.00	500.03
81 87486 59	DOG	DDOC CD	MODIFIFDC								מדגם	רבייז דו בּרסס	1	
81 8768 59 1.00 041024 041024 220224 37.07 22.00 0.00 22.00 9918 81 87633)	
81 87498 59	0.1	0/400	59	1.00 041024 041024	220224			42.00			20.00	9910		
STOCK STOC	Ω1	Q7/QQ	50	1 00 041024 041024	220224			37 07			22 00	0010		
81 87581 59	OΤ	0/490	39	1.00 041024 041024	220224			37.07			22.00	9910		
81 87633	81	87581	59	1 00 041024 041024	220224			42 00			28 00	9918		
81 87633	01	0/301		1.00 041024 041024	220224			42.00			20.00	JJ±0		
STATE STAT	81	87633		1 00 041024 041024	220224			318 05			212 03	9918		
81 87640	01	07033		1.00 011021 011021	220221			310.03			212.05	JJ±0		
Standard Standard	81	87640		1 00 041024 041024	220224			37 07			22 00	9918		
81 87641 59	01	07010		1.00 011021 011021	220221			37.07			22.00	JJ±0		
STATE STAT	81	87641	59	1.00 041024 041024	220224			37.07			22.00	9918		
81 87651 59	0_	0,012										,,,,		
81 87798 8.00 041024 041024 220224 336.00 224.00 0.00 224.00 9918 NAME: MICHAEL PAYNE RECIPIENT ID.: 530001971469 MRN: 2024150022782 11654827 032824 032824 976.17 542.00 434.17 0.00 0.00 533.00 POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EOBS 81 87481 59 4.00 032824 032824 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918	81	87651	59	1.00 041024 041024	220224			49.86			28.00	9918		
81 87798 8.00 041024 041024 220224 336.00 224.00 0.00 224.00 9918 NAME: MICHAEL PAYNE RECIPIENT ID.: 530001971469 MRN:	-													
NAME: MICHAEL PAYNE RECIPIENT ID.: 530001971469 MRN: 2024150022782 I1654827 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	81	87798		8.00 041024 041024	220224			336.00			224.00	9918		
NAME: MICHAEL PAYNE RECIPIENT ID.: 530001971469 MRN: 2024150022782 11654827 032824 032824 976.17 542.00 434.17 0.00 0.00 533.00 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AlloWED TPL PAID DETAIL EOBS 81 87481 59 4.00 032824 032824 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918														
2024150022782 I1654827 032824 032824 976.17 542.00 434.17 0.00 0.00 533.00 SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87481 59 4.00 032824 032824 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918														
2024150022782 I1654827 032824 032824 976.17 542.00 434.17 0.00 0.00 533.00 SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87481 59 4.00 032824 032824 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918	NAME:	MICHAEL	PAYNE	RECIPIENT II	D.: 530001971469	MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87481 59		20241	.50022782				032824	976.17	542.00		434.17	0.00	0.00	533.00
$\begin{array}{cccccccccccccccccccccccccccccccccccc$				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81 87640 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918 15.07 0.00 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918	81	87481	59	4.00 032824 032824	220224			168.00	112.00	0.00	112.00	9918		
15.07 0.00 81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918										0.00				
81 87653 59 1.00 032824 032824 220224 37.07 22.00 0.00 22.00 9918	81	87640	59	1.00 032824 032824	220224			37.07			22.00	9918		
15.07 0.00	81	87653	59	1.00 032824 032824	220224			37.07			22.00	9918		
									15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798		11.00 032824 032824	220224			462.00	308.00	0.00	308.00	9918		
0.1	00053		1 00 020004 020004	000004			15 04	154.00	0.00	10.00	0.01.0		
81	80053		1.00 032824 032824	220224			15.84	12.00	0.00	12.00	9918		
0.1	02725		1 00 022024 022024	220224			12 11	3.84	0.00	0 00	0010		
81	83735		1.00 032824 032824	220224			13.11	8.00 5.11	0.00 0.00	0.00	9918		
81	84100		1.00 032824 032824	220224			7.00	4.00	0.00	4 00	9918		
01	01100		1.00 032021 032021	220221			7.00	3.00	0.00	1.00	2210		
81	36415		1.00 032824 032824	220224			4.50	0.00	0.00	0.00	3323		
0_	3 4 1 2 3							4.50	0.00		00_0		
81	85049		1.00 032824 032824	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
81	84156		1.00 032824 032824	220224			8.00	4.00	0.00	4.00	9918		
								4.00	0.00				
81	82570		1.00 032824 032824	220224			8.00	6.00	0.00	6.00	9918		
								2.00	0.00				
81	83069		1.00 032824 032824	220224			8.00	4.00	0.00	4.00	9918		
								4.00	0.00				
81	84311		2.00 032824 032824	220224			32.00	14.00	0.00	14.00	9918		
0.1	00010		1 00 020004 020004	000004			16.00	18.00	0.00	0 00	4504		
81	82010		1.00 032824 032824	220224			16.00	0.00	0.00	0.00	4524		
0.1	82945		1.00 032824 032824	220224			8.00	16.00 4.00	0.00	4 00	0010		
81	02943		1.00 032824 032824	220224			0.00	4.00	0.00 0.00	4.00	9918		
81	82247	59	1.00 032824 032824	220224			8.00	5.00	0.00	0 00	5472		
01	02217	3,5	1.00 032021 032021	220221			0.00	3.00	0.00	0.00	5172		
81	83986		1.00 032824 032824	220224			7.00	3.00	0.00	3.00	9918		
								4.00	0.00				
81	81007		2.00 032824 032824	220224			120.00	4.00	0.00	0.00	5900		
								116.00	0.00				
81	82043	QW	1.00 032824 032824	220224			7.58	6.00	0.00	6.00	9918		
								1.58	0.00				
NAME:			RECIPIENT ID	0.: 530000702424	MRN:	0.40504	02.05	60.00	`	20 14	0.00	0 (
	20241	150022809	I1654832	DENDEDTNG	040524	040524		62.93		30.14	0.00	0.0	00 62.93
DOG	DDOG GD	MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED		מדגם	רבעהייות	EODC	
	80053	MODIFIERS	1.00 040524 040524	PROVIDER			15.84	NON-AllOWED 12.00	TPL 0.00		9918	FORS	
ОΤ	00033		1.00 040324 040324	44044 1			13.04	3.84	0.00	12.00	<i>ЭЭ</i> ⊥О		
81	80061		1.00 040524 040524	220224			20.00	14.00	0.00	14.00	9918		
01	00001		1.00 010321 010324	220221			20.00	6.00	0.00	11.00	J J ± U		
								0.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

		ICN	PAT ACCT NO.	DEMOCRATIVA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
D00 DD	00 00	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D3.TD		D.C.	
POS PR		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81 8	4443		1.00 040524 040524	220224			25.20	22.93	0.00	22.93	9918		
01 2	C 11 F		1 00 040524 040524	220224			4 50	2.27	0.00	0 00	2222		
81 3	6415		1.00 040524 040524	220224			4.50	0.00	0.00	0.00	3323		
01 0	E 0 4 0		1 00 040524 040524	220224			0 00	4.50	0.00	4 00	0.01.0		
81 8	5049		1.00 040524 040524	220224			9.00	4.00	0.00	4.00	9918		
01 0	7006		1 00 040524 040524	220224			18.53	5.00 10.00	0.00	10 00	0010		
81 8	7086		1.00 040524 040524	220224			10.53	8.53	0.00	10.00	9910		
								0.33	0.00				
NAME: T	YKTRRA	PEARSON	RECIPTENT ID	.: 530001471234	MRN:								
		50022828	I1656743		052524	052524	226.69	143.53		83.16	0.00	0.00	115.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PR	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	BS	
	7798		1.00 052524 052524	220224			42.00	28.00	0.00		9918		
								14.00	0.00				
81 8	7481		1.00 052524 052524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8	7491	59	1.00 052524 052524	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81 8	7591	59	1.00 052524 052524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8	7661		1.00 052524 052524	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81 8	7086		1.00 052524 052524	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
3733477 - 0		DEFILE		- 520001052000	15777								
NAME: G.				.: 530001053982	MRN:	050004	1 040 10	(20 (4		410 40	0 00	0 00	620 64
	20241	55014290	I1660124	RENDERING	052824	052824	1,049.12	629.64		419.48	0.00	0.00	629.64
		MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED	ALLOWED	COPAY	חדגם	רים זדגים בר	DC	
	7635	MODIFIERS	UNITS FROM THRU 1.00 052824 052824	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID	DETAIL EO 9918	DO	
01 0	7033		1.00 052624 052624	220224			130.00	106.39	0.00	43.01	9910		
81 8	7/86	50	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	0010		
01 0	7400	39	1.00 052024 052024	220224			12.00	14.00	0.00	20.00	9910		
81 8	7498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22 00	9918		
01 0	7100	33	1.00 052021 052021	220221			37.07	15.07	0.00	22.00	JJ±0		
81 8	7640	59	1.00 052824 052824	220224			37.07	22.00	0.00	22 00	9918		
<u> </u>	. 0 10		1.00 002021 002021				37.07	15.07	0.00	22.00	7720		
81 8	7581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
		-		-			3 3	14.00	0.00				
								-					

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

POS PROC CD 81 87633 81 87641 81 87651 81 87798	ICN MODIFIERS 59 59	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824 8.00 052824 052824	J PROVIDER 4 220224 4 220224 4 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 318.05 37.07 49.86 336.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 224.00 112.00	NO ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00		DETAIL EOBS 9918 9918 9918	PL DUNT	PAID AMOUNT
NAME: VANESA 2024 POS PROC CD 81 87653	156024569	RECIPIENT 1 11662586 SERVICE DATES UNITS FROM THRU 1.00 040124 040124	J PROVIDER	MRN: 040124	040124	37.07 BILLED AMOUNT 37.07	22.00 ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL	15.07 PAID 22.00		0.00	22.00
		CIA RECIPIENT 1 11658640 SERVICE DATES UNITS FROM THRU 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824 1.00 052824 052824	PROVIDER 220224 220224 220224 220224 220224 220224 220224	MRN: 052824	052824	104.54 BILLED AMOUNT 15.84 14.00 20.00 25.20 13.00 12.00 4.50	74.93 ALLOWED NON-AllOWED 12.00 3.84 12.00 2.00 14.00 6.00 22.93 2.27 9.00 4.00 5.00 7.00 0.00 4.50	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 14.00 22.93 9.00 5.00	9918 9918	0.00	74.93
	155014308	CIA RECIPIENT I 11660125 SERVICE DATES UNITS FROM THRU 1.00 052824 052824	S RENDERING J PROVIDER	MRN: 052824	052824		24.00 ALLOWED NON-AlloWED 24.00 33.00	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	24.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
NAME: JEREMIAH PENNOCK 2024155014317 POS PROC CD MODIFIERS 81 G0480	RECIPIENT ID.: 530002361682 11660126 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224	MRN: 051624	051624	125.00 BILLED AMOUNT 125.00	NON-AllOWED	COPAY	PAID	0.00 DETAIL EOE 9918		55.48
NAME: LUCAS PERDIGON 2024156024584 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002374915 11661255 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224 4.00 053024 053024 220224	MRN: 053024		565.12 BILLED AMOUNT 37.07 42.00 318.05 168.00	374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 22.00 28.00 212.03 112.00	9918 9918	0.00	374.03
NAME: CHASE PERDUE 2024159023429 POS PROC CD MODIFIERS 81 83540 81 83550	RECIPIENT ID.: 530000088474 11665970 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224	MRN: 053124	053124	22.82 BILLED AMOUNT 9.71	17.00 ALLOWED NON-AllOWED 7.00 2.71 10.00 3.11	COPAY TPL 0.00 0.00 0.00 0.00	PAID	9918	0.00 SS	17.00
NAME: ISAAC PEREZ 2024156024593 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530002073838 11662590 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224	MRN: 053124	053124	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOE 9918	0.00 SS	213.03
NAME: KALEAH PEREZ 2024158030955 POS PROC CD MODIFIERS 81 87498 59	RECIPIENT ID.: 530000878862 11664880 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	MRN: 060424	060424		NON-AllOWED	COPAY TPL 0.00 0.00	PAID			374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

380

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87581	MODIFIERS 59	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 060424 060424	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	AALIYAH	PERKINS	RECIPIENT ID	.: 530001295603	MRN:								
	20241	56024596	I1662591		040924	040924	37.07			15.07	0.00	0	.00 22.00
DOG	DDOC CD	MODIFFER	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED	COPAY	PAID	ד גייינים	EODC	
		MODIFIERS 59	UNITS FROM THRU 1.00 040924 040924				37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00		DETAIL 9918	FODS	
NT N N(T.7 •	TONDELL	NII DEDIKTNO	DECIDIEME ID	• E20001E10E00	MIDNT •								
NAME •		AH PERKINS 59023439	11665972	.: 530001519500	MRN: 060424	060424	699.21	458.00		241.21	0.00	0	.00 458.00
	20211	37023137	SERVICE DATES	RENDERING	000121	000121	BILLED	ALLOWED	COPAY	211.21	0.00	Ü	.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87481	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87640	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1.00 060424 060424	220224			37.07	15.07 22.00	0.00	22.00	9918		
0.1	0/033	59	1.00 000424 000424	220224			37.07	15.07	0.00	22.00	9910		
81	87798	59	11.00 060424 060424	220224			462.00	308.00	0.00	308.00	9918		
0_	0.7.20						101.00	154.00	0.00	333.33	77_0		
81	87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798	59	2.00 060424 060424	220224			84.00	56.00 28.00	0.00	56.00	9918		
NAME:	ZORRI P	ERKINS	RECIPIENT ID	.: 530002189819	MRN:								
11/211111111111111111111111111111111111		58030969	11664881	. 330002107017	050624	050624	764.98	445.64		319.34	0.00	0	.00 445.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87651		1.00 050624 050624	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.00.00		1 00 050504 050504	000004			150 00	21.86	0.00	40.55	0010		
81	87635		1.00 050624 050624	220224			150.00	43.61	0.00	43.61	9918		
81	87498	59	1.00 050624 050624	220224			37.07	106.39 22.00	0.00	22 00	9918		
OΤ	0/430	JJ	1.00 050024 050024	22U22 1			37.07	15.07	0.00	22.00	J J 1 O		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87581	MODIFIERS 59	SERVICE DATES RENDER: UNITS FROM THRU PROVID: 1.00 050624 050624 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87633		1.00 050624 050624 220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87798		4.00 050624 050624 220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME	KEYON P		RECIPIENT ID.: 5300		0.605.04	000 10	506.00		212 00	0.00	0. 4	505.03
	20241	59023452	I1665973		060524	899.12			313.09	0.00	0.0	586.03
DOS	PROC CD	MODIFIERS	SERVICE DATES RENDER: UNITS FROM THRU PROVID:			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	87486	59	1.00 060524 060524 220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 060524 060524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 060524 060524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060524 060524 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 060524 060524 220224			37.07	22.00 15.07	0.00 0.00		9918		
81	87641	59	1.00 060524 060524 220224			37.07	22.00 15.07	0.00		9918		
81	87651	59	1.00 060524 060524 220224			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 060524 060524 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME	FAMEKA		RECIPIENT ID.: 5300		050004	174 00	116.00		F0 11	0.00	0 (116.00
	20241	50022837	I1656748 SERVICE DATES RENDER		052224	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.0	116.22
	PROC CD G0482	MODIFIERS	UNITS FROM THRU PROVIDED 1.00 052224 052224 220224			AMOUNT 174.33	NON-AllowED 116.22 58.11	TPL 0.00 0.00		DETAIL 9918	EOBS	
NAME		ETERS 56024606	RECIPIENT ID.: 5300		053124	391.88	245.53		146.35	0.00	0.0	217.53
		MODIFIERS	SERVICE DATES RENDER UNITS FROM THRU PROVID: 1.00 053124 053124 220224	ING		BILLED	ALLOWED NON-AlloweD	COPAY TPL	PAID 0.00	DETAIL		

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
81	87511	MODIFIERS	1.00 053124 053124 220224			42.00	28.00 14.00	0.00		9918	EODS	
81	87529		2.00 053124 053124 220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591		1.00 053124 053124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661		1.00 053124 053124 220224			32.30	21.53 10.77	0.00	21.53	9918		
81	87798	59	3.00 053124 053124 220224			126.00	84.00 42.00	0.00	84.00	9918		
NAME:			RECIPIENT ID.: 50000141									
	20241	.50022849	I1654849 SERVICE DATES RENDERING	050124	050124	17.19 BILLED	11.00 ALLOWED		6.19	0.00	0.00	11.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
	80048		1.00 050124 050124 220224			12.69	11.00 1.69	0.00	11.00			
81	36415		1.00 050124 050124 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:	KALI PE	TTWAY	RECIPIENT ID.: 53000166	1875 MRN:								
	20241	.55014328	I1660133	052924	052924		4.00		9.50	0.00	0.00	4.00
DOG	משטט מח	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
	36415	MODIFIERS	1.00 052924 052924 220224			4.50	0.00 4.50	0.00		3323	EODO	
81	85049		1.00 052924 052924 220224			9.00		0.00	4.00	9918		
NTA ME:•	7VI	TTTIA V	RECIPIENT ID.: 53000211	1226 MDN:								
IVAINE •		.57011768	I1663418		053024	18.00	15.00		3.00	0.00	0.00	15.00
			SERVICE DATES RENDERING			BILLED	ALLOWED					
	83655	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			AMOUNT 18.00	NON-AllOWED 15.00	0.00	PAID 15.00	DETALL	EOBS	
ΟŢ	83033		1.00 033024 033024 220224			18.00	3.00	0.00	13.00	9910		
NAME:	EMERY P	PHAN	RECIPIENT ID.: 53000241	4816 MRN:								
	20241	.52027382	I1658647	052824	052824		586.03		313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
	87486		1.00 052824 052824 220224			42.00	28.00 14.00	0.00		9918	1020	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORS	
81	87498	59		052824 052824				37.07	22.00	0.00		9918	EODS	
01	07130	3,2	1.00	032021 032021	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
0_	0.00=			002021 002021					14.00	0.00		2220		
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
0_	0.000			002021 002021				3_3.33	106.02	0.00		2220		
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
-					-				15.07	0.00				
81	87641	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052824 052824	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052824 052824	220224			336.00		0.00	224.00	9918		
									112.00	0.00				
NAME:	CYNTHIA	PHILLIPS		RECIPIENT II).: 530002428945	MRN:								
	20241	50022887	I165675	3		052524	052524	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00	052524 052524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052524 052524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052524 052524	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052524 052524	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052524 052524	220224			336.00		0.00	224.00	9918		
									112.00	0.00				
81	87635		1.00	052524 052524	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
	D 77.1	D		DDGTD		1.577-7								
NAME:		PHILLIPS	T165655).: 530001359149	MRN:	050504	001 50	F2F F2		246.06	0.00	0.00	462 52
	20241	50022896	I165675	4		052724	052/24	881.59	535.53		346.06	0.00	0.00	463.53

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC		RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORC	
81	87798	59		052724 052724				378.00	252.00	0.00	252.00		EODS	
01	01150		2.00	032/24 032/24	220224			370.00	126.00	0.00	252.00	J J I U		
81	87481	59	2 00	052724 052724	220224			84.00	56.00	0.00	56 00	9918		
01	07101	3,7	2.00	032721 032721	220221			01.00	28.00	0.00	30.00	JJ±0		
81	87491	59	1 00	052724 052724	220224			49.86	28.00	0.00	0 00	5490		
01	07101	3,7	1.00	032721 032721	220221			17.00	21.86	0.00	0.00	3170		
81	87511	59	1 00	052724 052724	220224			42.00	28.00	0.00	28 00	9918		
01	07311	3,7	1.00	032721 032721	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87529	59	2 00	052724 052724	220224			99.72	56.00	0.00	56 00	9918		
01	07323	3,7	2.00	032721 032721	220221			JJ • 1 Z	43.72	0.00	30.00	JJ±0		
81	87591	59	1 00	052724 052724	220224			42.00	28.00	0.00	28 00	9918		
0 ±	0,351	3,5	1.00	032721 032721	220221			12.00	14.00	0.00	20.00	J J ± 0		
81	87653	59	2.00	052724 052724	220224			74.14	44.00	0.00	0.00	5900		
0 1	0,000		2.00	002721 002721	220221			, 1.11	30.14	0.00	0.00	3300		
81	87661	59	1.00	052724 052724	220224			32.30	21.53	0.00	21.53	9918		
0_	0,00=			00=/==				3_133	10.77	0.00		2220		
81	87563		1.00	052724 052724	220224			42.50	0.00	0.00	0.00	4021		
0_	0,000			00=/==					42.50	0.00	0.00			
81	87640	59	1.00	052724 052724	220224			37.07	22.00	0.00	22.00	9918		
-									15.07	0.00				
NAME:		PHILLIPS			.: 530001359149	MRN:								
	20241	.52027391	I165864			052724	052724	825.21			283.21	0.00	0.00	486.00
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87481	59	4.00	052724 052724	220224			168.00	112.00	0.00	112.00	9918		
0.1	0.00	F.0	1 00	050504 050504	000004			20.00	56.00	0.00	00.00	0010		
81	87640	59	1.00	052724 052724	220224			37.07	22.00	0.00	22.00	9918		
0.1	07653	ГО	1 00	050704 050704	220224			27 07	15.07	0.00	22.00	0010		
81	87653	59	1.00	052724 052724	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700		11 00	050704 050704	220224			460.00	15.07	0.00	200 00	0010		
81	87798		11.00	052724 052724	220224			462.00	308.00	0.00	308.00	9918		
0.1	07641	ΕO	1 00	052724 052724	220224			27 07	154.00	0.00	22.00	0010		
81	87641	39	1.00	052724 052724	22U22 4			37.07		0.00	22.00	9918		
01	87798		2 00	052724 052724	220224			84.00	15.07	0.00	0 00	5000		
81	01170		∠.00	034144 034144	44044 4			04.00	56.00	0.00	0.00	3000		
									28.00	0.00				
MAME.	DONNA P	PDT.T.TDQ		סקירסדקאיי דה	.: 530001955721	MRN:								
TAL/71,117. •		49020688	I165227		330001333121		032924	781.33	114.49	1	666.84	0.00	247.28	114.49
	7074T	.1702000	TTO 2021	<i></i>		032324	034344	101.33	111.17	•	UUU.UT	0.00	411.40	111.19

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NOI ALL(COPAY			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87481 59	4.00 032924 032924 220224		168.00	57.28 110.72	0.00		9918 9936		
81 87640 59	1.00 032924 032924 220224		37.07	3.79 33.28	0.00	3.79	9918 9936		
81 87653 59	1.00 032924 032924 220224		37.07	3.79 33.28	0.00	3.79	9918 9936		
81 87798	11.00 032924 032924 220224		462.00	41.67 420.33	0.00	41.67	9918 9936		
81 87641 59	1.00 032924 032924 220224		37.07	3.79 33.28	0.00	3.79	9918 9936		
81 87086	1.00 032924 032924 220224		18.53	1.36 17.17	0.00	1.36	9918 9936		
81 87186	1.00 032924 032924 220224		13.50	1.45 12.05	0.00 0.00	1.45	9918 9936		
81 87088	1.00 032924 032924 220224		8.09	1.36 6.73	0.00	1.36	9936		
NAME: JAYDEN PHILLIPS	RECIPIENT ID.: 530002336	167 MRN:							
2024158030978	I1664887	053124 053124	715.12	417.64		297.48	0.00	0.00	417.64
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED	COPAY	PAID	DETAIL EOBS		
81 87635	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224		150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	43.61			
81 87498 59	1.00 053124 053124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 053124 053124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 053124 053124 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 053124 053124 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: ROYKEICE PHILLIPS	RECIPIENT ID.: 530000790								
2024155014338	I1660139 SERVICE DATES RENDERING	052924 052924		4.00 ALLOWED		9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS		
81 36415	1.00 052924 052924 220224		4.50	4.50	0.00 0.00	0.00			
81 85049	1.00 052924 052924 220224		9.00	4.00 5.00	0.00	4.00	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES		ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
NAME: JORDYN PICKENS 2024156024623 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530002235246 I1661260 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 05302			COPAY	PAID	DETAIL EOB		375.07
81 87633			318.05	106.39 212.03 106.02	0.00	212.03			
81 87633 81 87498			318.05 37.07	106.02	0.00 0.00 0.00 0.00	0.00	9918		
81 87502 59 81 87634 59	1.00 053024 053024 220224 1.00 053024 053024 220224		81.38 105.30	48.29 33.09	0.00 0.00 0.00		9918 9918		
NAME: DAYLEN PILOT	RECIPIENT ID.: 530002343575	MRN:		56.16	0.00				
2024155014347 POS PROC CD MODIFIERS 81 87507	I1660143 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		319.55 BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03	COPAY TPL		DETAIL EOB		213.03
NAME: AUGUSTA PITTS 2024156024640	RECIPIENT ID.: 530002116135 I1661262 SERVICE DATES RENDERING		342.02 BILLED			124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 3.00 053024 053024 220224		126.00	84.00	0.00	84.00		S	
81 87491 59 81 87511 59	1.00 053024 053024 220224 1.00 053024 053024 220224		49.86 42.00	21.86 28.00	0.00		5490 9918		
81 87529 59	1.00 053024 053024 220224		49.86	21.86	0.00	28.00			
81 87591 59 81 87661 59	1.00 053024 053024 220224 1.00 053024 053024 220224		42.00 32.30	14.00 21.53	0.00 0.00 0.00		9918 9918		
NAME: ALIYA POCZEKAJ 2024158030995	RECIPIENT ID.: 530001216841 I1664892	MRN: 060424 06042	24 578.14	10.77 380.00	0.00	198.14	0.00	0.00	380.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

387

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81 87481	59	1.00 060424 060424 220224			42.00	28.00	0.00	28.00	9918			
01 07640	59	1 00 060424 060424 220224			37.07	14.00	0.00	22.00	0010			
81 87640	59	1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87653	59	1.00 060424 060424 220224			37.07	22.00	0.00	22 00	9918			
01 07033	33	1.00 000121 000121 220221			37.07	15.07	0.00	22.00	2210			
81 87798	59	11.00 060424 060424 220224			462.00	308.00	0.00	308.00	9918			
						154.00	0.00					
NAME: KIMNEIS	SHA POKE	RECIPIENT ID.: 530001626620	MRN:									
20241	L49020716	I1652285	052224	052224	248.66			91.25	0.00	ſ	0.00	129.41
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 87389		1.00 052224 052224 220224			36.00	23.88	0.00	23.88	9918			
81 36415		1.00 052224 052224 220224			4.50	12.12 0.00	0.00	0 00	3323			
01 30413		1.00 032224 032224 220224			4.50	4.50	0.00	0.00	3343			
81 87798		1.00 052224 052224 220224			42.00	28.00	0.00	28.00	9918			
0_ 07.75						14.00	0.00		77_0			
81 87491	59	1.00 052224 052224 220224			49.86	28.00	0.00	0.00	5490			
						21.86	0.00					
81 87511	59	1.00 052224 052224 220224			42.00	28.00	0.00	28.00	9918			
01 05501	F.0	1 00 050004 050004 000004			40.00	14.00	0.00	00.00	0010			
81 87591	59	1.00 052224 052224 220224			42.00	28.00	0.00	28.00	9918			
81 87661		1.00 052224 052224 220224			32.30	14.00 21.53	0.00	21 53	9918			
01 07001		1.00 032224 032224 220224			32.30	10.77	0.00	21.33	JJ±0			
						_ • • • •						
NAME: KIMNEIS	SHA POKE	RECIPIENT ID.: 530001626620	MRN:									
20241	L50022917	I1654871	052224	052224	7.00			2.00	0.00	(0.00	5.00
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81 86592		1.00 052224 052224 220224			7.00	5.00 2.00	0.00	5.00	9918			
						2.00	0.00					
NAME: KIMNETS	SHA POKE	RECIPIENT ID.: 530001626620	MRN:									
		I1654872		052224	71.00	45.00		26.00	0.00	ı	0.00	45.00
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD		UNITS FROM THRU PROVIDER				NON-AllowED				EOBS		
81 80074		1.00 052224 052224 220224			71.00		0.00	45.00	9918			
						26.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

388

_	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: NATALIA P 2024158		RECIPIENT ID.: I1664898 SERVICE DATES F	: 530002166393	MRN: 060424	060424	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD M 81 87635	MODIFIERS	UNITS FROM THRU I	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL E	OBS	
81 87486 5	59	1.00 060424 060424 2	220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
	59	1.00 060424 060424 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
	59		220224			42.00	28.00 14.00	0.00		9918		
81 87633			220224			318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641 5	59		220224 220224			37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81 87651 5		1.00 060424 060424 2				49.86	15.07 28.00	0.00		9918		
81 87798		8.00 060424 060424 2	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: NATALIA P 2024159		RECIPIENT ID.:	: 530002166393	MRN:	060424	319 55	213.03		106.52	0.00	0.00	213.03
POS PROC CD M 81 87507		SERVICE DATES F	RENDERING PROVIDER 220224	000121	000121	BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	DETAIL E		213.03
NAME: ATHENA PC 2024149		RECIPIENT ID.: I1652286 SERVICE DATES F		MRN: 052224	052224	507.06 BILLED	259.90 ALLOWED	COPAY	247.16	0.00	0.00	259.90
POS PROC CD M 81 87635	MODIFIERS	UNITS FROM THRU I 1.00 052224 052224 2	PROVIDER			AMOUNT 150.00	NON-AllowED 43.61 106.39		43.61	DETAIL E	OBS	
81 87486		1.00 052224 052224 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87798		5.00 052224 052224 2				210.00	140.00 70.00	0.00	140.00			
81 87502 5	59	1.00 052224 052224 2	220224			105.06	48.29 56.77	0.00	48.29	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3551548

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVI FROM	CE DAT		BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY MOUNT	TPL AMOUNT		PAID MOUNT
NAME: KEMY	A POWELL 24156024650	RECIPIENT ID.: 530 I1662611 SERVICE DATES RENDE	04302	4 043	3024	263.19	190.93		72.26	0.00	0.0	00	190.93
POS PROC (81 8005)		SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 043024 043024 22022	DER			BILLED AMOUNT 15.84	NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL 1 9918	EOBS		
81 3641	5	1.00 043024 043024 22022	4			4.50	3.84 0.00 4.50	0.00 0.00 0.00	0.00	3323			
81 8230	6	1.00 043024 043024 22022	4			44.00	29.00 15.00	0.00	29.00	9918			
81 8300		1.00 043024 043024 22022				27.78	21.00 6.78	0.00	21.00				
81 8300		1.00 043024 043024 22022				27.87	22.00 5.87	0.00	22.00				
81 8267 81 8440		1.00 043024 043024 22022 1.00 043024 043024 22022				41.00 38.00	27.00 14.00 31.00	0.00 0.00 0.00	27.00 31.00				
81 8303		1.00 043024 043024 22022				14.00	7.00 12.00	0.00	12.00				
81 8444	3	1.00 043024 043024 22022	4			25.20	2.00	0.00	22.93	9918			
81 8443	9	1.00 043024 043024 22022	4			13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918			
81 8502	7	1.00 043024 043024 22022	4			12.00	5.00 7.00	0.00	5.00	9918			
NAME: WREN	LEE POWELL 24150022936	RECIPIENT ID.: 530 I1656761	05242	4 052	2424	547.12	305.64		241.48	0.00	0.0	00	305.64
DOG DDOG	OD MODIETEDO	SERVICE DATES RENDE				BILLED	ALLOWED	COPAY	DATD		EODC		
81 8763	CD MODIFIERS 5	UNITS FROM THRU PROVI 1.00 052424 052424 22022				AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 1 9918	EOBS		
81 8749	8 59	1.00 052424 052424 22022	4			37.07	22.00 15.07	0.00	22.00	9918			
81 8758		1.00 052424 052424 22022				42.00	28.00 14.00	0.00	28.00				
81 8763	3	1.00 052424 052424 22022	4			318.05	212.03 106.02	0.00	212.03	9918			
NAME: NAOM	I PRENTICE 24158031026	RECIPIENT ID.: 530 I1664902	001194962 MRN: 05082	4 050	0824	1,703.74	1,022.17		681.57	0.00	0.0	00	950.17

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL E		
81	87635		1.00 050824 050824	220224			150.00	43.61	0.00	43.61	9918		
81	87798	59	9.00 050824 050824	220224			378.00	106.39 252.00	0.00 0.00	252.00	9918		
01	0,7,50		J.00 030021 030021				370.00	126.00	0.00	232.00	J J I O		
81	87481	59	4.00 050824 050824	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87491	59	1.00 050824 050824	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	E O	1 00 050024 050024	220224			42.00	21.86	0.00	20 00	0010		
81	87511	59	1.00 050824 050824	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81	87529	59	2.00 050824 050824	220224			99.72	56.00	0.00	56.00	9918		
01	07323	3,5	2.00 030021 030021	220221			JJ. 72	43.72	0.00	30.00	JJ 10		
81	87591	59	1.00 050824 050824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87653	59	2.00 050824 050824	220224			74.14	44.00	0.00	0.00	5900		
0.1	0.000	F.0	1 00 050004 050004	000004			20.20	30.14	0.00	01 50	0010		
81	87661	59	1.00 050824 050824	220224			32.30	21.53 10.77	0.00	21.53	9918		
81	87563		1.00 050824 050824	220224			42.50	0.00	0.00 0.00	0 00	4021		
01	07303		1.00 030021 030021	220221			12.50	42.50	0.00	0.00	1021		
81	87640	59	1.00 050824 050824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87498	59	1.00 050824 050824	220224			37.07	22.00	0.00	22.00	9918		
0.4	0==01						40.00	15.07	0.00		0010		
81	87581	59	1.00 050824 050824	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 050824 050824	220224			318.05	14.00 212.03	0.00 0.00	212.03	0018		
01	07033		1.00 030024 030024	220224			310.03	106.02	0.00	212.03	JJ10		
81	87798		4.00 050824 050824	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	81015		1.00 050824 050824	220224			4.50	3.00	0.00	3.00	9918		
								1.50	0.00				
81	87086		1.00 050824 050824	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
NAME:	KINGSTO	N PREVO	RECIPIENT ID	: 530002023307	MRN:								
		.56024669	I1661266			053024	715.12	417.64	2	297.48	0.00	0.00	417.64
			SERVICE DATES	RENDERING				ALLOWED					
		MODIFIERS		PROVIDER			AMOUNT	NON-AllowED			DETAIL E	OBS	
81	87635		1.00 053024 053024	220224			150.00			43.61	9918		
								106.39	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO. ALL		COPAY AMOUNT	TPL AMOUNT	Г	PAID AMOUNT
	CD MODIFIERS		RENDERING			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	דע עיייטע	EODC		
POS PROC (81 87498			PROVIDER 220224			37.07	22.00	0.00		DETAIL 9918	FODS		
01 07150	0 33	1.00 033021 033021	220221			37.07	15.07	0.00	22.00	JJ 10			
81 87583	1 59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81 87633	3	1.00 053024 053024	220224			318.05	212.03	0.00	212.03	9918			
							106.02	0.00					
81 87798	8	4.00 053024 053024	220224			168.00	112.00	0.00	112.00	9918			
							56.00	0.00					
NAME: JUST	TN DRICE	RECIPIENT ID.	: 530002011532	MRN:									
	24159023476	I1665984		052324	052324	156.04	98.93		57.11	0.00	(0.00	98.93
20.	21237020170		RENDERING	002021	002021	BILLED	ALLOWED	COPAY	37.11	0.00		,	,,,,
POS PROC (CD MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 80053	3	1.00 052324 052324	220224			15.84	12.00	0.00	12.00	9918			
							3.84	0.00					
81 82306	6	1.00 052324 052324	220224			44.00	29.00	0.00	29.00	9918			
01 0006	1	1 00 050204 050204	000004			00.00	15.00	0.00	14 00	0010			
81 80061	1	1.00 052324 052324	220224			20.00	14.00 6.00	0.00 0.00	14.00	9918			
81 80164	Δ	1.00 052324 052324	220224			42.00	17.00	0.00	17 00	9918			
01 0010	1	1.00 032321 032321	220221			12.00	25.00	0.00	17.00	JJ10			
81 84443	3	1.00 052324 052324	220224			25.20	22.93	0.00	22.93	9918			
							2.27	0.00					
81 85049	9	1.00 052324 052324	220224			9.00	4.00	0.00	4.00	9918			
							5.00	0.00					
MAND. KODD				MIDAT									
	ARIOUS PRICE 24156024688	RECIPIENT ID. 11661268	: 530001128469	MRN: 053024	052024	13.50	4.00	1	9.50	0.00	(0.00	4.00
202	24130024000		RENDERING	033024	033024	BILLED	ALLOWED	COPAY	9.50	0.00		7.00	4.00
POS PROC (CD MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 3641			220224			4.50	0.00	0.00		3323			
							4.50	0.00					
81 85049	9	1.00 053024 053024	220224			9.00	4.00	0.00	4.00	9918			
							5.00	0.00					
MANE DIEN	DDIEGE	DEGIDIEME ID	• [2000102220]	MIDNT •									
	24158031054	RECIPIENT ID.		MRN:	060324	222 54	144.93	ı	70 61	0 00	(0.00	144.93
202	7110003T034	SERVICE DATES		000324	000324		ALLOWED		10.01	0.00	·	,.00	144.73
POS PROC (CD MODIFIERS		PROVIDER						PAID	DETATI	EOBS		
81 80053		1.00 060324 060324				15.84			12.00				
							3.84	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
				SERVICE DATES				BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	36415		1.00	060324 060324	220224			4.50	0.00	0.00	0.00	3323			
									4.50	0.00					
81	85049		1.00	060324 060324	220224			9.00	4.00	0.00	4.00	9918			
0.4			1 00	0.50004 0.50004					5.00	0.00	1 = 00	0010			
81	82607		1.00	060324 060324	220224			22.00	17.00	0.00	17.00	9918			
0.1	00546		1 00	060204 060204	000004			00.00	5.00	0.00	12.00	0010			
81	82746		1.00	060324 060324	220224			22.00	13.00	0.00	13.00	9918			
0.1	00206		1 00	060204 060204	000004			4.4.00	9.00	0.00	00 00	0010			
81	82306		1.00	060324 060324	220224			44.00	29.00	0.00	29.00	9918			
0.1	05650		1 00	060204 060204	220224			4 00	15.00	0.00	2 00	0.01.0			
81	85652		1.00	060324 060324	220224			4.00	3.00	0.00	3.00	9918			
81	84481		1 00	060324 060324	220224			24.00	1.00 16.00	0.00	16 00	9918			
OΤ	04401		1.00	000324 000324	220224			24.00	8.00	0.00	10.00	9910			
81	80061		1 00	060324 060324	220224			20.00	14.00	0.00	14 00	9918			
01	00001		1.00	000324 000324	220224			20.00	6.00	0.00	14.00	JJ10			
81	84443		1 00	060324 060324	220224			25.20	22.93	0.00	22 93	9918			
01	01113		1.00	000321 000321	220221			23.20	2.27	0.00	22.73	J J ± 0			
81	84439		1.00	060324 060324	220224			13.00	9.00	0.00	9.00	9918			
-									4.00	0.00					
81	86431		1.00	060324 060324	220224			20.00	5.00	0.00	5.00	9918			
									15.00	0.00					
NAME:	JAMARCU	S PRINCE		RECIPIENT I	D.: 530000439343	MRN:									
	20241	52027417	I165866			052824	052824	308.36			111.95	0.00	0	.00	168.41
				SERVICE DATES				BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87491	59	1.00	052824 052824	220224			49.86	28.00	0.00	0.00	5490			
0.1	0.7.5.0		1 00	050004 050004	000004			40.06	21.86	0.00	00.00	0010			
81	87529		1.00	052824 052824	220224			49.86	28.00	0.00	28.00	9918			
0.1	07501	F 0	1 00	050004 050004	000004			40.00	21.86	0.00	00.00	0010			
81	87591	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918			
0.1	07661		1 00	050004 050004	220224			20 20	14.00	0.00	01 52	0.01.0			
81	87661		1.00	052824 052824	220224			32.30	21.53 10.77	0.00	21.53	9918			
81	80053		1 00	052824 052824	220224			15.84	12.00	0.00	12 00	9918			
OΤ	80033		1.00	032024 032024	220224			13.04	3.84	0.00	12.00	9910			
81	82306		1 00	052824 052824	220224			44.00	29.00	0.00	29 00	9918			
0.1	02300		1.00	002024 002024	22021			TT.00	15.00	0.00	27.00	J J ± U			
81	87389		1.00	052824 052824	220224			36.00	23.88	0.00	23.88	9918			
<u> </u>	3,300		1.00	102021 002021				50.00	12.12	0.00	23.00	7710			
									,						

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

ABORATORIES LLC	PAYEE ID	220224
ROAD	NPI ID	1598266421
235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 83036 81 80061 81 36415	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 14.00 20.00 4.50	ALLOWED AMOUNT ALLOWED NON-AllOWED 12.00 2.00 14.00 6.00 0.00 4.50	NC ALL COPAY TPL 0.00 0.00 0.00 0.00	PAID 12.00 14.00		TPL MOUNT S	PAID AMOUNT
NAME: JAMARCUS PRINCE 2024155014375 POS PROC CD MODIFIERS 81 86592	RECIPIENT ID.: 530000439343 I1660161 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	MRN: 052824 052824	7.00 BILLED AMOUNT 7.00	5.00 ALLOWED NON-AllOWED 5.00 2.00	COPAY TPL 0.00 0.00		0.00 DETAIL EOB 9918	0.00 S	5.00
NAME: JONATHAN PRINCE 2024155014386 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530001012416 11660162 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 1.00 052924 052924 220224 8.00 052924 052924 220224	MRN: 052924 052924	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00 112.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	28.00 22.00 28.00 212.03 22.00	DETAIL EOB 9918 9918 9918 9918 9918 9918 9918	0.00 S	586.03
NAME: KYIANN PRINCE 2024156024696 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000835607 11661269 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 053024	BILLED	ALLOWED NON-AllOWED	COPAY TPL		DETAIL EOB		417.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRC 81 87	DC CD 7498	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS	
81 87	7581	59	1.00 053024 053024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7633		1.00 053024 053024 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87	7798		4.00 053024 053024 220224			168.00	112.00 56.00	0.00	112.00	9918		
		PRITCHETT 58031096	RECIPIENT ID.: 530001141802 I1664913		052824		55.48		69.52	0.00	0.00	55.48
POS PRO 81 GO		MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52		PAID 55.48		EOBS	
NAME: CH		ROCTOR 58031108	RECIPIENT ID.: 530000317491 I1664915 SERVICE DATES RENDERING		060324	1,385.59 BILLED	871.53	COPAY	514.06	0.00	0.00	843.53
POS PRO	OC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 87			1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00			
81 87	7640	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7653	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7798	59	11.00 060324 060324 220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87	7641	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7798		2.00 060324 060324 220224			84.00	56.00 28.00	0.00	56.00	9918		
81 87	7491	59	1.00 060324 060324 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87	7511		1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7529		2.00 060324 060324 220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87	7591		1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

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DATE: 06/07/2024

CORE DIAGNOSTIC LABORATORIES LLC PAY	EE ID 220224
1930 EDWARDS LAKE ROAD NPI	ID 1598266421
SUITE 138 CHE	CK/EFT NUMBER 083149459
BIRMINGHAM, AL 35235-2718	UE DATE 06/07/2024

1	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MOI 81 87661	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 32.30	ALLOWED NON-AlloWED 21.53 10.77	COPAY TPL 0.00 0.00	PAID 21.53	DETAIL EOE		
81 87563		1.00 060324 060324	220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87798 59		9.00 060324 060324	220224			378.00	252.00 126.00	0.00	252.00	9918		
NAME: SVEN PROCTO 202415002		I1654899	.: 530002296016	MRN: 052324	052324		262.03		135.09	0.00	0.00	262.03
DOG DDOG GD MOT	DIETEDO		RENDERING			BILLED	ALLOWED	COPAY	DATD		v.a	
POS PROC CD MOI 81 87498 59		UNITS FROM THRU 1.00 052324 052324	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	35	
81 87581 59		1.00 052324 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052324 052324	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: CHASSITY PY	ντ.δητ	RECIPTENT ID	.: 530000692105	MRN:								
202415602		I1662633		052924	052924		172.09		86.05	0.00	0.00	172.09
			RENDERING			BILLED	ALLOWED	COPAY				
	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		BS	
81 80307		1.00 052924 052924	220224			83.81	55.87 27.94	0.00	55.87	9918		
81 G0482		1.00 052924 052924	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: EASTON QUIC	CK	RECIPIENT ID	.: 530002380660	MRN:								
202415602		I1662634		053024	053024	547.12			241.48	0.00	0.00	305.64
			RENDERING			BILLED	ALLOWED	COPAY				
	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	BS	
81 87635		1.00 053024 053024	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87498 59		1.00 053024 053024	220224			37.07	22.00	0.00	22.00	9918		
81 87581 59		1.00 053024 053024	220224			42.00	15.07 28.00	0.00	28 00	9918		
		1.00 033024 033024	22V22I			42.00	14.00	0.00				
81 87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: ADALYNN QUI 202415602		RECIPIENT ID 11661272	.: 530001065009	MRN: 031924	031924	678.10	21.05		657.05	0.00	0.00	21.05

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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220224

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PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

AKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
35235-2718	ISSUE DATE	06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87581	MODIFIERS	UNITS FROM THRU PR	ENDERING ROVIDER 20224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 21.05 20.95	COPAY TPL 0.00 0.00	PAID 21.05	DETAIL EOB: 9918 9936	5	
81 87633		1.00 031924 031924 22	20224			318.05	0.00 318.05	0.00	0.00	9918 9936		
81 87633		1.00 031924 031924 22	20224			318.05	0.00 318.05	0.00	0.00	5000		
NAME: ANA QUIN 202415	ITERO 50022956	I1656773		MRN: 050324	050324	40.12	14.88		25.24	0.00	0.00	14.88
		SERVICE DATES RI				BILLED	ALLOWED	COPAY			_	
POS PROC CD 81 87186	MODIFIERS		ROVIDER 20224			AMOUNT 13.50	NON-AllOWED 5.19 8.31	TPL 0.00 0.00	PAID 5.19	DETAIL EOB: 9918 9936	5	
81 87088		1.00 050324 050324 22	20224			8.09	4.85 3.24	0.00	4.85	9936		
81 87086		1.00 050324 050324 22	20224			18.53	4.84 13.69	0.00	4.84	9918 9936		
NAME: JATASHIA	A RABB 59023489	RECIPIENT ID.: 11665987		MRN: 052324	052324	207 74	34.86		262.88	0.00	104.50	34.86
202413	19023409	SERVICE DATES RI		032324	032324	BILLED	ALLOWED	COPAY	202.00	0.00	104.50	34.00
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	5	
	59		20224			168.00	18.94 149.06	0.00		9918 9936		
81 87640	59	1.00 052324 052324 22	20224			37.07	4.74 32.33	0.00 0.00	4.74	9918 9936		
81 87653	59	1.00 052324 052324 22	20224			37.07	4.74 32.33	0.00	4.74	9918 9936		
81 87641	59	1.00 052324 052324 22	20224			37.07	4.74 32.33	0.00	4.74	9918 9936		
81 87086		1.00 052324 052324 22	20224			18.53	1.70 16.83	0.00	1.70	9918 9936		
NAME: JATASHIA 202415	A RABB 59023515	RECIPIENT ID.: 11665988		MRN: 052324	052324		28.43		279.95	0.00	99.41	23.69
POS PROC CD	MODIFIERS	SERVICE DATES REUNITS FROM THRU PE				AMOUNT	ALLOWED NON-AlloWED	COPAY TPL		DETAIL EOB	5	
81 87491	59	1.00 052324 052324 22	20224			49.86	4.74 45.12	0.00	0.00	5490		
81 87511	59	1.00 052324 052324 22	20224			42.00	4.74 37.26	0.00	4.74	9918 9936		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATE FROM THRU	AMOUNT	ALLOWED AMOUNT	NON ALLO			PL TNUC	PAID AMOUNT
POS PROC CD 81 87529	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 052324 052324 220224		BILLED AMOUNT 99.72	ALLOWED NON-AlloWED 9.47	COPAY TPL 0.00	PAID 9.47	DETAIL EOBS 9918 9936		
81 87591	59	1.00 052324 052324 220224		42.00	90.25 4.74 37.26	0.00 0.00 0.00	4.74	9918 9936		
81 87661	59	1.00 052324 052324 220224		32.30	4.74 27.56	0.00	4.74	9918 9936		
81 87563		1.00 052324 052324 220224		42.50	0.00 42.50	0.00	0.00	4021		
NAME: CHARLOT	TE RACKLER 56024743	RECIPIENT ID.: 530001966	009 MRN: 053024 0530	24 285.07	196.14		88.93	0.00	0.00	140.14
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87529		2.00 053024 053024 220224		99.72	56.00 43.72	0.00 0.00	0.00	5910		
81 87640	59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87801		2.00 053024 053024 220224		74.14	74.14	0.00	74.14			
NAME: STEPHAN	IE RAGLAND	RECIPIENT ID.: 530001985	601 MRN:							
	56024767	I1662635 SERVICE DATES RENDERING	052824 0528	24 258.14 BILLED	116.22 ALLOWED	COPAY	41.92	0.00	0.00	116.22
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 80307		1.00 052824 052824 220224		83.81	0.00 83.81	0.00		1831		
81 G0482		1.00 052824 052824 220224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: SAVANNA 20241	RAGSDALE 50022972	RECIPIENT ID.: 530000970	333 MRN: 052624 0526	24 899.12	586.03	3	13.09	0.00	0.00	586.03
	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID			
81 87486	59	1.00 052624 052624 220224		42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87498	59	1.00 052624 052624 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
	PROC CD 87581	MODIFIERS 59	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS	
81	0/301	59	1.00 052624 052624	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87633		1.00 052624 052624	220224			318.05	212.03	0.00	212 02	9918		
0.1	07033		1.00 052024 052024	220224			310.03	106.02		212.03	9910		
81	87640		1.00 052624 052624	220224			37.07	22.00	0.00	22 00	9918		
0.1	0/040		1.00 052624 052624	220224			37.07	15.07	0.00	22.00	9910		
0.1	87641	59	1.00 052624 052624	220224			37.07	22.00	0.00	22 00	9918		
81	0/041	39	1.00 052024 052024	220224			37.07	15.07		22.00	9910		
0.1	07651	ΕO	1 00 052624 052624	220224			10 06		0.00	20 00	0010		
81	87651	59	1.00 052624 052624	220224			49.86	28.00	0.00	20.00	9918		
0.1	07700		8 00 053634 053634	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00 052624 052624	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
3T7 3/T7 •	TII7 NI D7	MIDDE			MDAT.								
NAME:	JUAN RA).: 530001353101	MRN:	060404	222 50	F0 00		170 50	0 00	0 00	46.00
	20241	.59023520	I1665992	DENDEDING	060424	060424	222.58	50.00		172.58	0.00	0.00	46.00
DOG	DDOG GD	MODITITED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	84156		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918		
0.1	00550		1 00 060404 060404	000004			0 00	4.00	0.00	<i>c</i> 00	0010		
81	82570		1.00 060424 060424	220224			8.00	6.00	0.00	6.00	9918		
0.1	02060		1 00 060404 060404	000004			0.00	2.00	0.00	4 00	0010		
81	83069		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918		
0.4	0.404.4							4.00	0.00		0010		
81	84311		2.00 060424 060424	220224			32.00	14.00	0.00	14.00	9918		
0.4	00010			000004			4.6.00	18.00	0.00		4=04		
81	82010		1.00 060424 060424	220224			16.00	0.00	0.00	0.00	4524		
								16.00	0.00				
81	82945		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918		
0.4	00045			000004				4.00	0.00		0010		
81	82247	59	1.00 060424 060424	220224			8.00	5.00	0.00	5.00	9918		
								3.00	0.00				
81	83986		1.00 060424 060424	220224			7.00	3.00	0.00	3.00	9918		
								4.00	0.00				
81	81007		2.00 060424 060424	220224			120.00	4.00	0.00	0.00	5900		
								116.00	0.00				
81	82043	QW	1.00 060424 060424	220224			7.58	6.00	0.00	6.00	9918		
								1.58	0.00				
NAME:	MARIA R).: 530000900144	MRN:								
	20241	.58031143	I1664925		041924	041924	59.84	41.00		18.84	0.00	0.00	41.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS PROC CD 81 80053 81 82306	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 041924 041924 1.00 041924 041924	DRUMIDER	SERVICE FROM	THRU	BILLED AMOUNT BILLED AMOUNT 15.84 44.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00	NC ALI COPAY TPL 0.00 0.00 0.00	PAID 12.00	AMOUNT AMO DETAIL EOBS 9918	PL DUNT	PAID AMOUNT
NAME: WESTON R. 202415 POS PROC CD 81 87075 81 87070	0022993	RECIPIENT ID 11656779 SERVICE DATES UNITS FROM THRU 1.00 052024 052024 1.00 052024 052024	PROVIDER	MRN: 052024	052024	BILLED AMOUNT	20.00 ALLOWED NON-AllOWED 9.00 91.00 11.00 7.00	COPAY TPL 0.00 0.00 0.00	PAID	9918	0.00	20.00
POS PROC CD 81 87481 81 87640	9020745	RECIPIENT ID 11652296 SERVICE DATES UNITS FROM THRU 4.00 052124 052124 1.00 052124 052124 1.00 052124 052124 11.00 052124 052124	220224	MRN: 052124	052124	704.14 BILLED AMOUNT 168.00 37.07 37.07 462.00	464.00 ALLOWED NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00 154.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 112.00 22.00 22.00 308.00	9918 9918 9918	0.00	464.00
NAME: DEVIN RA 202415 POS PROC CD 81 87086 81 87186 81 87088 NAME: MAKAYLA	0023001 MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052124 052124 1.00 052124 052124 1.00 052124 052124	PROVIDER 220224 220224	MRN: 052124 MRN:	052124	40.12 BILLED AMOUNT 18.53 13.50 8.09	27.09 ALLOWED NON-AllOWED 10.00 8.53 9.00 4.50 8.09 0.00	COPAY	PAID 10.00		0.00	27.09
	0023023	I1656785	··· 330001110047	052324	052324	865.33	569.09		296.24	0.00	0.00	513.09

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO		COPAY TI	PL DUNT	PAID AMOUNT
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87640	59	1.00 052324 052324 2	220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653	59	1.00 052324 052324 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 052324 052324 2	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 052324 052324 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 052324 052324 2	220224			84.00	56.00 28.00	0.00	0.00	5000		
81 87086			220224			18.53	10.00 8.53	0.00	10.00			
81 87186			220224			13.50	9.00 4.50	0.00		9918		
81 87088		1.00 052324 052324 2	220224			8.09	8.09 0.00	0.00 0.00	8.09			
	REAL 56024779	RECIPIENT ID.: 11662641		MRN: 052924	052924		116.22		58.11	0.00	0.00	116.22
POS PROC CD 81 G0482	MODIFIERS		PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
NAME: KADEN RI 20241	EARDON 56024790	RECIPIENT ID.: 11661276		MRN: 053024	053024		28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS		RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86		PAID 28.00	DETAIL EOBS 9918		
NAME: ADORIAN 20241	REED 59023543	RECIPIENT ID.: 11666001		MRN: 060424	060424		424.03		363.67	0.00	0.00	420.03
POS PROC CD 81 84156	MODIFIERS	UNITS FROM THRU F	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00		DETAIL EOBS 9918		
81 82570		1.00 060424 060424 2	220224			8.00	4.00 6.00 2.00	0.00 0.00 0.00	6.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

PAGE:

		ICN	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	מסט מס	MODIETEDC	SERVICE EDOM	DATES THRU	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	PAID	סמיאדו הכ	ID C	
81	PROC CD 83069	MODIFIERS	UNITS FROM 1.00 060424 (220224			AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00		DETAIL EC 9918	GD.	
01	03003		1.00 000121 (000121	220221			0.00	4.00	0.00	1.00	JJ±0		
81	84311		2.00 060424 (060424	220224			32.00	14.00	0.00	14.00	9918		
									18.00	0.00				
81	82010		1.00 060424 (060424	220224			16.00	0.00	0.00	0.00	4524		
									16.00	0.00				
81	82945		1.00 060424 (060424	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	82247	59	1.00 060424 0	060424	220224			8.00	5.00	0.00	5.00	9918		
0.1	02006		1 00 060404	060404	000004			П 00	3.00	0.00	2 00	0.01.0		
81	83986		1.00 060424 0	060424	220224			7.00	3.00	0.00	3.00	9918		
0.1	01007		2.00 060424 (060424	220224			120 00	4.00	0.00	0 00	5900		
81	81007		2.00 060424 0	J0U424	220224			120.00	4.00 116.00	0.00 0.00	0.00	5900		
81	82043	QW	1.00 060424 (160424	220224			7.58	6.00	0.00	6 00	9918		
01	02043	QW	1.00 000424 0	000121	220224			7.50	1.58	0.00	0.00	J J I O		
81	87498	59	1.00 060424 (060424	220224			37.07	22.00	0.00	22.00	9918		
0_	0.120								15.07	0.00		7720		
81	87581	59	1.00 060424 (060424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 060424 (060424	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87798		4.00 060424 0	060424	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
NAME:	JACARI			TEN.I. TD	.: 530002121046	MRN:	050104	10.00	15 00	2	2 00	0 00	0 00	1 - 00
	20241	.50023041	I1654933	ר א שבי כ	DENDEDING	052124	052124	18.00	15.00		3.00	0.00	0.00	15.00
DOG	PROC CD	MODIFIERS	SERVICE UNITS FROM	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY	PAID	DETAIL EC	DC.	
81	83655	MODIFIERS	UNITS FROM 1.00 052124 (220224			18.00	15.00	TPL 0.00	15.00		S C C	
01	03033		1.00 032124 0	JZIZI	220224			10.00	3.00	0.00	13.00	J J I O		
									3.00	0.00				
NAME:	RYAN RE	EVES	RECIPI	IENT ID	.: 530001386462	MRN:								
		.52027439	I1658680			052824	052824	1,049.12	629.64	1	419.48	0.00	0.00	629.64
			SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81	87635		1.00 052824 0	052824	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00 052824 (052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	CT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87498	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052824 052824	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052824 052824	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
					520000046614									
NAME:	WILLIAM		-165405).: 530002046614	MRN:	0.401.04	0.50 0.4	5 26.00		106.01	0 00	0.00	505.00
	20241	150023050	I165495			040124	040124	962.84			426.84	0.00	0.00	527.00
200	DD 0 0 0 D	W0D TETED 0		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T. T. D.	D = = = = = = = = = = = = = = = = = = =	T0D0	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87481	59	4.00	040124 040124	220224			168.00	112.00	0.00	112.00	9918		
0.1	07640	F.O.	1 00	0.40104.040104	000004			27 07	56.00	0.00	00.00	0.01.0		
81	87640	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07653	Γ0	1 00	0.40104.040104	220224			27 07	15.07	0.00	22.00	0010		
81	87653	59	1.00	0 040124 040124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700		11 00	0 040104 040104	220224			460.00	15.07	0.00	200 00	0010		
81	87798		11.00	0 040124 040124	220224			462.00	308.00	0.00	308.00	9910		
81	84550		1 00	040124 040124	220224			6.78	154.00 6.00	0.00	6 00	9918		
OΤ	04330		1.00	0 040124 040124	220224			0.76	0.78	0.00	0.00	9910		
81	80053		1 00	040124 040124	220224			15.84	12.00	0.00	12 00	9918		
01	00055		1.00	0 0 1 0 1 2 1 0 1 0 1 2 1	220224			13.04	3.84	0.00	12.00	9910		
81	36415		1 00	040124 040124	220224			4.50	0.00	0.00	0 00	3323		
01	20412		1.00	0 0 0 1 0 1 2 1 0 1 0 1 2 1	220224			4.50	4.50	0.00	0.00	3323		
81	85049		1 00	040124 040124	220224			9.00	4.00	0.00	4 00	9918		
01	05015		1.00	7 010121 010121	220221			J.00	5.00	0.00	1.00	JJ10		
81	84156		1 00	040124 040124	220224			8.00	4.00	0.00	4 00	9918		
01	01150		1.00	7 010121 010121	220221			0.00	4.00	0.00	1.00	JJ10		
81	82570		1 00	040124 040124	220224			8.00	6.00	0.00	6 00	9918		
0.1	02370		1.00	, 510121 010121	220221			0.00	2.00	0.00	0.00	J J ± 0		
81	83069		1 00	040124 040124	220224			8.00	4.00	0.00	4 00	9918		
0 1	0000		1.00	, 010121 010121				0.00	4.00	0.00	1.00	J J ± 0		
									1.00	0.00				

REPORT: CRA-PRPD-R 3551548 RA#:

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

		ICN	PAT ACC	r no.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 84311	MODIFIERS		SERVICE DATES FROM THRU 040124 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 32.00	ALLOWED NON-AlloWED 14.00	COPAY TPL 0.00	PAID	DETAIL 9918		
81	82010		1.00	040124 040124	220224			16.00	18.00 0.00 16.00	0.00 0.00 0.00	0.00	4524		
81	82945		1.00	040124 040124	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	82247	59	1.00	040124 040124	220224			8.00	5.00 3.00	0.00	0.00	5472		
81	83986		1.00	040124 040124	220224			7.00	3.00 4.00	0.00	3.00	9918		
81	81007		2.00	040124 040124	220224			120.00	4.00 116.00	0.00	0.00	5900		
81	82043	QW	1.00	040124 040124	220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME:	ANNA RE	NDA 56024800	I166127'	7	.: 530001976725	MRN: 053024	053024	13.50			9.50	0.00	0.	00 4.00
	PROC CD 36415	MODIFIERS		SERVICE DATES FROM THRU 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 3323	EOBS	
81	85049		1.00	053024 053024	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:	LIAM RE	NO 56024829	I166264	4	.: 530001679158	MRN: 053024	053024		305.64		241.48	0.00	0.	00 305.64
POS 81	PROC CD 87635	MODIFIERS		SERVICE DATES FROM THRU 053024 053024	PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS	
81	87498	59	1.00	053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:	ANGEL R 20241	EPORTO 52027456	I1658681	RECIPIENT ID 1 SERVICE DATES	.: 530002011338	MRN: 052824	052824		16.00 ALLOWED		13.34	0.00	0.	00 16.00
	PROC CD 80053	MODIFIERS	UNITS 1.00		PROVIDER			AMOUNT 15.84	NON-AllowED	TPL 0.00 0.00			EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 36415 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 4.50 4.00	NOTALLA COPAY TPL 0.00 0.00 0.00	OWED A	AMOUNT A	TPL MOUNT S	PAID AMOUNT
01 03019	1.00 032021 032021 220221		J.00	5.00	0.00	1.00	3310		
NAME: CHARM REYES 2024149020762 POS PROC CD MODIFIERS 81 82172	RECIPIENT ID.: 530001572998 11652302 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224	MRN: 051724 051724	102.90 BILLED AMOUNT 31.00	64.00 ALLOWED NON-AllOWED 19.00	COPAY TPL 0.00	38.90 PAID 19.00	0.00 DETAIL EOB	0.00 S	45.00
81 83695	1.00 051724 051724 220224		21.90	12.00 13.00 8.90	0.00 0.00 0.00	13.00	9918		
81 86141 81 82172	1.00 051724 051724 220224 1.00 051724 051724 220224		19.00 31.00	13.00 6.00 19.00 12.00	0.00 0.00 0.00 0.00	0.00	9918 5000		
NAME: ANA REZA 2024152027463	RECIPIENT ID.: 530002261820 I1658683 SERVICE DATES RENDERING	MRN: 052824 052824	547.12 BILLED	305.64		241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 150.00	NON-AlloWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOB 9918	S	
81 87498 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03	9918		
NAME: BENNETT RHODES 2024152027476	RECIPIENT ID.: 530002108377	MRN: 052824 052824	715.12	417.64		297.48	0.00	0.00	417.64
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00		S	
81 87581 59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R RA#: 3551548 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

405

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU		ALLOWED AMOUNT		OWED A	COPAY TP AMOUNT AMO		PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052824 052824 220224			BILLED AMOUNT 168.00	112.00	COPAY TPL 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87635	1.00 052824 052824 220224			150.00	56.00 43.61 106.39	0.00 0.00 0.00	43.61	9918		
NAME: ELLIANA RHODES 2024150023085	RECIPIENT ID.: 530002276227 11654962	MRN: 052324	052324		28.00		21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86		PAID 28.00	DETAIL EOBS 9918		
NAME: SHANAVIA RHODES 2024159023564	RECIPIENT ID.: 530000862750 I1666003	MRN:	060524	200 16	133.53		74 62	0 00	0.00	105.53
2024139023304	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			0.00	105.55
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 1.00 060524 060524 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87491 59	1.00 060524 060524 220224			49.86	28.00	0.00	0.00	5490		
81 87511 59	1.00 060524 060524 220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87591 59	1.00 060524 060524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	1.00 060524 060524 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: SHANAVIA RHODES 2024159023579	RECIPIENT ID.: 530000862750 I1666004	MRN: 040324	040324		46.47		69.62	0.00	0.00	46.47
POS PROC CD MODIFIERS 81 88175	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			BILLED AMOUNT 81.00	ALLOWED NON-AllOWED 25.00	0.00	25.00			
81 87624	1.00 040324 040324 220224			35.09	56.00 21.47 13.62	0.00 0.00 0.00	21.47	9918		
NAME: TY MIR RHODES	RECIPIENT ID.: 530001645313	MRN:								
2024150023096	I1654965 SERVICE DATES RENDERING		052324		28.00 ALLOWED		21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 28.00	DETAIL EOBS 9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI	ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: DRAYLON RHONE 2024158031178	RECIPIENT ID.: 530000888141 I1664940 SERVICE DATES RENDERING	MRN: 053024	053024	84.34 BILLED	55.00 ALLOWED	COPAY	29.34	0.00	0.00	55.00
POS PROC CD MODIFIER 81 80053				AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.0	DETAIL 0 9918	EOBS	
81 82306	1.00 053024 053024 220224			44.00	29.00 15.00	0.00	29.0	0 9918		
81 80061	1.00 053024 053024 220224			20.00	14.00 6.00	0.00	14.0	0 9918		
81 36415	1.00 053024 053024 220224			4.50	0.00 4.50	0.00	0.0	0 3323		
NAME: ANGELA RICE 2024150023107	RECIPIENT ID.: 530001072349	MRN: 042424	042424		0.00		174.33	0.00	0.00	0.00
POS PROC CD MODIFIER 81 G0482	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 042424 042424 220224			BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 0.00 174.33	COPAY TPL 0.00 0.00	PAID 0.0	DETAIL 0 9918 99		
NAME: KATLYN RICHARDS 2024149020772	RECIPIENT ID.: 530002329624	MRN: 051524	051524	458.16	20.81		437.35	0.00	187.53	18.92
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER 81 87481 59	S UNITS FROM THRU PROVIDER 4.00 051524 051524 220224			AMOUNT 168.00	NON-AllOWED 7.58 160.42	TPL 0.00 0.00	PAID 7.5	DETAIL 8 9918 99		
81 87640 59	1.00 051524 051524 220224			37.07	1.89 35.18	0.00	1.8	9 9918 99	36	
81 87653 59	1.00 051524 051524 220224			37.07	1.89 35.18	0.00	1.8	9 9918 99	936	
81 87491 59	1.00 051524 051524 220224			49.86	1.89 47.97	0.00	0.0	0 5490		
81 87511 59	1.00 051524 051524 220224			42.00	1.89 40.11	0.00		9 9918 99		
81 87529 59	1.00 051524 051524 220224			49.86	1.89 47.97	0.00		9 9918 99		
81 87591 59	1.00 051524 051524 220224			42.00	1.89 40.11	0.00		9 9918 99		
81 87661 59	1.00 051524 051524 220224			32.30	1.89 30.41	0.00	1.8	9 9918 99	936	
NAME: KATLYN RICHARDS 2024155014427	RECIPIENT ID.: 530002329624 I1660194	MRN: 051524	051524	18.53	0.68		17.85	0.00	6.10	0.68

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	ALLOWED .	COPAY TPI AMOUNT AMOU	
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051524 051524 220224		BILLED AMOUNT 18.53	NON-AllOWED TE 0.68	PAY PL PAID 0.00 0.68 0.00		
NAME: DORA RICHARDSON 2024155014440	RECIPIENT ID.: 530001949452 I1660191 SERVICE DATES RENDERING	MRN: 052124 052124	258.14 BILLED	172.09 ALLOWED COF	86.05 PAY	0.00	0.00 172.09
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 052124 052124 220224		AMOUNT 83.81		PAID 0.00 55.87 0.00		
81 G0482	1.00 052124 052124 220224		174.33	116.22 58.11	0.00 116.22 0.00	9918	
NAME: KAMILLE RICHARDSON 2024158031190	RECIPIENT ID.: 530000940269 I1664941	MRN: 060424 060424	49.86	28.00	21.86	0.00	0.00 28.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		BILLED AMOUNT 49.86	ALLOWED COPNON-Allowed TF	PAY PL PAID 0.00 28.00 0.00	DETAIL EOBS	
NAME: ROBIN RICHARDSON 2024150023168	RECIPIENT ID.: 530001073261 I1654975	MRN: 052224 052224	825.21	542.00	283.21	0.00	0.00 486.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED COF	PAY PL PAID		130000
81 87481 59	4.00 052224 052224 220224		168.00	112.00 56.00	0.00 112.00 0.00		
81 87640 59	1.00 052224 052224 220224		37.07	22.00 15.07		9918	
81 87653 59	1.00 052224 052224 220224		37.07	22.00 15.07		9918	
81 87798	11.00 052224 052224 220224		462.00	308.00 154.00	0.00 308.00 0.00	9918	
81 87641 59	1.00 052224 052224 220224		37.07	22.00 15.07		9918	
81 87798	2.00 052224 052224 220224		84.00	56.00 28.00		5000	
	RECIPIENT ID.: 530001073261 I1656799 SERVICE DATES RENDERING	MRN: 052224 052224		27.09 ALLOWED COF		0.00	0.00 27.09
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		BILLED AMOUNT 18.53	NON-AllOWED TE		DETAIL EOBS 9918	

CMS 1500 CLAIMS PAID

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PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LA SUITE 138

BIRMINGHAM, AL

LAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
L 35235-2718	ISSUE DATE	06/07/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY TPI AMOUNT AMOU		PAID AMOUNT
POS PROC CD 1 81 87186	MODIFIERS	SERVICE DATES RENDER UNITS FROM THRU PROVIDE 1.00 052224 052224 220224	ING		BILLED AMOUNT 13.50	ALLOWED NON-AlloWED 9.00 4.50	COPAY	PAID			
81 87088		1.00 052224 052224 220224			8.09	8.09 0.00	0.00	8.09			
NAME: KYNNADE 1 202415	RICHARDSON- 5014467	LYON RECIPIENT ID.: 5300 I1660193 SERVICE DATES RENDER	052924	052924	22.50 BILLED	11.00	COPAY	11.50	0.00	0.00	11.00
POS PROC CD 1 81 83540	MODIFIERS	UNITS FROM THRU PROVIDE 1.00 052924 052924 220224			AMOUNT 9.00	NON-AlloWED 7.00 2.00	TPL 0.00 0.00	PAID 7.00	DETAIL EOBS 9918		
81 36415		1.00 052924 052924 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 052924 052924 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: KAIDEN R 202415	ICHMOND 8031198	RECIPIENT ID.: 5300	060424	060424	899.12			313.09	0.00	0.00	586.03
	MODIFIERS 59	SERVICE DATES RENDER: UNITS FROM THRU PROVID: 1.00 060424 060424 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS		
	59	1.00 060424 060424 220224			37.07	14.00 22.00	0.00	22.00			
81 87581	59	1.00 060424 060424 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 060424 060424 220224			318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641	5.0	1.00 060424 060424 220224 1.00 060424 060424 220224			37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
	59	1.00 060424 060424 220224			49.86	15.07 28.00	0.00	28.00			
81 87798		8.00 060424 060424 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: AALIYAH 1	RICHTER 6024836	RECIPIENT ID.: 5300	053024	053024		262.03		135.09	0.00	0.00	262.03
POS PROC CD 1 81 87498		SERVICE DATES RENDER: UNITS FROM THRU PROVID: 1.00 053024 053024 220224				ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00		EOBS	
81	87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:	CYNTHIA 20241	RIDER 52027488	RECIPIENT ID	0.: 530002147827	MRN: 052424	052424	825.21	542.00		283.21	0.00	0.00	486.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 87481	MODIFIERS 59	UNITS FROM THRU 4.00 052424 052424	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00		EOBS	
0.1	0/401	39	1.00 032121 032121	220224			100.00	56.00	0.00	112.00	9910		
81	87640	59	1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798		11.00 052424 052424	220224			462.00	308.00	0.00	308.00	9918		
81	87641	5.9	1.00 052424 052424	220224			37.07	154.00 22.00	0.00	22.00	9918		
01	07011	33	1.00 032121 032121	220221			37.07	15.07	0.00	22.00	JJ10		
81	87798		2.00 052424 052424	220224			84.00	56.00 28.00	0.00	0.00	5000		
NT 7\ N/T.7 •		DII EV	DEGIDIENE IL	· F200012F6002	MIDAT •								
NAME.	CAMRON 20241	57011809	RECIPIENT IL I1663439).: 530001256893	MRN: 040224	040224	411.14	180.00		231.14	0.00	0.00	156.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	87481	59	4.00 040224 040224	220224			168.00	112.00 56.00	0.00	112.00	9918		
81	87640	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	82010	59	1.00 040224 040224	220224			16.00	0.00	0.00	0.00	4524		
-			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					16.00	0.00				
81	82247	59	1.00 040224 040224	220224			8.00	5.00	0.00	0.00	5472		
81	81007	59	2.00 040224 040224	220224			120.00	3.00 4.00	0.00	0 00	5900		
0.1	01007		2.00 010221 010221	220221			120.00	116.00	0.00	0.00	3700		
81	84436	59	1.00 040224 040224	220224			10.00	7.00	0.00	0.00	5930		
								3.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 83721 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	SERVICE DATES FROM THRU		AMOUNT ALLOWED NON-AlloWED 8.00			AMOUNT A DETAIL EOB	TPL MOUNT S	PAID AMOUNT
2024157011828 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001256893 I1663440 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	MRN: 040224 040224		ALLOWED NON-AlloWED 19.00	COPAY TPL	12.00 PAID 19.00	DETAIL EOB	0.00 S	19.00
NAME: JAXON RILEY 2024156024845 POS PROC CD MODIFIERS 81 82306 81 83540 81 83550 81 82728 81 83036 81 80061 81 84443 81 84439 81 36415 81 85049	RECIPIENT ID.: 530000637205 I1662655 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224 1.00 050624 050624 220224					PAID 29.00 7.00 10.00 13.00 12.00 14.00 22.93 9.00 0.00	DETAIL EOB 9918 9918 9918 9918 9918 9918	0.00	120.93
NAME: VIRGINIA RILEY 2024149020781 POS PROC CD MODIFIERS 81 87486 59	RECIPIENT ID.: 530001265841 11652311 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 052224	899.12 BILLED AMOUNT 42.00	586.03 ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		0.00 DETAIL EOB 9918		586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MG 81 87498 59	ODIFIERS 9	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL EOE 9918	3S	
81 87640 59	9	1.00 052224 052224	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00			
81 87581 59	9	1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87641 59	9	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	9		220224			49.86	28.00 21.86	0.00	28.00			
81 87798		8.00 052224 052224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: VIRGINIA 1		RECIPIENT ID. 11654987	.: 530001265841	MRN: 052224	052224	29.34			13.34	0.00	0.00	16.00
POS PROC CD MO 81 80053	ODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOE 9918	3S	
81 36415		1.00 052224 052224	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 052224 052224	220224			9.00	4.00	0.00	4.00	9918		
NAME: VIRGINIA 1 20241500		I1654988	: 530001265841 RENDERING	MRN: 052224	052224	15.00 BILLED	5.00 ALLOWED	COPAY	10.00	0.00	0.00	5.00
POS PROC CD MO 81 86140	ODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 15.00	NON-Allowed 5.00 10.00	TPL 0.00 0.00		DETAIL EOE 9918	3S	
NAME: ADAMAE RIV 2024156		I1662660	.: 530002183349	MRN: 053124	053124		458.00		241.21	0.00	0.00	458.00
POS PROC CD MG 81 87481 59		UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00		SS	
81 87640 59	9	1.00 053124 053124	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#:

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	ח ז ד ד		,	
POS PROC CD MODIFIERS 81 87653 59	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224		AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL EOBS 9918	j .	
01 07033 39	1.00 055124 055124 220224		37.07	15.07	0.00	22.00	9910		
81 87798 59	11.00 053124 053124 220224		462.00	308.00	0.00	308.00	9918		
				154.00	0.00				
81 87641 59	1.00 053124 053124 220224		37.07	22.00	0.00	22.00	9918		
81 87798 59	2.00 053124 053124 220224		84.00	15.07 56.00	0.00	56.00	0010		
01 07790 39	2.00 033124 033124 220224		84.00	28.00	0.00	30.00	9910		
NAME: CONNIE RIVERS	RECIPIENT ID.: 530001217561	MRN:							
2024150023203	I1656805	052124 052124	174.33	116.22		58.11	0.00	0.00	116.22
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	5	
81 G0482	1.00 052124 052124 220224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: TODDAN DIVERG	DEGIDIENT ID • 520001260220	MDNI •							
NAME: JORDAN RIVERS 2024159023583	RECIPIENT ID.: 530001268338 I1666008	MRN: 060424 060424	102.84	71.00		31.84	0.00	0.00	71.00
2024137023303	SERVICE DATES RENDERING	000121 000121	BILLED	ALLOWED	COPAY	31.04	0.00	0.00	71.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS	3	
81 80053	1.00 060424 060424 220224		15.84	12.00	0.00	12.00	9918		
01 00006	1 00 000404 000404 000004		4.4.00	3.84	0.00	00.00	0.01.0		
81 82306	1.00 060424 060424 220224		44.00	29.00 15.00	0.00	29.00	9918		
81 83036	1.00 060424 060424 220224		14.00	12.00	0.00	12.00	9918		
01 03030	1.00 000121 000121 220221		11.00	2.00	0.00	12.00	JJ 10		
81 80061	1.00 060424 060424 220224		20.00	14.00	0.00	14.00	9918		
0.1	1 00 000101 000101			6.00	0.00	4 00	0.01.0		
81 85049	1.00 060424 060424 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: ADALAIDE RIVIERE	RECIPIENT ID.: 530002326781	MRN:							
2024156024879	I1661282	053024 053024	1,049.12			419.48	0.00	0.00	629.64
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	3	
81 87486 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	∠8.00	9918		
81 87498 59	1.00 053024 053024 220224		37.07	22.00	0.00	22.00	9918		
			237	15.07	0.00	0			
81 87581 59	1.00 053024 053024 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 318.05	NON-Allowed 212.03 106.02	TPL 0.00 0.00	PAID 212.03	DETAIL EOBS 9918		
81 87640	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 053024 053024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 053024 053024 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 053024 053024 220224		336.00	224.00 112.00	0.00	224.00			
81 87635	1.00 053024 053024 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: CHRISTINE ROBERTS 2024150023220	RECIPIENT ID.: 530002221177	MRN: 052124 052124	174 33	116.22		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	032121 032121	BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOBS		110.22
NAME: BARRETT ROBERTSON 2024156024890	RECIPIENT ID.: 530002266765 I1662661 SERVICE DATES RENDERING	MRN: 053024 053024	397.12 BILLED	262.03 ALLOWED	COPAY	135.09	0.00	0.00	262.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87581 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 053024 053024 220224		318.05	212.03 106.02	0.00	212.03	9918		
NAME: RAYMOND ROBERTSON 2024150023235	RECIPIENT ID.: 530001986455	MRN: 052324 052324		196.93		73.11	0.00	0.00	196.93
POS PROC CD MODIFIERS 81 84153	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		BILLED AMOUNT 27.00	ALLOWED NON-AlloWED 20.00	COPAY TPL 0.00	PAID 20.00	DETAIL EOBS 9918		
81 86800	1.00 052324 052324 220224		23.00	7.00 15.00 8.00	0.00 0.00 0.00	15.00	9918		
81 84432	1.00 052324 052324 220224		24.00	17.00 7.00	0.00	17.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

414

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 80053	MODIFIERS	UNITS	SERVICE DATES FROM THRU 052324 052324	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID	DETAIL 9918	EOBS	
01	80033		1.00	032324 032324	220224			13.04	3.84	0.00	12.00	9910		
81	82607		1.00	052324 052324	220224			22.00	17.00	0.00	17.00	9918		
81	82306		1.00	052324 052324	220224			44.00	5.00 29.00	0.00 0.00	29.00	9918		
0.1								14.00	15.00	0.00				
81	83036		1.00	052324 052324	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81	84481		1.00	052324 052324	220224			24.00	16.00	0.00	16.00	9918		
81	80061		1 00	052324 052324	220224			20.00	8.00 14.00	0.00 0.00	14 00	9918		
01									6.00	0.00				
81	86376		1.00	052324 052324	220224			21.00	15.00 6.00	0.00 0.00	15.00	9918		
81	84443		1.00	052324 052324	220224			25.20	22.93	0.00	22.93	9918		
0.1	04426	F.0	1 00	050204 050204	220224			10.00	2.27	0.00	7.00	0010		
81	84436	59	1.00	052324 052324	220224			10.00	7.00 3.00	0.00 0.00	7.00	9918		
7 T 7 T / T T .		$D \cap D \cap D \cap C \cap M$		DECITOTED TO	• 600000000000	MDNT •								
NAME:		ROBERTSON .52027498	I165869		.: 530002204968	MRN: 052824	052824	899.12	586.03	3	313.09	0.00	0.00	586.03
	20241	.52027498		4 SERVICE DATES	RENDERING		052824	BILLED	ALLOWED	COPAY				586.03
POS	20241 PROC CD	.52027498 MODIFIERS	UNITS	4 SERVICE DATES FROM THRU	RENDERING PROVIDER		052824	BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL		586.03
POS 81	20241 PROC CD 87486	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224		052824	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918		586.03
POS	20241 PROC CD	.52027498 MODIFIERS	UNITS 1.00	4 SERVICE DATES FROM THRU	RENDERING PROVIDER		052824	BILLED AMOUNT	ALLOWED NON-AllOWED 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00	PAID 28.00	DETAIL		586.03
POS 81	20241 PROC CD 87486	MODIFIERS 59	UNITS 1.00 1.00	SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224 220224		052824	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918		586.03
POS 81 81	20241 PROC CD 87486 87498 87581	MODIFIERS 59	UNITS 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00 28.00	DETAIL 9918 9918 9918		586.03
POS 81	20241 PROC CD 87486 87498 87581 87633	MODIFIERS 59	UNITS 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918 9918		586.03
POS 81 81	20241 PROC CD 87486 87498 87581	MODIFIERS 59	UNITS 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918		586.03
POS 81 81 81	20241 PROC CD 87486 87498 87581 87633	MODIFIERS 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		586.03
POS 81 81 81 81 81	20241 PROC CD 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918		586.03
POS 81 81 81 81	20241 PROC CD 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918		586.03
POS 81 81 81 81 81	20241 PROC CD 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		052824	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03
POS 81 81 81 81 81 81	20241 PROC CD 87486 87498 87581 87633 87640 87641 87651 87798 TINA RO	MODIFIERS 59 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES FROM THRU 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 052824 RECIPIENT ID	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224			BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		586.03 475.53

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81	87798	59	9.00	052924 052924	220224			378.00	252.00	0.00	252.00	9918		
0.1	0.7.4.0.4				000004				126.00	0.00	= - 00	0.01.0		
81	87481	59	2.00	052924 052924	220224			84.00	56.00	0.00	56.00	9918		
0.1	07401	F.0	1 00	050004 050004	000004			40.06	28.00	0.00	0 00	F 400		
81	87491	59	1.00	052924 052924	220224			49.86	28.00	0.00	0.00	5490		
01	87511	59	1 00	052024 052024	220224			42.00	21.86	0.00	20 00	0010		
81	0/311	59	1.00	052924 052924	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87529	59	2 00	052924 052924	220224			99.72	56.00	0.00	56 00	9918		
01	07323		2.00	032324 032324	220224			22.12	43.72	0.00	30.00	JJ±0		
81	87591	59	1 00	052924 052924	220224			42.00	28.00	0.00	28 00	9918		
0 1	0,001		1.00	032321 032321	220221			12.00	14.00	0.00	20.00	JJ10		
81	87653	59	2.00	052924 052924	220224			74.14	44.00	0.00	0.00	5900		
_					-				30.14	0.00				
81	87661	59	1.00	052924 052924	220224			32.30	21.53	0.00	21.53	9918		
									10.77	0.00				
81	87563		1.00	052924 052924	220224			42.50	0.00	0.00	0.00	4021		
									42.50	0.00				
81	87640	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	80053		1.00	052924 052924	220224			15.84	12.00	0.00	12.00	9918		
0.1	26415		1 00	050004 050004	000004			4 50	3.84	0.00	0.00	2202		
81	36415		1.00	052924 052924	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
MAME:	TINA RO	DEPTCON		סקירסדקאיי דו	530001295068	MRN:								
1/21/11:		56024906	I166266).· 550001255000	052924	052924	60.00	28.00)	32.00	0.00	0.00	28.00
	20211	30021700	1100200	SERVICE DATES	RENDERING	032321	032321	BILLED	ALLOWED	COPAY	32.00	0.00	0.00	20.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	3S	
	86038	-		052924 052924				40.00	15.00	0.00		9918	-	
									25.00	0.00				
81	86200		1.00	052924 052924	220224			20.00	13.00	0.00	13.00	9918		
									7.00	0.00				
NAME:					530002233582									
	20241	58031216	I166495			060424	060424		245.53		146.35	0.00	0.00	217.53
D00	DD 00 05	MODIFIED	IDITEC	SERVICE DATES					ALLOWED		D 3 T D		20	
			UNITS		PROVIDER			AMOUNT 49.86	NON-AllOWED		0.00		35	
QΤ	0/491	כפ	1.00	060424 060424	22U22 4			49.86	28.00 21.86	0.00		3490		
									21.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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DATE: 06/07/2024

	ICN	PAT ACCT NO.	DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EO	DC	
81 87511	MODIFIERS	1.00 060424 060424	220224			42.00	28.00	0.00		9918	DO	
01 07511		1.00 000424 000424	220224			42.00	14.00	0.00	20.00	JJ±0		
81 87529		2.00 060424 060424	220224			99.72	56.00	0.00	56.00	9918		
01 07325		2.00 000121 000121	220221			22.12	43.72	0.00	30.00	JJ±0		
81 87591		1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
01 07351		1.00 000121 000121	220221			12.00	14.00	0.00	20.00	JJ10		
81 87661		1.00 060424 060424	220224			32.30	21.53	0.00	21.53	9918		
01 07001		1.00 000121 000121	220221			32.30	10.77	0.00	21.33	J J I O		
81 87798	59	3.00 060424 060424	220224			126.00	84.00	0.00	84.00	9918		
01 01.750		3.00 000121 000121	220221			120.00	42.00	0.00	01.00	,,,,		
NAME: KALESHIA	A ROBINSON	RECIPIENT ID	.: 530001036356	MRN:								
	56024918	I1662667		053124	053124	717.74	468.00		249.74	0.00	0.00	468.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 87481	59	1.00 053124 053124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87640	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87653	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798	59	11.00 053124 053124	220224			462.00	308.00	0.00	308.00	9918		
							154.00	0.00				
81 87641	59	1.00 053124 053124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798	59	2.00 053124 053124	220224			84.00	56.00	0.00	56.00	9918		
							28.00	0.00				
81 87086		1.00 053124 053124	220224			18.53	10.00	0.00	10.00	9918		
							8.53	0.00				
NAME: NEAL ROE			.: 530001966865	MRN:								
202415	50023258	I1655008		030724	030724	758.76	501.00		257.76	0.00	0.00	501.00
		SERVICE DATES				BILLED	ALLOWED	COPAY		_	_	
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	BS	
81 84550		1.00 030724 030724	220224			6.78	6.00	0.00	6.00	9918		
			000004			1 = 0.4	0.78	0.00	10.00	2212		
81 80053		1.00 030724 030724	220224			15.84	12.00	0.00	12.00	9918		
01 00006		1 00 020504 020504	000004			4 00	3.84	0.00	10.00	0010		
81 83036		1.00 030724 030724	220224			14.00	12.00	0.00	12.00	9918		
							2.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS POS			ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
Section Sect	DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
State 1.00 Good			MODIFIERS										FORS	
81 85049	81	36415		1.00 030/24 030/24	220224			4.50			0.00	3323		
Recommendation Reco	0.1	05040		1 00 020504 020504	000004			0 00			4 00	0.01.0		
81 87481 59	81	85049		1.00 030724 030724	220224			9.00			4.00	9918		
State Stat	0.4	0.7.4.0.4		4 00 000004 000004	000001			1.50.00			110.00	2212		
87640 59	8T	87481	59	4.00 030724 030724	220224			168.00			112.00	9918		
NAME NAME NAME NAME NAME NAME NAME NA	0.4	07540		1 00 000001 000001	000004							2212		
87653 59 1.00 030724 030724 220224 37.07 22.00 0.00 0.00 0.00 0.00 0.00 0.00 0	81	87640	59	1.00 030724 030724	220224			37.07			22.00	9918		
NAME														
81 87798	81	87653	59	1.00 030724 030724	220224			37.07			22.00	9918		
NAME: QUEEN No No No No No No No														
NAME QUEEN ROBINSON 2021 2022	81	87798		11.00 030724 030724	220224			462.00			308.00	9918		
NAME: QUEEN ROBINSON 2024152027527 165867														
NAME QUEEN TOTAL TOTAL	81	81015		1.00 030724 030724	220224			4.50			3.00	9918		
Name									1.50	0.00				
Name														
POS PROC CD MODIFIERS NOT PRIME PROM THU PROM PRIME PROM PRIME PROM PRIME PROM PRIME PROM PRIME PR	NAME				.: 530000937056									
POINT POIN		20241	L52027527			052824	052824				586.20	0.00	0.00	927.53
81 87798 59 9.00 052824 052824 22024 378.00 252.00 0.00 252.00 9918 81 87481 59 2.00 052824 052824 220224 84.00 56.00 0.00 56.00 9918 81 87491 59 1.00 052824 052824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 1.00 052824 052824 220224 74.14 44.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 32.30														
81 87481 59 2.00 052824 052824 220224 84.00 56.00 0.00 56.00 9918 81 87491 59 1.00 052824 052824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 56.00 9918 81 87561 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 74.14 44.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 32.30 <	POS												EOBS	
81 87481 59 2.00 052824 052824 220224 84.00 56.00 0.00 56.00 9918 81 87491 59 1.00 052824 052824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 56.00 9918 81 87563 59 2.00 052824 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052824 220224 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052824 220224 220224 42.50 0.00 <td< td=""><td>81</td><td>87798</td><td>59</td><td>9.00 052824 052824</td><td>220224</td><td></td><td></td><td>378.00</td><td></td><td>0.00</td><td>252.00</td><td>9918</td><td></td><td></td></td<>	81	87798	59	9.00 052824 052824	220224			378.00		0.00	252.00	9918		
81 87491 59 1.00 052824 052824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 44.00 28.00 0.00 5900 81 87563 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87660 59 1.00 052824 052824 220224 42.50 0.00 0.00 21.53 9918 81 87670 59 1.00 052824 052824 220224 42.50 0.00 0.00 9.00 9918 81 87680 59 1.00 052824 052824 220224 32.30 0.00 0.00 9918 81 87680 59 1.00 052824 052824 220224 32.00 0.00 0.00 9918 81 87680 59 1.00 052824 052824 220224 37.07 22.00 0.00 9918									126.00	0.00				
81 87491 59 1.00 052824 052824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 74.14 44.00 0.00 20.00 5900 81 87563 1.00 052824 052824 220224 42.50 0.00 0.00 21.53 9918 81 87660 59 1.00 052824 052824 220224 42.50 0.00	81	87481	59	2.00 052824 052824	220224			84.00	56.00	0.00	56.00	9918		
81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 28.00 9918 81 87661 59 1.00 052824 052824 220224 74.14 44.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87663 59 1.00 052824 052824 220224 42.50 0.00 0.00 21.53 9918 81 87640 59 1.00 052824 052824 220224 37.07 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>28.00</td><td>0.00</td><td></td><td></td><td></td><td></td></t<>									28.00	0.00				
81 87511 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 28.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87663 1.00 052824 052824 220224 42.50 0.00 0.00 21.53 9918 81 87640 59 1.00 052824 052824 220224 42.50 0.00 0.00 0.00 40.21 81 87640 59 1.00 052824 052824 220224 37.07 22.00	81	87491	59	1.00 052824 052824	220224			49.86	28.00	0.00	0.00	5490		
81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87563 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87663 1.00 052824 052824 220224 42.50 0.00 0.00 0.00 4021 81 87640 59 1.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00									21.86	0.00				
81 87529 59 2.00 052824 052824 220224 99.72 56.00 0.00 56.00 9918 81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87563 1.00 052824 052824 220224 42.50 0.00 0.00 0.00 4021 81 87640 59 1.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 81 87481 59 4.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 81 87481 59 4.00 052824 052824 220224 168.00 112.00	81	87511	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									14.00	0.00				
81 87591 59 1.00 052824 052824 220224 42.00 28.00 0.00 0.00 0.00 0.00 28.00 9918 81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 220224 32.30 21.53 0.00 21.53 9918 81 87563 1.00 052824 052824 220224 42.50 0.00 0.00 0.00 0.00 0.00 4021 81 87640 59 1.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00 112.00 9918	81	87529	59	2.00 052824 052824	220224			99.72	56.00	0.00	56.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$									43.72	0.00				
81 87653 59 2.00 052824 052824 220224 74.14 44.00 0.00 0.00 5900 81 87661 59 1.00 052824 052824 220224 32.30 21.53 0.00 21.53 9918 81 87563 1.00 052824 052824 220224 42.50 0.00 0.00 0.00 4021 81 87640 59 1.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00 112.00 9918	81	87591	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									14.00	0.00				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	87653	59	2.00 052824 052824	220224			74.14	44.00	0.00	0.00	5900		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$									30.14	0.00				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	87661	59	1.00 052824 052824	220224			32.30	21.53	0.00	21.53	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$									10.77	0.00				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	87563		1.00 052824 052824	220224			42.50			0.00	4021		
81 87640 59 1.00 052824 052824 220224 37.07 22.00 0.00 22.00 9918 15.07 0.00 81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00 112.00 9918														
15.07 0.00 81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00 112.00 9918	81	87640	59	1.00 052824 052824	220224			37.07			22.00	9918		
81 87481 59 4.00 052824 052824 220224 168.00 112.00 0.00 112.00 9918														
	81	87481	59	4.00 052824 052824	220224			168.00			112.00	9918		
									56.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.	Damed	DENDEDING	SERVICE FROM	DATES THRU		AMOUNT			COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
	PROC CD 87640	MODIFIERS 59	SERVICE UNITS FROM 1.00 052824	THRU	RENDERING PROVIDER 220224			AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07			DETAIL 9918	EOBS		
81	87653	59	1.00 052824	052824				37.07	22.00 15.07	0.00	22.00	9918			
81	87798		11.00 052824	052824	220224			462.00	308.00 154.00	0.00	308.00	9918			
NAME:		OBINSON 56024935	RECIP I1661285			MRN: 052824	052824		10.00		8.53	0.00		0.00	10.00
	PROC CD 87086	MODIFIERS	UNITS FROM 1.00 052824	THRU	RENDERING PROVIDER 220224			AMOUNT	ALLOWED NON-AllOWED 10.00 8.53				EOBS		
NAME:		RODEN 58031226	RECIP I1664954 SERVICE		: 530002055892 RENDERING	MRN: 060324	060324		12.00 ALLOWED		2.00	0.00		0.00	12.00
	PROC CD 83036	MODIFIERS	UNITS FROM 1.00 060324	THRU 060324	PROVIDER 220224			AMOUNT 14.00	NON-AllOWED 12.00 2.00		PAID 12.00		EOBS		
NAME:		H RODGERS 59023597	RECIP I1666013			MRN: 060524	060524		217.53		124.49	0.00		0.00	189.53
	PROC CD 87798	MODIFIERS	UNITS FROM	THRU	220224			126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00		EOBS		
81	87491	59	1.00 060524	060524				49.86	28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00 060524	060524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	1.00 060524	060524	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87591	59	1.00 060524	060524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87661	59	1.00 060524	060524	220224			32.30	21.53 10.77	0.00 0.00	21.53	9918			
NAME:	CHASE R 20241	ODGERS 52027547	RECIP I1658698	IENT ID.	: 530000820221	MRN: 052824	052824	1,049.12	629.64		419.48	0.00		0.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
DOG		MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ה א ד ה ה א ד ה			
POS 81	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 052824 052824	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EOBS		
01	07033		1.00 032024 032024	22022 1			130.00	106.39	0.00	43.01	9910		
81	87486	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
01	07100	33	1.00 032021 032021	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87498	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052824 052824	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.000.41	F.0	1 00 050004 050004	000004			25 25	15.07	0.00	00.00	0010		
81	87641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00 052024 052024	220224			49.86	15.07 28.00	0.00	28.00	0010		
ОΤ	0/031	39	1.00 052824 052824	220224			49.00	21.86	0.00	20.00	9910		
81	87798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00 032021 032021	220221			330.00	112.00	0.00	221.00	JJ10		
NAME	: DUNCAN	RODGERS	RECIPIENT ID	.: 530001262358	MRN:								
	20241	L59023611	I1666014		060524	060524	547.12	305.64		241.48	0.00	0.00	305.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
81	87498	59	1.00 060524 060524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 060524 060524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00 060524 060524	000004			210 05	14.00	0.00	010 00	0.01.0		
81	87633		1.00 060524 060524	220224			318.05	212.03	0.00	212.03	9918		
81	87635		1.00 060524 060524	220224			150.00	106.02 43.61	0.00	43.61	0010		
OI	07033		1.00 000324 000324	22022 1			130.00	106.39	0.00	43.01	9910		
								100.37	0.00				
NAME	: LEIA RC	DOGERS	RECIPIENT ID	.: 530001201653	MRN:								
		57011836	I1663445		060324	060324	547.12	305.64		241.48	0.00	0.00	305.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID			
81	87498	59	1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

ICN POS PROC CD MODIFIERS 81 87633	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 318.05	ALLOWED AMOUNT ALLOWED NON-AlloWED 212.03	NC ALL COPAY TPL 0.00		DETAIL EC	TPL AMOUNT DBS	PAID AMOUNT
81 87635	1.00 060324 060324 220224			150.00	106.02 43.61 106.39	0.00 0.00 0.00	43.61	9918		
NAME: LEIA RODGERS 2024159023614 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001201653 I1666015 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 060524	060524	547.12 BILLED AMOUNT	305.64 ALLOWED NON-AllOWED	: COPAY TPL	241.48 PAID	0.00 DETAIL EC	0.00 DBS	305.64
81 87498 59 81 87581 59	1.00 060524 060524 220224 1.00 060524 060524 220224			37.07 42.00	22.00 15.07 28.00	0.00 0.00 0.00	22.00 28.00	9918 9918		
81 87633	1.00 060524 060524 220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03			
81 87635	1.00 060524 060524 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: DECLAN RODRIGUEZ 2024150023277	RECIPIENT ID.: 530001539873 I1655011 SERVICE DATES RENDERING	MRN: 052324	052324	397.12 BILLED	262.03	COPAY	135.09	0.00	0.00	262.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00		DBS	
81 87581 59 81 87633	1.00 052324 052324 220224 1.00 052324 052324 220224			42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
				310.03	106.02	0.00	212.03	JJ10		
NAME: HALEY RODRIGUEZ 2024150023294	RECIPIENT ID.: 530001337930 I1655012 SERVICE DATES RENDERING	MRN: 052224	052224	BILLED	29.00 ALLOWED	COPAY	19.50	0.00	0.00	29.00
POS PROC CD MODIFIERS 81 82306	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224			AMOUNT 44.00	NON-AllOWED 29.00 15.00	TPL 0.00 0.00		DETAIL EC 9918	DBS	
81 36415	1.00 052224 052224 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: NOVA ROE 2024149020792	RECIPIENT ID.: 530002233604 I1652320	MRN: 010224	010224	49.86	28.00		21.86	0.00	0.00	28.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

DATE: 06/07/2024

PAGE:

PAYEE ID

421

220224

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-271

JAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
J 35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	AMOUNT	NO: ALL	OWED .		PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 010224 010224 220224		AMOUNT 49.86	28.00	TPL	PAID 28.00			
2024155014630	RECIPIENT ID.: 530001497612 11660212 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	052824 052824		ALLOWED NON-AllOWED 213.03	COPAY TPL	PAID 213.03	DETAIL EOBS		213.03
2024150023319	RECIPIENT ID.: 530002021555 I1656815 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	052224 052224		ALLOWED NON-AllOWED 116.22	COPAY TPL	PAID 116.22	DETAIL EOBS		116.22
NAME: BRIANNA ROUSE 2024156024958 POS PROC CD MODIFIERS 81 80053 81 85652 81 84443 81 84436 59 81 36415 81 85049	RECIPIENT ID.: 530000849008 11662670 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224 1.00 053124 053124 220224		68.54 BILLED AMOUNT 15.84 4.00 25.20 10.00 4.50 9.00	ALLOWED NON-AllOWED 12.00	COPAY TPL	PAID 12.00 3.00 22.93 7.00 0.00	DETAIL EOBS 9918		48.93
	RECIPIENT ID.: 530000849008 11666020 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224	MRN: 053124 053124	BILLED	ALLOWED NON-AlloWED	COPAY TPL		DETAIL EOBS		5.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	PAT ACCT NO.	SERVICE FROM	DATES THRU		ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
2024156024971 POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530002270043 I1662671 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224	053124		BILLED AMOUNT 4.50	0.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 3323		4.00
2024159023628 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002270043 11666021 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224	053124		BILLED AMOUNT	15.00	COPAY TPL	PAID	DETAIL EOBS		15.00
2024155014642 POS PROC CD MODIFIERS	RA RECIPIENT ID.: 530001163888 I1660228 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	022024		BILLED AMOUNT	2.00 ALLOWED NON-AllOWED 2.00 58.00	COPAY TPL	PAID	DETAIL EOBS	0.00	2.00
2024156024977 POS PROC CD MODIFIERS 81 87498 59	RECIPIENT ID.: 530002302699 11662677 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224 4.00 053124 053124 220224	053124		BILLED AMOUNT	15.07 28.00 14.00 212.03 106.02	COPAY TPL	PAID 22.00 28.00 212.03	DETAIL EOBS 9918 9918 9918		374.03
NAME: ALI SALEH 2024158031242 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530001000593 11664969 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	MRN: 041524	041524	715.12 BILLED AMOUNT 150.00		COPAY	PAID	0.00 DETAIL EOBS 9918	0.00	417.64

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACCT NO.	_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041524 041524	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL EC	DBS	
81	87581	59	1.00 041524 041524	220224			42.00	15.07 28.00	0.00		9918		
01		39						14.00	0.00				
81	87633		1.00 041524 041524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 041524 041524	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		ZA SALGADO-T		.: 530002267393	MRN:								
	20241	49020801	I1652329 SERVICE DATES	RENDERING	052224	052224	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS			UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81	87498	59	1.00 052224 052224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052224 052224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
81	87798		4.00 052224 052224	220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME:	JOSEPH	SAMUEL	RECIPIENT ID	.: 530001581952	MRN:								
		58031254	I1664972	RENDERING	041824	041824		53.00 ALLOWED		25.34	0.00	0.00	53.00
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER			BILLED AMOUNT	NON-AllowED	COPAY TPL	PAID	DETAIL EC)BS	
81			1.00 041824 041824	220224			15.84	12.00	0.00		9918		
81	82306		1.00 041824 041824	220224			44.00	29.00	0.00	29.00	9918		
81	83036		1.00 041824 041824	220224			14.00	15.00 12.00	0.00	12.00	9918		
81	36415		1.00 041824 041824	220224			4.50	2.00 0.00	0.00	0.00	3323		
								4.50	0.00				
NAME:			RECIPIENT ID	.: 530002220683		052024	F.C.F. 1.0	274 02		101 00	0 00	0 00	274 02
	ZUZ41	52027566	I1658714 SERVICE DATES	RENDERING	052824	U5282 4		374.03 ALLOWED		191.09	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59		PROVIDER			AMOUNT 37.07	NON-AllOWED			DETAIL EC 9918	DBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN	PAT ACCT NO.	SERVICE D	ATES HRU	BILLED AMOUNT		NO ALL			TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87581 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EO 9918	BS	
81 87633	1.00 052824 052824 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 052824 052824 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: ZYLERIA SANDERS 2024156024996	RECIPIENT ID.: 530001853871 I1662682	MRN: 053124 0)53124		4.00		9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EO	BS	
81 85049	1.00 053124 053124 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ZYLERIA SANDERS 2024159023639	RECIPIENT ID.: 530001853871 I1666023 SERVICE DATES RENDERING	053124 0)53124	BILLED		COPAY	3.00	0.00	0.00	15.00
POS PROC CD MODIFIERS 81 83655	UNITS FROM THRU PROVIDER 1.00 053124 053124 220224			AMOUNT 18.00		TPL 0.00 0.00	PAID 15.00		BS	
NAME: KAYLA SANTIAGO 2024155014652	RECIPIENT ID.: 530001865976	MRN: 052924 0)52924		42.00		21.34	0.00	0.00	42.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00		BS	
81 83036	1.00 052924 052924 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061	1.00 052924 052924 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415	1.00 052924 052924 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 052924 052924 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: KAYLA SANTIAGO 2024156025008	RECIPIENT ID.: 530001865976 I1661292	MRN: 052924 0)52924	27.89	22.93		4.96	0.00	0.00	22.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84443	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224		BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00			S	
	RECIPIENT ID.: 530001699219		10 50	10.00		0 50	0.00	0.00	10.00
2024158031272	I1664980 SERVICE DATES RENDERING	060324 060324	18.53 BILLED	10.00 ALLOWED	COPAY	8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS	INTEG EDOM TIDII DDOMEDED		AMOUNT		TPL	PAID	DETAIL EOB	S	
81 87086	1.00 060324 060324 220224		18.53		0.00	10.00			
NAME: MEGAN SCARBOR	RECIPIENT ID.: 530002170375	MRN:							
2024159023646	I1666025	021924 021924		80.93		29.08	0.00	0.00	80.93
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	חזדה		C	
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 021924 021924 220224		AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00		5	
01 00033	1.00 021921 021921 220221		13.01	3.84	0.00	12.00	JJ10		
81 83540	1.00 021924 021924 220224		9.71	7.00	0.00	7.00	9918		
				2.71	0.00				
81 83550	1.00 021924 021924 220224		13.11	10.00 3.11	0.00	10.00	9918		
81 80061	1.00 021924 021924 220224		20.00	14.00	0.00	14.00	9918		
01 00001	1.00 021921 021921 220221		20.00	6.00	0.00	11.00	JJ10		
81 84443	1.00 021924 021924 220224		25.20	22.93	0.00	22.93	9918		
				2.27	0.00				
81 83525	1.00 021924 021924 220224		17.15	11.00	0.00	11.00	9918		
81 85049	1.00 021924 021924 220224		9.00	6.15 4.00	0.00	4 00	9918		
01 03019	1.00 021921 021921 220221		2.00	5.00	0.00	1.00	JJ10		
NAME: KEISHA SCHUSTER	RECIPIENT ID.: 530000197814	MRN:							
2024149020812	I1652335	052224 052224	1,049.12	629.64		419.48	0.00	0.00	629.64
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT		\mathtt{TPL}		DETAIL EOB	S	
81 87635	1.00 052224 052224 220224		150.00	43.61	0.00	43.61	9918		
81 87486 59	1.00 052224 052224 220224		42.00	106.39 28.00	0.00	28 00	9918		
01 0/400 39	1.00 032221 032221 220221		42.00	14.00	0.00	20.00	99±0		
81 87498 59	1.00 052224 052224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 052224 052224 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	I	CN	PAT ACC	T NO. SERVICE DATES	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC	CD MOD	IFIERS	UNITS	FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS	
81 876		TLIFICS		052224 052224	220224			318.05	212.03	0.00	212.03		EODS	
01 070	, 5 5		1.00	032221 032221	220221			310.03	106.02	0.00	212.03	JJ 10		
81 876	340		1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	541 59		1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	551 59		1.00	052224 052224	220224			49.86	28.00	0.00	28.00	9918		
01 000			0 00	050004 050004	000004			226.00	21.86	0.00	004 00	0.01.0		
81 877	798		8.00	052224 052224	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME: GAB	RETEL SCO	тт		RECIPTENT ID	.: 530000887661	MRN:								
	202415602		I166268		. 550000007001		053024	319.55	213.03		106.52	0.00	0.00	213.03
_				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC	C CD MOD	IFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 875	507		1.00	053024 053024	220224			319.55	213.03	0.00	213.03			
									106.52	0.00				
				DEGIDIENTE ID		MONT								
NAME: MAS			I166268		.: 530002242736	MRN:	052024	1 040 10	620 64		410 40	0 00	0 00	620 64
۷	202415602	5022	1100200	SERVICE DATES	RENDERING	052624	052824	1,049.12 BILLED	629.64	COPAY	419.48	0.00	0.00	629.64
POS PROC	CD MOD	TETERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EORS	
81 876		II IIIIO		052824 052824	220224			150.00	43.61	0.00	43.61		LODD	
									106.39	0.00				
81 874	86 59		1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 874	98 59		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1								40.00	15.07	0.00		0010		
81 875	581 59		1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
81 876	: > >		1 00	052824 052824	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 0/0	033		1.00	032624 032624	220224			310.03	106.02	0.00	212.03	9910		
81 876	340		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
01 070	. 10		1.00	002021 002021				37.07	15.07	0.00	22.00	3310		
81 876	541 59		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	551 59		1.00	052824 052824	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81 877	98		8.00	052824 052824	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: PAISLEE SCOTT 2024156025041 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530001290786 I1661298 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 053024	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03 106.52	COPAY TPL 0.00 0.00	106.52 PAID 213.03	0.00 DETAIL E	0.00 OBS	213.03
NAME: KIONNA SEAY 2024152027580 POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530001369798 11658721 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	MRN: 052824 052824	235.19 BILLED AMOUNT 15.84	168.93 ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	66.26 PAID 12.00	0.00 DETAIL E	0.00 OBS	161.93
81 84436 59 81 83525	1.00 052824 052824 220224 1.00 052824 052824 220224		10.00 17.15	7.00 3.00 11.00 6.15	0.00 0.00 0.00 0.00	0.00	5910 9918		
81 85049 81 82607	1.00 052824 052824 220224 1.00 052824 052824 220224		9.00	4.00 5.00 17.00 5.00	0.00 0.00 0.00 0.00	4.00 17.00	9918 9918		
81 82306 81 84481	1.00 052824 052824 220224 1.00 052824 052824 220224		44.00 24.00	29.00 15.00 16.00 8.00	0.00 0.00 0.00 0.00	29.00 16.00	9918		
81 83036 81 80061	1.00 052824 052824 220224 1.00 052824 052824 220224		14.00 20.00	12.00 2.00 14.00 6.00	0.00 0.00 0.00 0.00	12.00	9918		
81 86376 81 84443	1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224		21.00 25.20	15.00 6.00 22.93 2.27 9.00	0.00 0.00 0.00 0.00	15.00 22.93	9918		
81 84439 NAME: KYSON SEIBERT 2024156025048	RECIPIENT ID.: 530002286473	MRN: 053024 053024	13.00	4.00			9918	0.00	213.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	033024 033024	BILLED	ALLOWED NON-AlloWED 213.03	COPAY TPL	PAID 213.03	DETAIL E		213.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACCT NO.		FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:]		SELF 58031284	I1664984	.: 530001012249	MRN: 060324	060324	717.74	468.00		249.74	0.00	0.00	468.00
	ROC CD 87481	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 060324 060324	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81 8	87640	59	1.00 060324 060324	220224			37.07	14.00 22.00 15.07	0.00	22.00	9918		
81 8	87653	59	1.00 060324 060324	220224			37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
	87798	59	11.00 060324 060324				462.00	308.00 154.00	0.00	308.00			
	87641	59	1.00 060324 060324				37.07	22.00 15.07	0.00		9918		
	87798 87086	59	2.00 060324 060324 1.00 060324 060324				84.00 18.53	56.00 28.00 10.00	0.00 0.00 0.00		9918 9918		
01 (87080		1.00 000324 000324	220224			10.55	8.53	0.00	10.00	9910		
NAME: (OLIVER 20241	SELF 57011842	RECIPIENT ID 11663452	.: 530002319152	MRN: 060324	060324	1,049.12	629.64		419.48	0.00	0.00	629.64
DOS D	ROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	. EORS	
	87635		1.00 060324 060324	220224			150.00	43.61 106.39	0.00		9918	. 1020	
81 8	87486	59	1.00 060324 060324	220224			42.00	28.00 14.00	0.00	28.00	9918		
	87498	59	1.00 060324 060324				37.07	22.00 15.07	0.00		9918		
	87581	59	1.00 060324 060324				42.00	28.00 14.00	0.00		9918		
	87633 87640		1.00 060324 060324 1.00 060324 060324				318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03	9918		
	87641	59	1.00 060324 060324				37.07	15.07 22.00	0.00		9918		
	87651	59	1.00 060321 060321				49.86	15.07 28.00	0.00		9918		
	87798		8.00 060324 060324				336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
NAME: CHERYL SELLERS 2024152027603 POS PROC CD MODIFIERS 81 87186 81 87088 81 87086	RECIPIENT ID.: 530001035001 I1658722 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051024 051024 220224 1.00 051024 051024 220224 1.00 051024 051024 220224	MRN: 051024 05102	4 40.12 BILLED AMOUNT 13.50 8.09 18.53	4.50 8.09 0.00		PAID	0.00 DETAIL EOBS 9918	0.00	27.09
NAME: CHERYL SELLERS 2024152027618 POS PROC CD MODIFIERS 81 80061 81 80048	RECIPIENT ID.: 530001035001 11658723 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 05282	4 32.69 BILLED AMOUNT 20.00 12.69	6.00	COPAY TPL 0.00 0.00 0.00 0.00	7.69 PAID 14.00 11.00		0.00	25.00
NAME: CHERYL SELLERS 2024156025053 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87086	RECIPIENT ID.: 530001035001 11661302 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 11.00 052824 052824 220224 11.00 052824 052824 220224	MRN: 052824 05282	4 722.67 BILLED AMOUNT 168.00 37.07 37.07 462.00 18.53	NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00 154.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	248.67 PAID	9918 9918 9918	0.00	474.00
2024150023376 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000839234 11656838 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224	MRN: 052424 05242			COPAY	PAID 28.00	DETAIL EOBS	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

430

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87498	59	1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052424 052424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052424 052424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052424 052424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 052424 052424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME	: MISHA S	\$FT.T.FP\$	RECIDIENT ID).: 530000677054	MRN:								
147 11-111		150023392	I1656839	330000077031	052424	052424	899.12	586.03		313.09	0.00	0.0	0 586.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	E O	1 00 052424 052424	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00 052424 052424	22022 4			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 052424 052424	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 052424 052424	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00 052424 052424	220224			27 07	106.02	0.00	22.00	0010		
81	87640		1.00 052424 052424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 052424 052424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 052424 052424	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 052424 052424	220224			336.00	21.86 224.00	0.00	224 00	9918		
01	01150		0.00 032121 032121	220221			330.00	112.00			JJ10		
NAME	: NATASIA	AH SELLERS	RECIPIENT ID	530001209912	MRN:								
		55014662	I1660253	 		052424	299.33	172.09		127.24	0.00	0.0	0 172.09
			SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS		PROVIDER			AMOUNT		TPL			EOBS	
81	80307		1.00 052424 052424	220224			125.00	55.87 69.13	0.00		9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

431

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NC ALL			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
	RECIPIENT ID.: 530001642046				_				
2024157011854	I1663453	060324 060324		458.00		241.21	0.00	0.00	458.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87481 59	1.00 060324 060324 220224		42.00		0.00		9918		
01 07101 33	1.00 000321 000321 220221		12.00	14.00	0.00	20.00	7710		
81 87640 59	1.00 060324 060324 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87653 59	1.00 060324 060324 220224		37.07	22.00	0.00	22.00	9918		
01 05500 50	11 00 060204 060204 000004		460.00	15.07	0.00	200.00	0010		
81 87798 59	11.00 060324 060324 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 060324 060324 220224		37.07	22.00	0.00	22 00	9918		
01 07011 35	1.00 000321 000321 220221		37.07	15.07	0.00	22.00	7710		
81 87798	2.00 060324 060324 220224		84.00		0.00	56.00	9918		
				28.00	0.00				
	RECIPIENT ID.: 530001120066		40 50	0 00	1	40 50	0 00	24 00	0 00
2024159023663 HEADER EOBS: 9003	I1666032	041624 041624	49.50	0.00	J	49.50	0.00	24.00	0.00
HEADER EODS: 9003	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	IINITTS FROM THRII PROVIDER		ΔMΩIINT'	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87389	1.00 041624 041624 220224		36.00	0.00	0.00		9918 9936		
				36.00	0.00				
81 36415	1.00 041624 041624 220224		4.50	0.00	0.00	0.00	3323		
01 05040				4.50	0.00	0.00	0010 0036		
81 85049	1.00 041624 041624 220224		9.00	0.00 9.00	0.00	0.00	9918 9936		
				9.00	0.00				
NAME: JESSICA SHARP	RECIPIENT ID.: 530001120066	MRN:							
2024159023684	I1666033	041624 041624	120.00	0.00)	120.00	0.00	42.86	0.00
HEADER EOBS: 9003									
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 85660	1.00 041624 041624 220224		8.00	0.00 8.00	0.00	0.00	9918 9936		
81 86850	1.00 041624 041624 220224		30.00	0.00	0.00	0 00	9918 9936		
01 00000	1.00 011021 011021 220221		30.00	30.00	0.00	0.00			
				_	_				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

432

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		ON LOWED	COPAY AMOUN			PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	חבים	AIL EOBS		
81	86901	MODIFIERS	1.00 041624 041624	220224			9.00	0.00	0.00		00 991			
01	00701		1.00 011021 011021	220221			J.00	9.00	0.00	0.		3 2230		
81	86900		1.00 041624 041624	220224			9.00	0.00	0.00	0	00 991	8 9936		
01	0000		1.00 011021 011021	220221			J.00	9.00	0.00	0.	00 001	5 5550		
81	86592		1.00 041624 041624	220224			7.00	0.00	0.00	0	00 991	8 9936		
01	00372		1.00 011021 011021	220221			7.00	7.00	0.00	0.		5 5550		
81	86762		1.00 041624 041624	220224			42.00	0.00	0.00	0	00 991	8 9936		
01	00702		1.00 011021 011021	220221			12.00	42.00	0.00	0.	,, ,,,	5 5550		
81	87340		1.00 041624 041624	220224			15.00	0.00	0.00	0.	00 991	8 9936		
0_	0,010							15.00	0.00	•	,, ,, _			
NAME:	PINKIE	SHAVERS	RECIPIENT ID	.: 530002029209	MRN:									
		50023409	I1655112		052324	052324	265.92	78.00)	187.92	0.00		0.00	69.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DET.	AIL EOBS		
81	84156		1.00 052324 052324	220224			8.00	4.00	0.00	4.	00 991	8		
								4.00	0.00					
81	82570		1.00 052324 052324	220224			8.00	6.00	0.00	6.	00 991	8		
								2.00	0.00					
81	83069		1.00 052324 052324	220224			8.00	4.00	0.00	4.	00 991	8		
								4.00	0.00					
81	84311		2.00 052324 052324	220224			32.00	14.00	0.00	14.	00 991	8		
								18.00	0.00					
81	82010		1.00 052324 052324	220224			16.00	0.00	0.00	0.	00 452	4		
								16.00	0.00	_		_		
81	82945		1.00 052324 052324	220224			8.00	4.00	0.00	4.	00 991	3		
0.1	00045	F.0	1 00 050304 050304	000004			0.00	4.00	0.00	0	00 545	0		
81	82247	59	1.00 052324 052324	220224			8.00	5.00	0.00	0.	00 547	2		
0.1	02006		1 00 052224 052224	220224			7 00	3.00	0.00	2	00 001	0		
81	83986		1.00 052324 052324	220224			7.00	3.00	0.00	3.	00 991	3		
81	81007		2.00 052324 052324	220224			120.00	4.00 4.00	0.00	0	00 590	0		
0.1	01007		2.00 052324 052324	220224			120.00	116.00	0.00	0.	00 590	J		
81	82043	QW	1.00 052324 052324	220224			7.58	6.00	0.00	6	00 991	Ω		
01	02043	QW	1.00 032324 032324	220224			7.50	1.58	0.00	0.	00 991	3		
81	80053		1.00 052324 052324	220224			15.84	12.00	0.00	1 2	00 991	Ω		
01	00055		1.00 032324 032324	220224			13.04	3.84	0.00	12.		,		
81	83036		1.00 052324 052324	220224			14.00	12.00	0.00	12	00 991	8		
0 1	33030		1.00 032321 032321	22021			11.00	2.00	0.00	± Z •		,		
81	36415		1.00 052324 052324	220224			4.50	0.00	0.00	0	00 332	3		
							50	4.50	0.00	3.		-		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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Proc
Table Tabl
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER PANOUNT NON-ALIQUED THE PANOUNT PAN
POS PROC CD MODIFIERS UNITS FROM THU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87635 1.00 052224 052224 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 052224 052224 220224 220224 37.07 22.00 0.00 22.00 9918 81 87640 59 1.00 052224 052224 220224 220224 37.07 22.00 0.00 22.00 9918 81 87640 59 1.00 052224 052224 220224 220224 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 220224 22.00 0.00 28.00 9918 81 87631 59 1.00 052224 052224 220224 220224 37.07 22.00 0.00 22.00<
81 87635 1.00 052224 052224 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87498 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87640 59 1.00 052224 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 220224 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 220224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 220224 37.07 22.00 0.00 212.03 9918 81 87651 59 1.00 052224 220224 37.07 22.00 0.00 22.00 9918
81 87486 59
81 87498 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87640 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 </td
81 87498 59 1.00 052224 052224 220224 220224 37.07 22.00 0.00 15.07 0.00 0.00 22.00 9918 81 87640 59 1.00 052224 052224 220224 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 49.86 28.00 0.00 22.00 9918 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918
81 87640 59 1.00 052224 052224 220224 220224 37.07 22.00 0 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 220224 42.00 28.00 0.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 49.86 28.00 0.00 22.00 9918 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918
81 87640 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 052224 052224 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918
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81 87581 59 1.00 052224 052224 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 052224 052224 220224 318.05 212.03 0.00 212.03 9918 81 87641 59 1.00 052224 052224 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 052224 052224 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918
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21.86 0.00 81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918 112.00 0.00
81 87798 8.00 052224 052224 220224 336.00 224.00 0.00 224.00 9918 112.00 0.00
112.00 0.00
NAME: JALYN SHEPPARD RECIPIENT ID.: 530001357594 MRN:
2024156025081 I1662693 053124 053124 13.50 4.00 9.50 0.00 0.00 4.00
SERVICE DATES RENDERING BILLED ALLOWED COPAY
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS
81 36415 1.00 053124 053124 220224 4.50 0.00 0.00 0.00 3323
4.50 0.00
81 85049 1.00 053124 053124 220224 9.00 4.00 0.00 4.00 9918
5.00 0.00
NAME: TAGMINE GUITE DO
NAME: JASMINE SHIELDS RECIPIENT ID.: 530000777737 MRN:
2024158031345 I1664996 052824 052824 192.00 89.00 103.00 0.00 0.00 89.00 SERVICE DATES RENDERING BILLED ALLOWED COPAY
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS
81 87340 1.00 052824 052824 220224 15.00 13.00 0.00 13.00 9918
2.00 0.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

434

:	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			FORG	
POS PROC CD MO1 81 82677	DIFIERS	UNITS FROM THRU 1.00 052824 052824	PROVIDER 220224			AMOUNT 72.00	NON-AllOWED 27.00	TPL 0.00	PAID 27.00	DETAIL	EOBS	
01 02077		1.00 032024 032024	220221			72.00	45.00	0.00	27.00	JJ10		
81 84702		1.00 052824 052824	220224			22.00	12.00	0.00	12.00	9918		
							10.00	0.00				
81 82105		1.00 052824 052824	220224			51.00	20.00	0.00	20.00	9918		
81 86336 LC	1	1.00 052824 052824	220224			32.00	31.00 17.00	0.00	17.00	9918		
01 00330 EC	•	1.00 032024 032024	220221			32.00	15.00	0.00	17.00	JJ10		
NAME: PARKER SHI	ELDS	RECIPIENT ID	530000284927	MRN:								
20241580		I1664997			052224	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MOI	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 052224 052224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59	ı	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
01 0,100 35		1.00 032221 032221	220221			12.00	14.00	0.00	20.00	JJ 10		
81 87498 59	1	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
0.1 0.7.6.10						0.7.07	15.07	0.00		0.01.0		
81 87640 59		1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
81 87581 59	ı	1.00 052224 052224	220224			42.00	15.07 28.00	0.00	28.00	9918		
01 07301 39		1.00 032221 032221	220221			12.00	14.00	0.00	20.00	JJ±0		
81 87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87641 59		1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
81 87651 59	ı	1.00 052224 052224	220224			49.86	15.07 28.00	0.00	28.00	9918		
01 0,001 09		1.00 032221 032221				19.00	21.86	0.00	20.00	3310		
81 87798		8.00 052224 052224	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: GREYSON SH	IIREY	RECIPIENT ID	.: 530000836987	MRN:								
20241580		I1664998		052324	052324	125.00	55.48		69.52	0.00	0.00	55.48
		SERVICE DATES				BILLED		COPAY				
POS PROC CD MOI	DIFIERS		PROVIDER			AMOUNT	NON-AllowED				EOBS	
81 G0480		1.00 052324 052324	22U22 4			125.00	55.48 69.52	0.00	55.48	33TQ		
							07.52	0.00				
NAME: WAYLYNN SH			530001456000	MRN:								
20241500	23438	11656852		052424	052424	1,218.67	799.06		419.61	0.00	0.00	799.06

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00	052424 052424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	052424 052424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052424 052424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052424 052424	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052424 052424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052424 052424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	052424 052424	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	052424 052424	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
81	87507		1.00	052424 052424	220224			319.55	213.03	0.00	213.03	9918		
									106.52	0.00				
3.T.73.74TT .	CILA DI DI					MEDATA								
NAME:	CHARLEY		T166131		.: 530000169585	MRN:	052024	C2 24	40.00	.	01 04	0 00	0 00	40.00
	20241	.56025085	I166131			053024	053024	63.34			21.34	0.00	0.00	42.00
DOG		MODIFIED	TINTERC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חז דה		i O D C	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	TORS	
81	80053		1.00	053024 053024	220224			15.84	12.00	0.00	12.00	9918		
0.1	02026		1 00	052024 052024	220224			14 00	3.84	0.00	12 00	0010		
81	83036		1.00	053024 053024	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81	80061		1 00	053024 053024	220224			20.00	14.00	0.00	1/ 00	9918		
OΤ	80001		1.00	053024 053024	220224			20.00	6.00	0.00	14.00	9910		
81	36415		1 00	053024 053024	220224			4.50	0.00	0.00	0 00	3323		
01	30413		1.00	033024 033024	220224			4.50	4.50	0.00	0.00	3323		
81	85049		1 00	053024 053024	220224			9.00	4.00	0.00	4 00	9918		
01	03042		1.00	033024 033024	220224			7.00	5.00	0.00	4.00	J J ± 0		
									3.00	0.00				
NAME:	CHARLEY	SHOOK		RECIPTENT IT	.: 530000169585	MRN:								
T41 71.111	20241	.56025095	T166270	4	. 550000107505		053024	27.89	22.93	}	4.96	0.00	0.00	22.93
	20211	.000000	11002,0	SERVICE DATES	RENDERING	00001	555521		ALLOWED			3.00	0.00	22.73
POS	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-AllowED			DETATI, F	EOBS	
				053024 053024				27.89			22.93			
			_ : 3 €		-				4.96	0.00		· -		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ZOE SIBAJA TOVAR 2024155014675 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798		052924 052924	BILLED AMOUNT 37.07 42.00 318.05	NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID	DETAIL E 9918 9918 9918		374.03
2024158031392 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000768098 11664999 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	052824 052824	BILLED AMOUNT	ALLOWED NON-AlloWED 55.48	COPAY TPL		DETAIL E		55.48
2024150023451 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 8.00 052324 052324 220224	052324 052324	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07	COPAY	28.00 22.00 28.00 212.03 22.00 22.00	DETAIL E 9918 9918 9918 9918 9918 9918 9918		586.03
NAME: TINA SIMMONS 2024156025098	RECIPIENT ID.: 530002047993 I1662712	MRN: 051524 051524	125.00	55.48		69.52	0.00	0.00	55.48

REPORT: CRA-PRPD-R RA#: 3551548 MEDIC

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

ALABAMA MEDICAID AGENCY

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051524 051524 220224		BILLED AMOUNT 125.00	ALLOWED NON-AllOWED 55.48 69.52	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: TIMOTHY SIMON 2024159023704 POS PROC CD MODIFIERS 81 87086 81 87186 81 87088 81 80307	RECIPIENT ID.: 530002011706 11666043 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052224	298.26 BILLED AMOUNT 18.53 13.50 8.09 83.81		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00	0.00 DETAIL EOBS 1831 1831 1831	0.00	99.37
81 G0482	1.00 052224 052224 220224		174.33	99.37 74.96	0.00	99.37	9918 9936		
NAME: MIRANDA SIMPSON 2024159023710 POS PROC CD MODIFIERS 81 80053 81 82306 81 83036 81 80061 81 83540 81 36415 81 85049	RECIPIENT ID.: 530002090160 I1666045 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	116.34 BILLED AMOUNT 15.84 44.00 14.00 20.00 9.00 4.50 9.00		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	29.00 12.00 14.00 7.00 0.00	0.00 DETAIL EOBS 9918 9918 9918 9918 9918 3323 9918	0.00	78.00
NAME: DARYL SIMS 2024156025109 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530001998332 11662714 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	MRN: 052824 052824	174.33 BILLED AMOUNT 174.33	NON-AllOWED	COPAY		DETAIL EOBS	0.00	116.22

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE DATE		ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: HEAVON S	SIMS 59023726	RECIPIENT ID.: 530000276484	MRN: 060424 060		50.00		172.58	0.00	0.00	9 46.00
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
81 84156	MODIFIERS	1.00 060424 060424 220224		8.00	4.00	0.00		9918	FODS	
01 01130		1.00 000121 000121 220221		0.00	4.00	0.00	1.00	JJ10		
81 82570		1.00 060424 060424 220224		8.00	6.00 2.00	0.00	6.00	9918		
81 83069		1.00 060424 060424 220224		8.00	4.00	0.00	4.00	9918		
					4.00	0.00				
81 84311		2.00 060424 060424 220224		32.00	14.00	0.00	14.00	9918		
					18.00	0.00				
81 82010		1.00 060424 060424 220224		16.00	0.00	0.00	0.00	4524		
01 00045		1 00 060424 060424 220224		8.00	16.00 4.00	0.00	4 00	0010		
81 82945		1.00 060424 060424 220224		8.00	4.00	0.00 0.00	4.00	9918		
81 82247	59	1.00 060424 060424 220224		8.00	5.00	0.00	5 00	9918		
01 02217	3,5	1.00 000121 000121 220221		0.00	3.00	0.00	3.00	3310		
81 83986		1.00 060424 060424 220224		7.00	3.00	0.00	3.00	9918		
					4.00	0.00				
81 81007		2.00 060424 060424 220224		120.00	4.00	0.00	0.00	5900		
					116.00	0.00				
81 82043	QW	1.00 060424 060424 220224		7.58	6.00	0.00	6.00	9918		
					1.58	0.00				
NAME: WALKER S	CK V C C C	RECIPIENT ID.: 530002253516	MRN:							
	49020830	I1652358	052224 052	224 899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES RENDERING	00111 001	BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 052224 052224 220224		42.00	28.00	0.00	28.00	9918		
					14.00	0.00				
81 87498	59	1.00 052224 052224 220224		37.07	22.00	0.00	22.00	9918		
01 07501	Γ0	1 00 050004 050004 000004		42.00	15.07	0.00	20.00	0010		
81 87581	59	1.00 052224 052224 220224		42.00	28.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224		318.05	14.00 212.03	0.00 0.00	212.03	9919		
01 07033		1.00 032221 032221 220221		510.05	106.02	0.00	212.03	J J ± U		
81 87640		1.00 052224 052224 220224		37.07	22.00	0.00	22.00	9918		
				- · · · · ·	15.07	0.00				
81 87641	59	1.00 052224 052224 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS PROC 81 8765	CD I	ICN MODIFIERS 59	UNITS	SERVICE DATES FROM THRU 052224 052224	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00 21.86	NO ALI COPAY TPL 0.00 0.00		COPAY AMOUNT DETAIL 9918	TPL AMOUNT EOBS	PAID AMOUNT
81 8779	98		8.00	052224 052224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SHAE					.: 530001437867	MRN:	0=0004				44.0			500 54
20	02415	0023477	I1655147	SERVICE DATES	RENDERING	052324	052324	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC	CD I	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 8763				052324 052324	220224			150.00	43.61	0.00	43.61		2020	
01 0740	0.6	F.O.	1 00	050204 050204	220224			40.00	106.39	0.00	20.00	0.01.0		
81 8748	86	59	1.00	052324 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8749	98	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
01 006	4.0	- 0	1 00	050004 050004	000004			25 25	15.07	0.00	00.00	0.01.0		
81 8764	40	59	1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8758	81	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 8763	33		1.00	052324 052324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8764	41	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8765	51	59	1.00	052324 052324	220224			49.86	28.00	0.00	28.00	9918		
81 8779	98		8 00	052324 052324	220224			336.00	21.86 224.00	0.00	224.00	9918		
01 0775	<i>J</i> 0		0.00	032321 032321	220221			330.00	112.00	0.00	221.00	JJ 10		
					- 520000116011	147217 -								
NAME: SHAI		LOAN 9020840	I1652359		0.: 530002116011	MRN: 052224	052224	565.12	374.03		191.09	0.00	0.00	374.03
	<u> </u>	202020		SERVICE DATES	RENDERING	00====	00====	BILLED	ALLOWED	COPAY				372733
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8749	98	59	1.00	052224 052224	220224			37.07	22.00	0.00	22.00	9918		
81 8758	81	59	1.00	052224 052224	220224			42.00	15.07 28.00	0.00	28.00	9918		
									14.00	0.00				
81 8763	33		1.00	052224 052224	220224			318.05	212.03	0.00	212.03	9918		
81 8779	98		4 00	052224 052224	220224			168.00	106.02 112.00	0.00	112.00	9918		
01 0112	<i>-</i>		1.00	002221 002221	220221			100.00	56.00	0.00	112.00	J J ± 0		

CMS 1500 CLAIMS PAID

DATE: 06/07/2024

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220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2'

LAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
L 35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY TP: AMOUNT AMO		PAID AMOUNT
2024149020849 POS PROC CD MODIFIERS 81 36415	I1652360 SERVICE DATES RENDERING	MRN: 122823 122823	BILLED	NON-AllOWED 0.00	COPAY TPL 0.00 0.00 0.00		DETAIL EOBS 3323	0.00	4.00
2024159023745 HEADER EOBS: 9003 POS PROC CD MODIFIERS 81 80307	RECIPIENT ID.: 530000463227 11666050 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052224	BILLED AMOUNT 83.81 174.33	0.00 ALLOWED NON-AllOWED 0.00 83.81 0.00 174.33	COPAY TPL 0.00 0.00 0.00		DETAIL EOBS 9918 9936	98.29	0.00
2024156025131 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530001942750 11661317 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	053024 053024		106 57	COPAY TPL 0.00 0.00	PAID 213.03	0.00 DETAIL EOBS 9918	0.00	213.03
NAME: AMANDA SMITH 2024156025147 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001997725 11662718 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052824	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL		DETAIL EOBS 9918	0.00	172.09
NAME: AMAYA SMITH 2024158031415 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002405029 I1665016 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	MRN: 052124 052124	596.67 BILLED	390.00 ALLOWED NON-AllOWED	COPAY TPL		DETAIL EOBS	0.00	390.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAII	L EOBS	
81	87640	59	1.00 052124 052124 220224		37.07	22.00	0.00	22.00	9918		
0.1	0.00		1 00 050104 050104 000004		25 25	15.07	0.00	00.00	0010		
81	87653	59	1.00 052124 052124 220224		37.07	22.00	0.00	22.00	9918		
0.1	07700	F.0	11 00 050104 050104 000004		460.00	15.07	0.00	200 00	0010		
81	87798	59	11.00 052124 052124 220224		462.00	308.00	0.00	308.00	9918		
0.1	07006		1 00 052124 052124 220224		10 52	154.00	0.00	10.00	9918		
81	87086		1.00 052124 052124 220224		18.53	10.00 8.53	0.00	10.00	9910		
NAME:	: ANTONIC	O SMITH	RECIPIENT ID.: 53000204	4819 MRN:							
	20241	150023491	I1655152	031324 031324				426.06	0.00	0.00	521.00
			SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
	PROC CD		UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAII	L EOBS	
81	87481	59	4.00 031324 031324 220224		168.00	112.00	0.00	112.00	9918		
						56.00	0.00				
81	87640	59	1.00 031324 031324 220224		37.07	22.00	0.00	22.00	9918		
0.1	00650	F.0	1 00 021204 021204 000004		25 25	15.07	0.00	00.00	0010		
81	87653	59	1.00 031324 031324 220224		37.07	22.00	0.00	22.00	9918		
81	87798		11.00 031324 031324 220224		462.00	15.07 308.00	0.00	308.00	0010		
OΤ	01190		11.00 031324 031324 220224		402.00	154.00	0.00	300.00	9910		
81	84156		1.00 031324 031324 220224		8.00	4.00	0.00	4 00	9918		
01	04130		1.00 031324 031324 220224		0.00	4.00	0.00	4.00	J J ± 0		
81	82570		1.00 031324 031324 220224		8.00		0.00	6.00	9918		
01	02370		1.00 031321 031321 220221		0.00	2.00	0.00	0.00	7710		
81	83069		1.00 031324 031324 220224		8.00	4.00	0.00	4.00	9918		
						4.00	0.00				
81	84311		2.00 031324 031324 220224		32.00	14.00	0.00	14.00	9918		
						18.00	0.00				
81	82010		1.00 031324 031324 220224		16.00	0.00	0.00	0.00	4524		
						16.00	0.00				
81	82945		1.00 031324 031324 220224		8.00	4.00	0.00	4.00	9918		
						4.00	0.00				
81	82247	59	1.00 031324 031324 220224		8.00	5.00	0.00	0.00	5472		
0.1	0000		1 00 001004 001004 000004		5 00	3.00	0.00	2 22	0010		
81	83986		1.00 031324 031324 220224		7.00	3.00	0.00	3.00	9918		
0.1	01007		2 00 021224 021204 020004		100 00	4.00	0.00	0 00	F000		
81	81007		2.00 031324 031324 220224		120.00	4.00	0.00	0.00	5900		
81	82043	QW	1.00 031324 031324 220224		7 50	116.00 6.00	0.00	6 00	9918		
OΤ	04043	ΛM	1.00 031324 031324 220224		7.58	1.58	0.00	0.00	ラ ガエロ		
						1.50	0.00				

RECIPIENT ID.: 530001548394 MRN:

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NAME: LENNOX SMITH

2024155014687

I1660295

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

PAGE:

DATE: 06/07/2024

442

220224

ICN	PAT ACCT NO.	SERVICE			ALLOWED	NO		OPAY TP		PAID
	SERVICE DATES RENDERING	FROM	THRU	AMOUNT BILLED	AMOUNT ALLOWED	ALL(OWED A	MOUNT AMO	UNT	AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 80053	1.00 031324 031324 220224			15.84	12.00	0.00	12.00			
					3.84	0.00				
81 36415	1.00 031324 031324 220224			4.50	0.00 4.50	0.00 0.00	0.00	3323		
81 85049	1.00 031324 031324 220224			9.00	4.00	0.00	4.00	9918		
					5.00	0.00				
NIAME · CADOL VALOMITUI	DEGIDIENT ID • E20002102007	MDNT•								
NAME: CAROLYN SMITH 2024156025168	RECIPIENT ID.: 530002182097 I1661321	MRN: 052424	052424	174.33	116.22		58.11	0.00	0.00	116.22
	SERVICE DATES RENDERING	002121		BILLED	ALLOWED		33122			
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT		TPL	PAID	DETAIL EOBS		
81 G0482	1.00 052424 052424 220224			174.33	116.22 58.11	0.00	116.22	9918		
					30.11	0.00				
NAME: HEATH SMITH	RECIPIENT ID.: 530000658920	MRN:								
2024156025177	I1662721 SERVICE DATES RENDERING	052924	052924		116.22 ALLOWED		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT		TPL	PAID	DETAIL EOBS		
81 G0482	1.00 052924 052924 220224			174.33	116.22	0.00	116.22			
					58.11	0.00				
NAME: JAVARIA SMITH	RECIPIENT ID.: 530000684143	MRN:								
2024150023536	I1655174	052324	052324		11.00		11.50	0.00	0.00	11.00
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	DATE			
POS PROC CD MODIFIERS 81 83540	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 9.00	NON-AllOWED 7.00	TPL 0.00	PAID 7 00	DETAIL EOBS 9918		
01 03310	1.00 032321 032321 220221			J.00	2.00	0.00	7.00	JJ10		
81 36415	1.00 052324 052324 220224			4.50	0.00	0.00	0.00	3323		
81 85049	1.00 052324 052324 220224			9.00	4.50 4.00	0.00	4 00	9918		
01 00049	1.00 032324 032324 220224			9.00	5.00	0.00	4.00	9910		
	RECIPIENT ID.: 530000684143 I1656869	MRN:	052224	01 06	48.00		26 96	0.00	0.00	48.00
2024150023545	SERVICE DATES RENDERING	052324	032324		ALLOWED	COPAY	30.00	0.00	0.00	40.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 82652 LC	1.00 052324 052324 220224			84.86	48.00	0.00	48.00	9918		
					36.86	0.00				

1,049.12

629.64

419.48

0.00

0.00

629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE	E DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00	052924	052924	220224			150.00	43.61	0.00	43.61	9918		
										106.39	0.00				
81	87486	59	1.00	052924	052924	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87498	59	1.00	052924	052924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87581	59	1.00	052924	052924	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87633		1.00	052924	052924	220224			318.05	212.03	0.00	212.03	9918		
										106.02	0.00				
81	87640		1.00	052924	052924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87641	59	1.00	052924	052924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87651	59	1.00	052924	052924	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
81	87798		8.00	052924	052924	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
NAME:	LOUIS S				PIENT ID	.: 530001960116	MRN:								
NAME:		SMITH L50023549	I165518	4			MRN: 042324	042324	180.77			76.77	0.00	0.0	104.00
	20241	L50023549		4 SERVICE	E DATES	RENDERING		042324	BILLED	ALLOWED	COPAY				104.00
POS	20241 PROC CD	L50023549	UNITS	4 SERVICE FROM	E DATES THRU	RENDERING PROVIDER		042324	BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL		104.00
	20241	L50023549	UNITS	4 SERVICE	E DATES THRU	RENDERING		042324	BILLED	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00		DETAIL		104.00
POS 81	20241 PROC CD 80053	L50023549	UNITS 1.00	4 SERVICE FROM 042324	E DATES THRU 042324	RENDERING PROVIDER 220224		042324	BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918		104.00
POS	20241 PROC CD	L50023549	UNITS 1.00	4 SERVICE FROM	E DATES THRU 042324	RENDERING PROVIDER		042324	BILLED AMOUNT	ALLOWED NON-AllOWED 12.00 3.84 29.00	COPAY TPL 0.00 0.00 0.00	PAID	DETAIL 9918		104.00
POS 81	20241 PROC CD 80053 82306	L50023549	UNITS 1.00 1.00	4 SERVICE FROM 042324 042324	E DATES THRU 042324 042324	RENDERING PROVIDER 220224 220224		042324	BILLED AMOUNT 15.84 44.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 12.00 29.00	DETAIL 9918 9918		104.00
POS 81	20241 PROC CD 80053	L50023549	UNITS 1.00 1.00	4 SERVICE FROM 042324	E DATES THRU 042324 042324	RENDERING PROVIDER 220224		042324	BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 12.00 29.00	DETAIL 9918		104.00
POS 81 81	20241 PROC CD 80053 82306 83540	L50023549	UNITS 1.00 1.00	4 SERVICE FROM 042324 042324 042324	E DATES THRU 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 12.00 29.00 7.00	DETAIL 9918 9918 9918		104.00
POS 81	20241 PROC CD 80053 82306	L50023549	UNITS 1.00 1.00	4 SERVICE FROM 042324 042324 042324	E DATES THRU 042324 042324	RENDERING PROVIDER 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 12.00 29.00	DETAIL 9918 9918 9918		104.00
POS 81 81 81	20241 PROC CD 80053 82306 83540 83550	L50023549	UNITS 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324	E DATES THRU 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00	DETAIL 9918 9918 9918 9918		104.00
POS 81 81	20241 PROC CD 80053 82306 83540	L50023549	UNITS 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324	E DATES THRU 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00	DETAIL 9918 9918 9918 9918		104.00
POS 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728	L50023549	UNITS 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00	DETAIL 9918 9918 9918 9918		104.00
POS 81 81 81	20241 PROC CD 80053 82306 83540 83550	L50023549	UNITS 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00	DETAIL 9918 9918 9918 9918		104.00
POS 81 81 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728 83735	L50023549	UNITS 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00 8.00	DETAIL 9918 9918 9918 9918 9918		00 104.00
POS 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728	L50023549	UNITS 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00	DETAIL 9918 9918 9918 9918 9918		00 104.00
POS 81 81 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728 83735 80061	L50023549	UNITS 1.00 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00 13.11 20.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11 14.00 6.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00 8.00 14.00	DETAIL 9918 9918 9918 9918 9918 9918		00 104.00
POS 81 81 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728 83735	L50023549	UNITS 1.00 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11 14.00 6.00 4.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00 8.00 14.00	DETAIL 9918 9918 9918 9918 9918		104.00
POS 81 81 81 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728 83735 80061 84100	L50023549	UNITS 1.00 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00 13.11 20.00 7.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11 14.00 6.00 4.00 3.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00 8.00 14.00 4.00	DETAIL 9918 9918 9918 9918 9918 9918 9918		104.00
POS 81 81 81 81 81	20241 PROC CD 80053 82306 83540 83550 82728 83735 80061	L50023549	UNITS 1.00 1.00 1.00 1.00 1.00	4 SERVICE FROM 042324 042324 042324 042324 042324 042324 042324	E DATES THRU 042324 042324 042324 042324 042324 042324 042324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		042324	BILLED AMOUNT 15.84 44.00 9.71 13.11 40.00 13.11 20.00	ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 7.00 2.71 10.00 3.11 13.00 27.00 8.00 5.11 14.00 6.00 4.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 7.00 10.00 13.00 8.00 14.00 4.00	DETAIL 9918 9918 9918 9918 9918 9918		104.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU		AMOUNT	NO ALL	OWED A	COPAY TI	DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042324 042324 220224				ALLOWED NON-AlloWED 4.00 5.00	COPAY TPL 0.00 0.00	4.00	DETAIL EOBS 9918		
					1.50	0.00	3.00			
NAME: LYRIC SMITH 2024158031454	RECIPIENT ID.: 530002167009 11665030 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	MRN: 060424	060424	150.00	43.61	CODAV	106.39	0.00	0.00	43.61
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 060424 060424 220224			AMOUNT 150.00	NON-Allowed 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
NAME: MAURKEL SMITH 2024156025191	RECIPIENT ID.: 530001386265 I1661328 SERVICE DATES RENDERING	MRN: 053024	053024	49.86	28.00	CODIV	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			AMOUNT 49.86	NON-Allowed 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
NAME: REGINA SMITH	RECIPIENT ID.: 530000030038 I1652372	MRN:	112022	105.00	FF 40		60 50	0.00	0.00	FF 40
	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 112923 112923 220224			RTTTRD	NON-AllowED 55.48	COPAY	PAID 55.48		0.00	55.48
2024158031465	T1665037	MRN: 050624	050624	152.02	94.93		57.09	0.00	0.00	94.93
POS PROC CD MODIFIERS 81 82306	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224			BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 29.00	COPAY TPL	PAID 29.00	DETAIL EOBS		
81 83540	1.00 050624 050624 220224			9.71	7.00	0.00	7.00	9918		
81 83550	1.00 050624 050624 220224			13.11	2.71 10.00 3.11	0.00 0.00 0.00	10.00	9918		
81 82728	1.00 050624 050624 220224			40.00	13.00 27.00	0.00	13.00	9918		
81 84443	1.00 050624 050624 220224			25.20	22.93 2.27	0.00	22.93	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE I	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84439	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224			BILLED AMOUNT 13.00	ALLOWED NON-AllOWED 9.00 4.00	COPAY TPL 0.00 0.00		DETAIL E 9918	EOBS	
81 84100	1.00 050624 050624 220224			7.00	4.00	0.00	4.00	9918		
NAME: RICHARD SMITH 2024150023576	RECIPIENT ID.: 530002053090 I1656876 SERVICE DATES RENDERING	MRN: 010424 C)10424	68.00 BILLED	12.66 ALLOWED	COPAY	55.34	0.00	0.00	12.66
POS PROC CD MODIFIERS 81 80235	UNITS FROM THRU PROVIDER 1.00 010424 010424 220224			AMOUNT 28.00	NON-Allowed 0.00 28.00	TPL 0.00 0.00	PAID 0.00	DETAIL E 4021	EOBS	
81 80177	1.00 010424 010424 220224			40.00	12.66 27.34	0.00	12.66	9918		
NAME: RYKER SMITH 2024149020860	RECIPIENT ID.: 530001216947 I1652371 SERVICE DATES RENDERING	MRN: 081523 C	081523	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 081523 081523 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL E 9918	EOBS	
81 87486 59	1.00 081523 081523 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 081523 081523 220224			37.07	22.00 15.07	0.00	22.00			
81 87581 59	1.00 081523 081523 220224			42.00	28.00 14.00	0.00	28.00			
81 87633 81 87640	1.00 081523 081523 220224 1.00 081523 081523 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
81 87641 59	1.00 081523 081523 220224			37.07	15.07 22.00	0.00	22.00			
81 87651 59	1.00 081523 081523 220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798	8.00 081523 081523 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: SAWYER SMITH 2024152027623	RECIPIENT ID.: 530001961626 I1658759 SERVICE DATES RENDERING	MRN: 052324 0)52324		402.03	COPAY	212.95	0.00	0.00	402.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			AMOUNT 37.07	NON-AllowED 22.00 15.07	TPL 0.00 0.00	PAID 22.00		EOBS	

REPORT: CRA-PRPD-R RA#: 3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

ICN POS PROC CD MODIFIERS 81 87581 59 81 87633 81 87798 81 87651	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 4.00 052324 052324 220224 1.00 052324 052324 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 42.00 318.05 168.00 49.86	ALLOWED AMOUNT ALLOWED NON-AllOWED 28.00 14.00 212.03 106.02 112.00 56.00 28.00 21.86	NON ALLOWE COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	ID A	AMOUNT AM DETAIL EOBS 9918 9918 9918	PL OUNT	PAID AMOUNT
2024156025214 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530002124525 I1661331 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 053024		ALLOWED NON-AlloWED	COPAY	PAID	0.00 DETAIL EOBS 9918	0.00	213.03
NAME: LINDA SMITHA 2024150023596 POS PROC CD MODIFIERS 81 83735 81 36415	RECIPIENT ID.: 530002035374 11655181 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052224		8.00 ALLOWED NON-AllOWED 8.00 5.11 0.00 4.50	COPAY	PAID	0.00 DETAIL EOBS 9918 3323	0.00	8.00
NAME: LINDA SMITHA 2024150023610 POS PROC CD MODIFIERS 81 36415 81 85049	RECIPIENT ID.: 530002035374 11656873 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224 1.00 052424 052424 220224	MRN: 052424 052424	13.50 BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50 4.00	COPAY TPL 0.00 0.00	PAID 0.00	0.00 DETAIL EOBS 3323 9918	0.00	4.00
NAME: LINDA SMITHA 2024158031486 POS PROC CD MODIFIERS 81 82306	RECIPIENT ID.: 530002035374 I1665029 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224	MRN: 060324 060324			COPAY TPL		DETAIL EOBS		63.00

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED		PATD	DETAIL EOBS		
81 83735	1.00 060324 060324 220224		13.11		0.00		9918		
81 80061	1.00 060324 060324 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 80076	1.00 060324 060324 220224		12.00	8.00 4.00	0.00	8.00	9918		
81 36415	1.00 060324 060324 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 060324 060324 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: TAMMY SMOTHERS 2024156025220	RECIPIENT ID.: 530001951562	MRN: 052924 052924	174 33	116 21)	58 11	0.00	0.00	116.22
	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED	ALLOWED NON-AllowED	COPAY				110.22
	1.00 052924 052924 220224			116.22		116.22			
	RECIPIENT ID.: 530001062338		0.5			6 70			10.40
2024150023614	I1656880 SERVICE DATES RENDERING	122123 122123		18.48		6.72	0.00	0.00	18.48
POS PROC CD MODIFIERS 81 84443	UNITS FROM THRU PROVIDER 1.00 122123 122123 220224			NON-AllowED	TPL	PAID 18.48			
				6.72	0.00				
NAME: MISTY SOLANO 2024150023622	RECIPIENT ID.: 530000357130 I1656881	MRN: 052124 052124	174.33	116.22	2	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			ALLOWED NON-AlloWED		DΣTD	DETATI, EORS		
	1.00 052124 052124 220224			116.22		116.22			
	RECIPIENT ID.: 530002345863								
2024156025238	I1662729 SERVICE DATES RENDERING	053124 053124		586.03 ALLOWED		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}		DETAIL EOBS		
81 87486 59	1.00 053124 053124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 053124 053124 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	C	
81 87581 59	1.00 053124 053124 220224		42.00	28.00	0.00	28.00		5	
01 07301 33	1.00 033121 033121 220221		12.00	14.00	0.00	20.00	JJ±0		
81 87633	1.00 053124 053124 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 053124 053124 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 053124 053124 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87651 59	1.00 053124 053124 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
81 87798	8.00 053124 053124 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: JAHMIR SOUTHWARD	RECIPIENT ID.: 530002359060	MRN:							
2024156025248	I1662730	060224 060224	319.55	213.03		106.52	0.00	0.00	213.03
2024130023240	SERVICE DATES RENDERING	000224 000224	BILLED	ALLOWED	COPAY	100.52	0.00	0.00	213.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87507	1.00 060224 060224 220224		319.55	213.03	0.00	213.03		D	
0.50,	1.00 000221 000221 220221		317.33	106.52	0.00	223.03	3310		
NAME: NYLA SPANN	RECIPIENT ID.: 530001431132	MRN:							
2024150023635	I1655212	051824 051824	258.14	172.09		86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 80307	1.00 051824 051824 220224		83.81	55.87	0.00	55.87	9918		
01 00400	1 00 051004 051004 000004		184 22	27.94	0.00	116 00	0.01.0		
81 G0482	1.00 051824 051824 220224		174.33	116.22	0.00	116.22	9918		
				58.11	0.00				
NAME: ALISSA SPARMAN	RECIPIENT ID.: 530000922158	MRN:							
2024150023651	I1655215	052324 052324	825.21	542.00		283.21	0.00	0.00	486.00
2021130023031	SERVICE DATES RENDERING	032321 032321	BILLED	ALLOWED	COPAY	203.21	0.00	0.00	100.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87481 59	4.00 052324 052324 220224		168.00	112.00	0.00	112.00	9918		
				56.00	0.00				
81 87640 59	1.00 052324 052324 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87653 59	1.00 052324 052324 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87798	11.00 052324 052324 220224		462.00	308.00	0.00	308.00	9918		
				154.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL EC 9918	DBS	
81 87798	8	2.00 052324 052324 220224			84.00	15.07 56.00 28.00	0.00 0.00 0.00	0.00	5000		
	LYNN SPEARS 24150023666	RECIPIENT ID.: 530001349469 I1655219 SERVICE DATES RENDERING	MRN: 052324	052324	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
DOS DROC (CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	nr C	
81 8763		1.00 052324 052324 220224			150.00	43.61 106.39	0.00	43.61		700	
81 87486	б 59	1.00 052324 052324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498		1.00 052324 052324 220224			37.07	22.00 15.07	0.00	22.00			
81 87581		1.00 052324 052324 220224			42.00	28.00 14.00	0.00	28.00			
81 87633		1.00 052324 052324 220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 052324 052324 220224			37.07	22.00 15.07	0.00	22.00			
81 87643		1.00 052324 052324 220224			37.07	22.00 15.07	0.00	22.00			
81 8765		1.00 052324 052324 220224			49.86	28.00 21.86	0.00	28.00			
81 87798	8	8.00 052324 052324 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ACESO 202	ON SPEEGLE 24152027631	RECIPIENT ID.: 530001703102 I1658764	MRN: 052824	052824	397.12	262.03		135.09	0.00	0.00	262.03
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC (UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
81 87498		1.00 052824 052824 220224			37.07	22.00 15.07	0.00				
81 87581		1.00 052824 052824 220224			42.00	28.00 14.00	0.00	28.00			
81 87633	3	1.00 052824 052824 220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: AMANI 202	DA SPEEGLE 24156025258	RECIPIENT ID.: 530001987188 I1662734	MRN: 052824	052824	174.33	116.22		58.11	0.00	0.00	116.22

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

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	IC	'N	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED			COPAY TE AMOUNT AMO		PAID AMOUNT
POS PR 81 G	ROC CD MODI 60482	FIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00				
NAME: O	MARI SPENCE 2024155014		RECIPIENT ID 11660310	.: 530001114920	MRN: 052924	052924	342.02	217.53		124.49	0.00	0.00	189.53
	ROC CD MODI 87798	FIERS	SERVICE DATES UNITS FROM THRU 3.00 052924 052924	RENDERING PROVIDER 220224			BILLED	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID	DETAIL EOBS 9918		
	37491 59			220224			49.86	42.00 28.00	0.00		5490		
81 8	37511 59		1.00 052924 052924				42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 8	37529 59		1.00 052924 052924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8	37591 59		1.00 052924 052924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	37661 59		1.00 052924 052924	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: S	SYRENNA SPEN 2024156025		I1661335	.: 530002038703	MRN: 081023	081023		0.00		174.33	0.00	0.00	0.00
	ROC CD MODI 30482 59		SERVICE DATES UNITS FROM THRU 1.00 081023 081023	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	NON-AllOWED 0.00	TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936		
NAME: K	XARSEN SPROU 2024149020		I1652378	DENDEDINC	MRN: 051024		111.21 BILLED	15.00 ALLOWED	COPAY	96.21	0.00	41.82	15.00
	ROC CD MODI 37640 59		UNITS FROM THRU 1.00 051024 051024	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED	\mathtt{TPL}	PAID 5.00			
81 8	37641 59		1.00 051024 051024	220224			37.07	5.00 32.07	0.00	5.00	9918 9936		
81 8	37653 59		1.00 051024 051024	220224			37.07	5.00 32.07	0.00	5.00	9918 9936		
NAME: C	CHARLOTTE ST 2024155014		RECIPIENT ID 11660317	.: 530000751656	MRN: 052924	052924	49.34	30.00		19.34	0.00	0.00	30.00

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		ICN	PAT ACC			SERVICE FROM		AMOUNT	AMOUNT			COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
			UNITS		PROVIDER			AMOUNT		TPL			EOBS		
81	80053		1.00	052924 052924				15.84	12.00 3.84	0.00	12.00	9918			
81	80061		1.00	052924 052924	220224			20.00	14.00 6.00	0.00	14.00	9918			
81	36415		1.00	052924 052924	220224			4.50	0.00	0.00	0.00	3323			
81	85049		1.00	052924 052924	220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918			
NAME: (CHARLOT	TE ST CLAIR		RECIPIENT ID	.: 530000751656	MRN:									
	202415	56025286	I166134	1 SERVICE DATES	RENDERING	052924	052924		22.93 ALLOWED		4.96	0.00	0	.00	22.93
		MODIFIERS		FROM THRU	PROVIDER 220224			AMOUNT	NON-AllOWED 22.93	TPL	PAID 22.93		EOBS		
NAME: (CHARLOT:	FE ST CLAIR		RECIPIENT ID	.: 530000751656										
	20241	56025302	I166273	8 SERVICE DATES	RENDERING	052924	052924		12.00 ALLOWED		2.00	0.00	0	.00	12.00
		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL			EOBS		
81	83036		1.00	052924 052924	220224			14.00	2.00	0.00	12.00	9918			
NAME:	KATHERII				.: 530000751657										
	202415	55014750	I166031	8 SERVICE DATES	RENDERING	052924	052924		42.00 ALLOWED		21.34	0.00	0	.00	42.00
POS PI		MODIFIERS	UNITS 1.00	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL 0.00	PAID 12.00		EOBS		
81	83036		1.00	052924 052924	220224			14.00	3.84 12.00	0.00	12.00	9918			
81	80061		1.00	052924 052924	220224			20.00	2.00 14.00	0.00	14.00	9918			
81	36415		1.00	052924 052924	220224			4.50	6.00 0.00	0.00 0.00	0.00	3323			
	85049		1 00	052924 052924	220224			9.00	4.50 4.00	0.00 0.00		9918			
01	00010		1.00	002721 002721	220221			2.00	5.00	0.00	1.00	JJ 10			
NAME:		NE ST CLAIR 56025304	I166134		.: 530000751657	MRN: 052924	052924	27.89	22.93		4.96	0.00	0	.00	22.93

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

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SUITE 138

BIRMINGHAM, AL 35235-2718

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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 0 81 84443	CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224	ł		BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL EC 9918	DBS	
NAME: JOURN	TEE STABLER 24158031509	RECIPIENT ID.: 5300023		050724	794.44	452.64		341.80	0.00	0.00	452.64
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC)BS	
81 87498		1.00 050724 050724 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	_ 59	1.00 050724 050724 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	3	1.00 050724 050724 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	3	4.00 050724 050724 220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87635	5	1.00 050724 050724 220224			150.00	43.61 106.39	0.00	43.61	9918		
81 83540)	1.00 050724 050724 220224			9.71	7.00 2.71	0.00	7.00	9918		
81 83550)	1.00 050724 050724 220224			13.11	10.00	0.00	10.00	9918		
81 82728	3	1.00 050724 050724 220224			40.00	3.11 13.00	0.00	13.00	9918		
81 85027	7	1.00 050724 050724 220224			12.00	27.00 5.00 7.00	0.00	5.00	9918		
81 36415	5	1.00 050724 050724 220224			4.50	0.00 4.50	0.00 0.00 0.00	0.00	3323		
						4.50	0.00				
	ASHUN STALLWOR			050104	7.00	F 0.0		0.00	0.00	0.00	F 00
202	24149020881	<pre>i1652381</pre>		052124	7.00 BILLED	5.00 ALLOWED	COPAY	2.00	0.00	0.00	5.00
POS PROC (CD MODIFIERS	UNITS FROM THRU PROVIDER	ı		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
81 86592		1.00 052124 052124 220224			7.00	5.00 2.00			9918		
NAME: ADARZ	ASHUN STALLWOR	TH RECIPIENT ID.: 5300012	58023 MRN:								
	24149020897	I1652382	052124	052124		45.00		26.00	0.00	0.00	45.00
POS PROC 0	CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224				ALLOWED NON-AlloWED 45.00	TPL 0.00	45.00	DETAIL EC	DBS	
						26.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ADARASHUN STALLWOR'S 2024152027644 POS PROC CD MODIFIERS 81 88175 81 87624	TH RECIPIENT ID.: 530001258023 11658769 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224 1.00 052124 052124 220224		052124	116.09 BILLED AMOUNT 81.00	46.47 ALLOWED NON-AllOWED 25.00 56.00 21.47 13.62	COPAY TPL 0.00 0.00 0.00 0.00		0.00 DETAIL EO 9918 9918	0.00 BS	46.47
NAME: EMBERLY STAMOS 2024149020899 POS PROC CD MODIFIERS 81 87486 59	RECIPIENT ID.: 530002145651 11652383 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020224 020224 220224	MRN: 020224	020224	899.12 BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	313.09 PAID 28.00	0.00 DETAIL EO 9918	0.00 BS	586.03
81 87498 59 81 87581 59 81 87633	1.00 020224 020224 220224 1.00 020224 020224 220224 1.00 020224 020224 220224			37.07 42.00 318.05	14.00 22.00 15.07 28.00 14.00 212.03	0.00 0.00 0.00 0.00 0.00		9918 9918		
81 87640 81 87641 59	1.00 020224 020224 220224 1.00 020224 020224 220224			37.07 37.07	106.02 22.00 15.07 22.00 15.07	0.00 0.00 0.00 0.00	22.00	9918 9918		
81 87651 59 81 87798	1.00 020224 020224 220224 8.00 020224 020224 220224			49.86 336.00	28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00 224.00	9918 9918		
NAME: CAMERON STANLEY 2024155014770 POS PROC CD MODIFIERS 81 36415 81 85049	RECIPIENT ID.: 530001509559 11660313		052924	13.50 BILLED AMOUNT 4.50	4.00 ALLOWED NON-AllOWED 0.00 4.50 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00		0.00 DETAIL EO 3323 9918	0.00 BS	4.00
NAME: CAMERON STANLEY 2024156025313	RECIPIENT ID.: 530001509559 I1661339		052924	107.00	11.00)	96.00	0.00	0.00	11.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 85610	MODIFIERS	UNITS F		RENDERING PROVIDER 220224			BILLED AMOUNT 7.00	ALLOWED NON-AllOWED 5.00 2.00	COPAY TPL 0.00 0.00	5.00	DETAIL EO 9918	BS	
81	85730		1.00 0	52924 052924	220224			100.00	6.00 94.00	0.00		9918		
NAME:		STAPLER 50023692	I1655239		: 530002374316 RENDERING	MRN: 052124	052124	177.00 BILLED	57.00 ALLOWED	COPAY	120.00	0.00	0.00	57.00
	PROC CD 84146	MODIFIERS	UNITS F		PROVIDER			AMOUNT 57.00	NON-Allowed 24.00 33.00	TPL	24.00		BS	
81	83880		1.00 0	52124 052124	220224			120.00	33.00 87.00	0.00		9918		
NAME:		ALYN STEADMA 56025322	I1661343	RECIPIENT ID ERVICE DATES		MRN: 053024	053024	881.59 BILLED	535.53 ALLOWED	COPAY	346.06	0.00	0.00	463.53
	PROC CD 87798	MODIFIERS 59	UNITS F	ROM THRU	PROVIDER 220224			AMOUNT 378.00	NON-Allowed 252.00 126.00	TPL 0.00 0.00	PAID 252.00		BS	
81	87481	59	2.00 0	53024 053024	220224			84.00	56.00 28.00	0.00	56.00	9918		
81	87491	59	1.00 0	53024 053024	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 0	53024 053024	220224			42.00	28.00 14.00	0.00	28.00			
81	87529	59		53024 053024				99.72	56.00 43.72	0.00	56.00			
81	87591	59		53024 053024				42.00	28.00 14.00	0.00	28.00			
81	87653	59		53024 053024				74.14	44.00 30.14	0.00		5900		
81	87661	59		53024 053024				32.30	21.53 10.77	0.00	21.53			
81	87563	F.0		53024 053024				42.50	0.00 42.50	0.00		4021		
81	87640	59	1.00 0	53024 053024	ZZUZZ 4			37.07	22.00 15.07	0.00	22.00	9918		
NAME:	ERIC ST 20241	EADMAN 58031534	I1665059	RECIPIENT ID	.: 530002370892	MRN: 060424	060424	899.12	586.03		313.09	0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
0.1			000001			0	106.02	0.00		0010		
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0.1			000001			0	15.07	0.00		0010		
81 87641	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
0.1			000001			40.05	15.07	0.00		0010		
81 87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918		
01 0000		0.00.060404.060404	000004			226 22	21.86	0.00	004.00	0010		
81 87798		8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NIAME • DENIEL ES	V OMENEN			MIDNI •								
NAME: BENTLEY	155014778	RECIPIENT II I1660319	0.: 530002119560	MRN: 052924	052024	899.12	586.03		313.09	0.00	0.00	586.03
7.U 7.4	133U1 4 //0	11000319								() ()()		
2021			DEMDEDING	032324	032321				313.07	0.00	0.00	300:03
		SERVICE DATES	RENDERING	032324	032321	BILLED	ALLOWED	COPAY				300.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	032924	032321	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		300.03
		SERVICE DATES		032924	032321	BILLED	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			300.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224	032924	032721	BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918		300.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	032924	032721	BILLED AMOUNT	ALLOWED NON-AllOWED 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00	PAID 28.00	DETAIL		300.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224	032924	032721	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918		300.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	PROVIDER 220224	032924	032721	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00 28.00	DETAIL 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224	032924	032721	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224 220224	032924		BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224 220224	032924		BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224 220224	032924		BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 3.00 052924 052924 3.00 052924 052924 3.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224 220224	MRN:		BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651 81 87798 NAME: ANGELA	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 1.00 052924 052924 3.00 052924 052924 3.00 052924 052924 3.00 052924 052924	PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224			BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		116.22

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		OPAY TF		PAID AMOUNT
POS PROC CD 81 G0482	MODIFIERS	UNITS FROM THRU P	RENDERING PROVIDER 220224				NON-AllOWED 116.22	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
	157011877	RECIPIENT ID.: 11663473 SERVICE DATES R UNITS FROM THRU P	(MRN: 060324	060324	342.02 BILLED AMOUNT	217.53 ALLOWED NON-AllOWED	COPAY	124.49 PAID		0.00	189.53
81 87798	MODIFIERD		220224			126.00	84.00 42.00		84.00			
81 87491			220224			49.86	28.00 21.86	0.00	0.00			
81 87511 81 87529	59 59		220224 220224			42.00 49.86	28.00 14.00 28.00	0.00 0.00 0.00	28.00 28.00			
81 87591	59	1.00 060324 060324 2				49.86	21.86 28.00	0.00	28.00			
81 87661		1.00 060324 060324 2				32.30	14.00 21.53 10.77	0.00 0.00 0.00	21.53			
		RECIPIENT ID.: 11665064		MRN: 052124	052124	125.00	55.48		69.52	0.00	0.00	55.48
POS PROC CD 81 G0480	MODIFIERS	SERVICE DATES RUNITS FROM THRU P	RENDERING			BILLED AMOUNT 125.00	NON-AllOWED 55.48		PAID 55.48			
	STILL 150023710	RECIPIENT ID.: 11656896	(MRN: 032524	032524		105.25 ALLOWED				0.00	105.25
POS PROC CD 81 87486			PROVIDER 220224			AMOUNT 42.00	NON-AllOWED	TPL 0.00 0.00	PAID 21.05	DETAIL EOBS 9918 9936		
81 87498	59	1.00 032524 032524 2	220224			37.07	21.05 16.02	0.00	21.05	9918 9936		
81 87581	59	1.00 032524 032524 2	220224			42.00	21.05 20.95	0.00		9918 9936		
81 87633		1.00 032524 032524 2				318.05	0.00 318.05	0.00		9918 9936		
81 87641	59	1.00 032524 032524 2	220224			37.07	21.05 16.02	0.00	21.05	9918 9936		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALI			'PL IOUNT	PAID AMOUNT
POS PROC C 81 87651	D MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 21.05 28.81	COPAY TPL 0.00 0.00	PAID 21.05	DETAIL EOBS 9918 9936	3	
NAME: DONNA 202	STOCKMAN 4155014792	I1660329	: 530001053981 RENDERING	MRN: 052824	052824	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC C 81 87635	D MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 150.00	NON-AllowED 43.61	TPL 0.00	PAID 43.61	DETAIL EOBS	}	
81 87486			220224			42.00	106.39 28.00	0.00	28.00			
81 87498			220224			37.07	14.00 22.00	0.00	22.00			
81 87640			220224			37.07	15.07 22.00	0.00	22.00			
81 87581			220221			42.00	15.07 28.00	0.00	28.00			
81 87633			220224			318.05	14.00 212.03	0.00	212.03			
81 87641			220224			37.07	106.02 22.00	0.00	22.00			
81 87651			220224			49.86	15.07 28.00	0.00	28.00			
81 87798		8.00 052824 052824				336.00	21.86 224.00	0.00	224.00			
01 0//90		0.00 052024 052024	220224			330.00	112.00	0.00	224.00	9910		
	R STODGHILL 4159023760	I1666070	.: 530000292218	MRN: 022324	022324	70.04			17.11	0.00	0.00	52.93
POS PROC C	D MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS	5	
81 80053			220224			15.84	12.00 3.84	0.00	12.00			
81 80061		1.00 022324 022324	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 022324 022324	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 85049		1.00 022324 022324	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ROPER	STOKES 4155014814	RECIPIENT ID. 11660332	.: 530002284097	MRN: 052924	052924	565.12	374.03		191.09	0.00	0.00	374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

458

		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS	
81	87498	59		052924 052924				37.07	22.00	0.00		9918	ПОВВ	
01	0,100		1.00	002021				37.07	15.07	0.00	22.00	3310		
81	87581	59	1.00	052924 052924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052924 052924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87798		4.00	052924 052924	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
NAME:	: ALEXAND	RA STONE		RECIPTENT II	D.: 530001379630	MRN:								
1411111		.50023723	I165525		3. 330001373030	052124	052124	899.12	586.03		313.09	0.00	0.00	586.03
		.50025725		SERVICE DATES	RENDERING	00	00111	BILLED	ALLOWED	COPAY	0_0.07			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81		59		052124 052124	220224			42.00	28.00	0.00		9918		
									14.00	0.00				
81	87498	59	1.00	052124 052124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052124 052124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052124 052124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052124 052124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052124 052124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	F.0	1 00	050104 050104	000004			10.06	15.07	0.00	00.00	0010		
81	87651	59	1.00	052124 052124	220224			49.86	28.00	0.00	28.00	9918		
0.1	87798		9 00	050104 050104	220224			336.00	21.86	0.00	224 00	0010		
81	0//90		8.00	052124 052124	220224			330.00	224.00 112.00	0.00	224.00	9910		
									112.00	0.00				
NAME:	LIAM ST	'ONE		RECIPTENT II	D.: 530001667422	MRN:								
142 21-111 -		.55014828	I166033		3. 330001007122	051624	051624	547.12	20.00		527.12	0.00	234.73	20.00
	20211	.55011020	1100033	SERVICE DATES	RENDERING	031021	031021	BILLED	ALLOWED	COPAY	327.12	0.00	231.73	20.00
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87635	110211 12110		051624 051624				150.00	5.00	0.00		9918 99		
									145.00	0.00	2.00			
81	87498	59	1.00	051624 051624	220224			37.07	5.00	0.00	5.00	9918 99	36	
									32.07	0.00				
81	87581	59	1.00	051624 051624	220224			42.00	5.00	0.00	5.00	9918 99	36	
									37.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3551548 RA#:

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

459

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			PL OUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 051624 051624	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 5.00 313.05	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL EOBS 9918 9936		
NAME: SILAS ST 202415	TONE 56025334	I1661350	.: 530000714937	MRN: 053024	053024		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87498	59	1.00 053024 053024	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 81 87633	59	1.00 053024 053024 1.00 053024 053024	220224 220224			42.00 318.05	28.00 14.00	0.00	28.00 212.03	9918		
81 87640		1.00 053024 053024	220224			37.07	212.03 106.02 22.00	0.00 0.00 0.00		9918		
81 87641	59	1.00 053024 053024	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651 81 87798	59	1.00 053024 053024 8.00 053024 053024				49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00	28.00 224.00	9918 9918		
NAME: DOROTHY	CTDINGERII O			MRN:			112.00	0.00				
	59023773	I1666077		052424	052424		0.00		70.50	0.00	37.54	0.00
POS PROC CD 81 82607	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052424 052424	RENDERING PROVIDER 220224			BILLED AMOUNT 22.00	ALLOWED NON-AllOWED 0.00 22.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936		
81 82306		1.00 052424 052424	220224			44.00	0.00 44.00	0.00	0.00	9918 9936		
81 36415		1.00 052424 052424	220224			4.50	0.00 4.50	0.00	0.00	3323		
	59023790	W RECIPIENT ID I1666078			052424		0.00		563.12	0.00	298.81	0.00
POS PROC CD 81 87486		SERVICE DATES UNITS FROM THRU 1.00 052424 052424	PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 0.00 42.00	COPAY TPL 0.00 0.00	PAID 0.00			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		ON LOWED		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DA				BILLED	ALLOWED	COPAY					
POS PRO		MODIFIERS		HRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		DETAIL		
81 87	7498	59	1.00 052424 052	424 220224			37.07	0.00	0.00		0.00	9918 99	936	
01 07	7 - 0 1	го	1 00 052424 052	424 220224			42.00	37.07	0.00		0 00	0010 00	126	
81 87	7581	59	1.00 052424 052	424 220224			42.00	0.00	0.00		0.00	9918 99	736	
01 07	7622		1 00 052424 052	424 220224			210 05	42.00	0.00		0 00	0010 00	126	
81 87	7633		1.00 052424 052	424 220224			318.05	0.00	0.00		0.00	9918 99	730	
81 87	7640		1 00 052424 052	424 220224			37.07	318.05 0.00	0.00		0 00	0010 00	126	
01 07	7040		1.00 052424 052	424 220224			37.07	37.07	0.00		0.00	9918 99	730	
81 87	7641	59	1.00 052424 052	424 220224			37.07	0.00	0.00		0 00	9918 99	126	
01 07	/ O 1 T	39	1.00 052424 052	424 220224			37.07	37.07	0.00		0.00	9910 93	730	
81 87	7651	59	1.00 052424 052	121 220221			49.86	0.00	0.00		0 00	9918 99	136	
01 07	7031	39	1.00 052424 052	424 220224			49.00	49.86	0.00		0.00	9910 93	730	
								49.00	0.00					
NAME: MA	יט אטד.ע	TRONG	PFCTDTFN	T ID.: 53000043403	2 MRN:									
		59023799	I1666079	1 10.1 93000013103	060424	060424	222.58	50.00		172.58		0.00	0.00	46.00
	20211	00000100	SERVICE DA	TES RENDERING	000121	000121	BILLED	ALLOWED	COPAY	172.50		0.00	0.00	10.00
POS PRO	טכ כד	MODIFIERS		HRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID		DETAIL	EORS	
	4156	TIODITIEND	1.00 060424 060				8.00	4.00	0.00	11111		9918	1000	
01 01	1130		1.00 000121 000	121 220221			0.00	4.00	0.00		1.00	J J ± 0		
81 82	2570		1.00 060424 060	424 220224			8.00	6.00	0.00		6 00	9918		
01 02	10,0		1.00 000121 000				0.00	2.00	0.00		0.00	3310		
81 83	3069		1.00 060424 060	424 220224			8.00	4.00	0.00		4.00	9918		
0_ 00			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4.00	0.00			,,,,		
81 84	4311		2.00 060424 060	424 220224			32.00	14.00	0.00	1	14.00	9918		
			_,,,,					18.00	0.00	_				
81 82	2010		1.00 060424 060	424 220224			16.00	0.00	0.00		0.00	4524		
								16.00	0.00					
81 82	2945		1.00 060424 060	424 220224			8.00	4.00	0.00		4.00	9918		
								4.00	0.00					
81 82	2247	59	1.00 060424 060	424 220224			8.00	5.00	0.00		5.00	9918		
								3.00	0.00					
81 83	3986		1.00 060424 060	424 220224			7.00	3.00	0.00		3.00	9918		
								4.00	0.00					
81 81	1007		2.00 060424 060	424 220224			120.00	4.00	0.00		0.00	5900		
								116.00	0.00					
81 82	2043	QW	1.00 060424 060	424 220224			7.58	6.00	0.00		6.00	9918		
								1.58	0.00					
NAME: NO				T ID.: 53000192753										
	202414	19020914	I1652391		052224	052224	899.12	586.03		313.09		0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 052224 052224	220224			42.00	28.00	0.00		9918		
							14.00	0.00				
81 87498	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 052224 052224	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 052224 052224	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 052224 052224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 052224 052224	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 052224 052224	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: WILLIAM			0.: 530001927536	MRN:								
202414	49020922	I1652392		052224	052224	899.12	586.03	2	313.09	0.00	0.00	586.03
		11032372		032224	032224	099.14	300.03	,	313.09	0.00	0.00	300.03
		SERVICE DATES	RENDERING	032224	032224	BILLED	ALLOWED	COPAY	513.09	0.00	0.00	300.03
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	032224	032224	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		300.03
POS PROC CD		SERVICE DATES		032224	032224	BILLED	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			300.03
POS PROC CD 81 87486	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	UJZZZ4	032224	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		300.03
POS PROC CD 81 87486	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER 220224	032224	032224	BILLED AMOUNT	ALLOWED NON-AllOWED 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00	PAID 28.00	DETAIL		300.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224	032224	032224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918		300.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	PROVIDER 220224 220224	032224	032224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224	032224	032224	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00 28.00	DETAIL 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224	032224	032224	BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 28.00 22.00	DETAIL 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224	032224	032224	BILLED AMOUNT 42.00 37.07 42.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224	032224	032224	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		300.03
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640	MODIFIERS 59 59	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	032224	UJZZZI	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224	032224	UJZZZŦ	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651 81 87798	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 3.00 052224 052224 3.00 052224 052224 3.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		UJZZZI	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651 81 87798 NAME: ADRIAN S	MODIFIERS 59 59 59 59 59 59 STURDIVANT	SERVICE DATES UNITS FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 8.00 052224 052224 RECIPIENT II	PROVIDER 220224 220224 220224 220224 220224 220224	MRN:		BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 22.00 21.86 224.00 112.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00 28.00 224.00	DETAIL 9918 9918 9918 9918 9918 9918 9918	EOBS	
POS PROC CD 81 87486 81 87498 81 87581 81 87633 81 87640 81 87641 81 87651 81 87798 NAME: ADRIAN S	MODIFIERS 59 59 59 59	SERVICE DATES FROM THRU 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 1.00 052224 052224 3.00 052224 052224 3.00 052224 052224 3.00 052224 052224	PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224			BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86 224.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918		4.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 36415 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053124 053124 220224 1.00 053124 053124 220224	SERVICE D FROM T	ATES HRU	BILLED AMOUNT BILLED AMOUNT 4.50 9.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 4.50 4.00 5.00	NC ALL COPAY TPL 0.00 0.00 0.00	PAID 0.00		PL OUNT	PAID AMOUNT
2024150023764 POS PROC CD MODIFIERS 81 86592	RECIPIENT ID.: 530000206775 I1655284 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		52224		5.00 ALLOWED NON-AllOWED 5.00 2.00	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	5.00
NAME: LACHANDRA STURDIVAN 2024150023781 POS PROC CD MODIFIERS 81 80074	RECIPIENT ID.: 530000206775 I1655285 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224	MRN: 052224 0	52224		45.00	COPAY TPL		DETAIL EOBS		45.00
NAME: KENSLIE SULLIVAN 2024159023809 POS PROC CD MODIFIERS 81 87186 81 87088 81 87086	RECIPIENT ID.: 530001062656 I1666082 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224	MRN: 041524 0	41524	40.12 BILLED AMOUNT 13.50 8.09 18.53	27.09 ALLOWED NON-AllOWED 9.00 4.50 8.09 0.00 10.00 8.53	COPAY TPL 0.00 0.00 0.00 0.00 0.00		DETAIL EOBS 9918		27.09
	CVAN RECIPIENT ID.: 530002147270 11666083 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071923 071923 220224	MRN: 071923 0	71923	319.55 BILLED AMOUNT 319.55	0.00 ALLOWED NON-AlloWED 0.00 319.55	COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOBS 9918 9936	185.17	0.00
NAME: ELLA SUTTLE 2024157011890	RECIPIENT ID.: 530001026257 I1663475	MRN: 060324 0	60324	342.02	217.53		124.49	0.00	0.00	189.53

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
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	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CI	NODIETEDO		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED	COPAY	PAID	דעה אדד ו	ZODC	
81 87798) MODIFIERS		220224			126.00	NON-AllOWED 84.00	TPL 0.00		DETAIL I 9918	FORS	
01 0//90		3.00 000324 000324	220224			120.00	42.00		04.00	9910		
01 07/01	59	1 00 060224 060224	220224			40.06		0.00	0 00	E 400		
81 87491	59	1.00 060324 060324	220224			49.86	28.00	0.00	0.00	5490		
01 07511	ΕO	1 00 060224 060224	220224			42.00	21.86	0.00	20 00	0010		
81 87511	59	1.00 060324 060324	220224			42.00	28.00	0.00	20.00	9918		
01 07500	ГО	1 00 060324 060324	220224			40.06	14.00	0.00	20.00	0010		
81 87529	59	1.00 060324 060324	220224			49.86	28.00	0.00	28.00	9918		
01 07501	ГО	1 00 060324 060324	220224			40.00	21.86	0.00	20.00	0010		
81 87591	59	1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
01 07661	Γ0	1 00 060334 060334	220224			20 20	14.00	0.00	01 52	0010		
81 87661	59	1.00 060324 060324	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
37334TI • TTT 7 () TTTTTT T			MIDNI								
NAME: ELLA S			: 530001026257	MRN:	060224	CO 27	20.00		01 27	0 00	0 00	20.00
2024	1158031573	I1665078		060324	060324	60.37			21.37	0.00	0.00	39.00
DOG DDOG GI	MODIFIED		RENDERING			BILLED	ALLOWED	COPAY	DATD		TOD C	
POS PROC CI) MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	FORS	
81 80053		1.00 060324 060324	220224			15.84	12.00	0.00	12.00	9918		
01 02026		1 00 060334 060334	220224			14 00	3.84	0.00	10.00	0010		
81 83036		1.00 060324 060324	220224			14.00	12.00	0.00	12.00	9918		
01 05005		1 00 060204 060204	000004			10.00	2.00	0.00	F 00	0010		
81 85027		1.00 060324 060324	220224			12.00	5.00	0.00	5.00	9918		
01 07006		1 00 060304 060304	000004			10 52	7.00	0.00	10.00	0010		
81 87086		1.00 060324 060324	220224			18.53	10.00	0.00	10.00	9918		
							8.53	0.00				
MAME: DIGIEL	ZA OTIMMI NO		. [20001660244	MIDNI •								
NAME: DISHER			: 530001660344	MRN:	060424	161 66	101 /1		62 25	0 00	0 00	72 41
2024	1158031590	I1665077	DENDEDING	060424	060424	164.66			63.25	0.00	0.00	73.41
POS PROC CI) MODIFIERS		RENDERING			BILLED	ALLOWED	COPAY	חזדה	ו דיתיא דד	ZODC	
			PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	Caor	
81 87491	59	1.00 060424 060424	220224			49.86	28.00	0.00	0.00	5490		
01 07501	ΕO	1 00 060424 060424	220224			42.00	21.86	0.00	20 00	0010		
81 87591	59	1.00 060424 060424	220224			42.00	28.00	0.00	20.00	9918		
01 07661		1 00 060424 060424	220224			22 20	14.00	0.00	21 52	0010		
81 87661		1.00 060424 060424	220224			32.30	21.53	0.00	21.53	9918		
01 07200		1 00 060424 060424	220224			26 00	10.77	0.00	22 00	0010		
81 87389		1.00 060424 060424	∠∠∪∠∠ 1			36.00	23.88	0.00	∠3.88	9918		
01 26/15		1 00 060424 060424	220224			4 50	12.12	0.00	0 00	2222		
81 36415		1.00 060424 060424	ZZUZZ 4			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: DISHEKA SUTTLES 2024159023829 POS PROC CD MODIFIERS 81 86592	RECIPIENT ID.: 530001660344 I1666084 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	MRN: 060424 060424	7.00 BILLED AMOUNT 7.00	5.00 ALLOWED NON-AllOWED 5.00 2.00		2.00 PAID 5.00	0.00 DETAIL E 9918	0.00 EOBS	5.00
NAME: DISHEKA SUTTLES 2024159023841 POS PROC CD MODIFIERS 81 80074	RECIPIENT ID.: 530001660344 11666085 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224	060424 060424	71.00 BILLED AMOUNT 71.00	45.00 ALLOWED NON-AllOWED 45.00 26.00	COPAY TPL	26.00 PAID 45.00		0.00 EOBS	45.00
NAME: GILBERT SWIFT 2024150023783 POS PROC CD MODIFIERS 81 80069	11655299 SERVICE DATES RENDERING	MRN: 042424 042424	953.22 BILLED AMOUNT 13.00	526.00 ALLOWED NON-AllOWED 8.00	COPAY TPL 0.00		0.00 DETAIL E 9918	0.00 EOBS	522.00
81 36415	1.00 042424 042424 220224		4.50	5.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81 85049				4.00 5.00	0.00		9918		
81 84156 81 82570	1.00 042424 042424 220224 1.00 042424 042424 220224		8.00	4.00 4.00 6.00	0.00 0.00 0.00		9918 9918		
81 83069	1.00 042424 042424 220224		8.00	2.00 4.00	0.00		9918		
81 84311	2.00 042424 042424 220224		32.00	4.00 14.00 18.00	0.00 0.00 0.00	14.00	9918		
81 82010	1.00 042424 042424 220224		16.00	0.00 16.00	0.00		4524		
81 82945	1.00 042424 042424 220224		8.00	4.00	0.00		9918		
81 82247 59	1.00 042424 042424 220224		8.00	5.00 3.00	0.00		9918		
81 83986 81 81007	1.00 042424 042424 220224 2.00 042424 042424 220224		7.00	3.00 4.00 4.00 116.00	0.00 0.00 0.00 0.00		9918 5900		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

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SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 82043 QW 1.00 042424 042424 220224 81 87481 59 SERVICE DATES RENDERING BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 7.58 1.58 0.00 168.00 112.00 9918	
81 82043 QW 1.00 042424 042424 220224 7.58 6.00 0.00 6.00 9918 1.58 0.00	
1.58 0.00	
$81 87481 59 \qquad 4.00 042424 042424 220224 \qquad \qquad 168.00 \qquad 112.00 \qquad 0.00 \qquad 112.00 9918$	
56.00 0.00	
$81 87640 59 \qquad \qquad 1.00 042424 042424 220224 \qquad \qquad 37.07 \qquad 22.00 \qquad 0.00 \qquad 22.00 9918 \qquad \qquad 15.07 \qquad 0.00$	
81 87653 59 1.00 042424 042424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00 1.00 042424 042424 220224 15.07 0.00 15.07 0.00 15.07	
81 87798 11.00 042424 042424 220224 462.00 308.00 0.00 308.00 9918	
154.00 0.00	
NAME: ALAN SWORDS RECIPIENT ID.: 530001339781 MRN:	
	55.48
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 G0480 1.00 052324 052324 220224 125.00 55.48 0.00 55.48 9918	
69.52 0.00	
NAME: BRAYLEN SYLVESTER RECIPIENT ID.: 530001625660 MRN:	
	29.64
SERVICE DATES RENDERING SERVICE DATES RENDERING BILLED ALLOWED COPAY	27.UI
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 87635 1.00 052424 052424 220224 150.00 43.61 0.00 43.61 9918	
106.39 0.00	
81 87486 59 1.00 052424 052424 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
81 87498 59 1.00 052424 052424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87581 59 1.00 052424 052424 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
$81 87633 \qquad \qquad 1.00 052424 052424 220224 \qquad \qquad 318.05 \qquad 212.03 \qquad 0.00 \qquad 212.03 9918 \qquad \qquad 106.02 \qquad 0.00$	
81 87640 1.00 052424 052424 220224 37.07 22.00 0.00 22.00 9918	
1:00 032424 032424 220224 15.07 22.00 0.00 15.07 0.00	
81 87641 59 1.00 052424 052424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87651 59 1.00 052424 052424 220224 49.86 28.00 0.00 28.00 9918	
21.86 0.00	
81 87798 8.00 052424 052424 220224 336.00 224.00 0.00 224.00 9918	
112.00 0.00	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC			TPL MOUNT	PAID AMOUNT
NAME: JOSHUA TABB 2024158031638	RECIPIENT ID.: 530000243067	MRN: 052824 05282	136.54	98.93	3	37.61	0.00	0.00	98.93
2021130031030	SERVICE DATES RENDERING	032021 03202	BILLED	ALLOWED	COPAY	37.01	0.00	0.00	50.55
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID		S	
81 80053	1.00 052824 052824 220224		15.84	12.00 3.84	0.00 0.00	12.00	9918		
81 82306	1.00 052824 052824 220224		44.00	29.00	0.00	29 00	9918		
01 02300	1.00 032021 032021 220221		11.00	15.00	0.00	25.00	JJ 10		
81 83036	1.00 052824 052824 220224		14.00		0.00	12.00	9918		
				2.00	0.00				
81 84443	1.00 052824 052824 220224		25.20		0.00	22.93	9918		
81 84439	1.00 052824 052824 220224		13.00	2.27 9.00	0.00 0.00	9 00	9918		
01 04439	1.00 032024 032024 220224		13.00	4.00	0.00	9.00	9910		
81 80061	1.00 052824 052824 220224		20.00		0.00	14.00	9918		
				6.00	0.00				
81 36415	1.00 052824 052824 220224		4.50		0.00	0.00	3323		
				4.50	0.00				
NAME: AVA TAITE	RECIPIENT ID.: 530000761165	MRN:							
2024156025371	I1661359	053024 053024	614.98	402.03	3 2	212.95	0.00	0.00	402.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID		S	
81 87498 59	1.00 053024 053024 220224		37.07		0.00	22.00	9918		
81 87581 59	1.00 053024 053024 220224		42.00	15.07 28.00	0.00 0.00	28 00	9918		
01 07301 39	1.00 055024 055024 220224		42.00	14.00	0.00	20.00	JJ±0		
81 87633	1.00 053024 053024 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87798	4.00 053024 053024 220224		168.00		0.00	112.00	9918		
81 87651	1.00 053024 053024 220224		49.86	56.00 28.00	0.00 0.00	20 00	9918		
81 87031	1.00 033024 033024 220224		49.00	21.86	0.00	20.00	9910		
				21.00	0.00				
111111111111111111111111111111111111111	RECIPIENT ID.: 530000146414								
2024157011905	I1663477	060324 06032		629.64		119.48	0.00	0.00	629.64
DOC DDOC CD MODIETEDS	SERVICE DATES RENDERING		BILLED	ALLOWED		חזידט		C	
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 060324 060324 220224		AMOUNT 150.00		TPL 0.00		DETAIL EOB 9918	D	
01 07033	1.00 000321 000321 220221		150.00	106.39	0.00	13.01	J J ± 0		
81 87486 59	1.00 060324 060324 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACC		a pemperana	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATE FROM THE				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87498	59		060324 06032				37.07	22.00 15.07	0.00		9918	1025	
81	87581	59	1.00	060324 06032	4 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	060324 06032	4 220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00	060324 06032	4 220224			37.07	106.02 22.00	0.00	22.00	9918		
81	87641	59	1.00	060324 06032	4 220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00	060324 06032	4 220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00	060324 06032	4 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:	WILLIAM 20241	TATE 50023832	I165531		ID.: 530000404388	MRN: 121423	121423	342.02	217.53		124.49	0.00	0.00	189.53
				SERVICE DATE				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THE				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798		3.00	121423 12142	3 220224			126.00	84.00	0.00	84.00	9918		
81	87491	59	1.00	121423 12142	3 220224			49.86	42.00 28.00	0.00	0.00	5490		
81	87511	59	1.00	121423 12142	3 220224			42.00	21.86 28.00	0.00	28.00	9918		
81	87529	59	1.00	121423 12142	3 220224			49.86	14.00 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81	87591	59	1.00	121423 12142	3 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661	59	1.00	121423 12142	3 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	BARTON				ID.: 530001998779	MRN:								
	20241	59023855	I166608			052224	052224		72.93		24.11	0.00	0.00	72.93
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATE				AMOUNT			PAID	ד ג ייים כו	FODC	
	84153	MODILIEKS		052224 05222	U PROVIDER 4 220224			27.00		0.00	20.00		EODO	
81	80053		1.00	052224 05222	4 220224			15.84	12.00 3.84	0.00	12.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN PAT ACCT NO.			SERVICE DATES FROM THRU		BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
DOG	DDOG GD	MODITITED	SERVICE DATI				BILLED	ALLOWED	COPAY	DATE		HODG		
POS 81	PROC CD 80061	MODIFIERS	UNITS FROM THI 1.00 052224 0522				AMOUNT 20.00	NON-AllOWED 14.00	TPL 0.00	PAID 14.00	DETAIL 9918	FORS		
01	00001		1.00 032221 0322				20.00	6.00	0.00	11.00	JJ±0			
81	84443		1.00 052224 0522	24 220224			25.20	22.93	0.00	22.93	9918			
								2.27	0.00					
81	85049		1.00 052224 0522	24 220224			9.00	4.00	0.00	4.00	9918			
								5.00	0.00					
NAME:	AUDREY	TAVI.OR	RECIPIENT	ID.: 500002987294	MRN:									
IVAI-III •		50023843	I1655315	10. 300002307231		052024	170.19	82.00		88.19	0.00		0.00	82.00
			SERVICE DAT	S RENDERING			BILLED	ALLOWED	COPAY					
POS		MODIFIERS	UNITS FROM TH				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	83036		1.00 052024 05202	24 220224			14.00	12.00	0.00	12.00	9918			
0.1	0.41.00		1 00 050004 0500	24 22224			7.00	2.00	0.00	4 00	0010			
81	84100		1.00 052024 05202	24 220224			7.00	4.00 3.00	0.00	4.00	9918			
81	80048		1.00 052024 05202	24 220224			12.69	11.00	0.00	11.00	9918			
01	00010		1.00 032021 0320.				12.00	1.69	0.00	11.00	J J I U			
81	83970		1.00 052024 05202	24 220224			123.00	51.00	0.00	51.00	9918			
								72.00	0.00					
81	36415		1.00 052024 05202	24 220224			4.50	0.00	0.00	0.00	3323			
81	05040		1.00 052024 05202	24 220224			9.00	4.50 4.00	0.00	4 00	9918			
0.1	85049		1.00 052024 05202	24 220224			9.00	5.00	0.00	4.00	9910			
								3.00	0.00					
NAME: GRAYSON TAYLOR		TAYLOR	RECIPIENT											
	20241	55014848	I1660355		052924	052924	899.12	586.03		313.09	0.00		0.00	586.03
200	22222		SERVICE DATI				BILLED	ALLOWED	COPAY	D.1.TD	D	505 6		
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THI 1.00 052924 05292				AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL	EOBS		
0.1	0/400	39	1.00 052924 05292	24 220224			42.00	14.00	0.00	20.00	9910			
81	87498	59	1.00 052924 05292	24 220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87581	59	1.00 052924 05292	24 220224			42.00	28.00	0.00	28.00	9918			
0.1	07.00		1 00 050004 0500				242.25	14.00	0.00	010 00				
81	87633		1.00 052924 05292	24 220224			318.05	212.03	0.00	212.03	99 <u>1</u> 8			
81	87640		1.00 052924 05292	04 220224			37.07	106.02 22.00	0.00	22.00	9912			
0 1	0,010		1.00 032724 0329	11 770771			37.07	15.07	0.00	22.00	ノノエロ			
81	87641	59	1.00 052924 05292	24 220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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POS :	PROC CD 87651	ICN MODIFIERS 59	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 052924 052924	PROVIDER	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	OWED .	COPAY AMOUNT DETAIL 9918	TPL AMOUI		PAID AMOUNT
81	87798		8.00 052924 052924	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918			
NAME:	GUNNER 20241	TAYLOR 55014864	I1660356	D.: 530002326429	MRN: 052924	052924	899.12			313.09	0.00		0.00	586.03
	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS		
81	87498	59	1.00 052924 052924	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87581	59	1.00 052924 052924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 052924 052924				318.05	212.03 106.02	0.00	212.03				
81	87640	50	1.00 052924 052924				37.07	22.00 15.07	0.00		9918			
81	87641	59	1.00 052924 052924				37.07 49.86	22.00 15.07	0.00		9918			
81 81	87651 87798	59	1.00 052924 052924 8.00 052924 052924				336.00	28.00 21.86 224.00	0.00 0.00 0.00	224.00	9918			
01	0,7,50		0.00 002921 00292	. 220221			330.00	112.00	0.00	221.00	3320			
NAME:		N TAYLOR 49020930	I1652399	D.: 530002105020	MRN: 051724	051724		15.00		3.00	0.00		0.00	15.00
	PROC CD 83655	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 051724 051724	PROVIDER			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL 9918	EOBS		
NAME:		TAYLOR OUBRE	I1655329			052224		34.00		37.82	0.00		0.00	34.00
	PROC CD 83540	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	PROVIDER			BILLED AMOUNT 9.71	ALLOWED NON-AllOWED 7.00 2.71	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS		
81	83550		1.00 052224 052224	220224			13.11	10.00	0.00	10.00	9918			

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN POS PROC CD MODIFIERS 81 82728 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 40.00	27.00	O O O O O O O O O O O O O O O O O O O				PAID AMOUNT
NAME: ALEXIS TERRY 2024158031652 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530001237326 11665089 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042624 042624 220224 1.00 042624 042624 220224 1.00 042624 042624 220224 4.00 042624 042624 220224 4.00 042624 042624 220224	MRN: 042624 042624	715.12 BILLED AMOUNT 150.00 37.07 42.00 318.05 168.00	NON-AllowED		PAID 43.61 22.00	9918 9918 9918 9918	0.00	417.64
NAME: CARSON TEUTON 2024149020937 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530000123964 11652403 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050724 050724 220224 1.00 050724 050724 220224	MRN: 050724 050724	299.33 BILLED AMOUNT 125.00 174.33	76.07	COPAY TPL 0.00 0.00 0.00 0.00		0.00 DETAIL EOBS 9918 9936 9918 9936	0.00	98.29
NAME: TIMOTHY THACKER 2024158031671 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002039212 11665091 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 053024	174.33 BILLED AMOUNT 174.33		COPAY TPL	58.11 PAID 116.22	0.00 DETAIL EOBS 9918	0.00	116.22
2024158031688 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002130677 11665094 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050224 050224 220224				COPAY	PAID		0.00	65.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
DUS 1	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	FORS		
81	83550	MODIFIERS		050224 050224	220224			13.11	10.00	0.00			EODS		
81	82728		1 00	050224 050224	220224			40.00	3.11 13.00	0.00	13.00	0010			
ΟŢ	02/20		1.00	030224 030224	22022 1			40.00	27.00	0.00	13.00	9910			
81	84443		1.00	050224 050224	220224			25.20	22.93	0.00	22.93	9918			
81	84439		1.00	050224 050224	220224			13.00	2.27 9.00	0.00	9.00	9918			
0.1	26415		1 00	050224 050224	220224			4 50	4.00	0.00		2202			
81	36415		1.00	050224 050224	220224			4.50	0.00 4.50	0.00		3323			
81	85049		1.00	050224 050224	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
NAME:		Y THOMAS	-1.55105		.: 530002229543	MRN:	0.50004	010	212		105 50				212 22
	20241	56025396	I166136	5 SERVICE DATES	RENDERING	053024	053024	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0	.00	213.03
POS 1	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87507		1.00	053024 053024	220224			319.55	213.03 106.52	0.00		9918			
NAME:	JAMES T	HOMAS		RECIPIENT ID	.: 530002030041	MRN:									
		56025402	I166277	3		052824	052824		468.00		249.74	0.00	0	.00	468.00
POS 1	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	EOBS		
	87481	59		052824 052824	220224			42.00	28.00	0.00	28.00		2022		
81	87640	59	1 00	052824 052824	220224			37.07	14.00 22.00	0.00		0010			
ΟŢ	0/040	39	1.00	032824 032824	22022 1			37.07	15.07	0.00		9910			
81	87653	59	1.00	052824 052824	220224			37.07	22.00	0.00		9918			
81	87798	59	11.00	052824 052824	220224			462.00	15.07 308.00	0.00		9918			
0.4								0	154.00	0.00					
81	87641	59	1.00	052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87798	59	2.00	052824 052824	220224			84.00	56.00	0.00	56.00	9918			
81	87086		1 00	052824 052824	220224			18.53	28.00 10.00	0.00	10.00	9918			
<u> </u>	3,000		1.00	002021				10.33	8.53	0.00	10.00	J J ± 0			
NAME:	JIANNA	THOMAS		RECIPTEMT ID	.: 530002118033	MRN:									
TAT 71.1171 •		58031708	I166509				060424	1,049.12	629.64		419.48	0.00	0	.00	629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO1 ALLO		COPAY TE	L UNT	PAID AMOUNT
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87486	59	1.00 060424 060424 220)224		42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498	59	1.00 060424 060424 220)224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 060424 060424 220)224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060424 060424 220	0224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 060424 060424 220)224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060424 060424 220			37.07	22.00 15.07	0.00	22.00			
81 87651	59	1.00 060424 060424 220			49.86	28.00 21.86	0.00	28.00			
81 87798		8.00 060424 060424 220)224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: KAYLANI 20241	THOMAS 52027664	RECIPIENT ID.: 5	052824	052824		28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00			
NAME: KOURTNI 20241	I THOMAS 56025440	RECIPIENT ID.: 5	053024	053024		213.03		106.52	0.00	0.00	213.03
POS PROC CD 81 87507	MODIFIERS		NDERING OVIDER 0224		BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: SAMAURA 20241	THOMAS 58031751	RECIPIENT ID.: 5	060424	060424	965.59			374.06	0.00	0.00	519.53
POS PROC CD 81 87798	MODIFIERS 59		NDERING OVIDER 0224		BILLED AMOUNT 378.00	ALLOWED NON-AlloWED 252.00	COPAY TPL 0.00	PAID 252.00	DETAIL EOBS 9918		
81 87481	59	4.00 060424 060424 220)224		168.00	126.00 112.00 56.00	0.00 0.00 0.00	112.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	3S	
81 87491	59	1.00 060424 060424	220224			49.86	28.00 21.86	0.00		5490	-	
81 87511	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	2.00 060424 060424	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87653	59	2.00 060424 060424	220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661	59	1.00 060424 060424	220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87563		1.00 060424 060424	220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: SPENCER	THOMAS	RECIPIENT ID	.: 530001686941	MRN:								
20241	58031769	I1665101		060424	060424	547.12	305.64		241.48	0.00	0.00	305.64
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING			BILLED AMOUNT	ALLOWED	COPAY	PAID	DETAIL EOE	n C	
81 87498	59	1.00 060424 060424	PROVIDER 220224			37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	22.00		55	
81 87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87635		1.00 060424 060424	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: TIFFANY	THOMAS 56025457	RECIPIENT ID	.: 530000598271	MRN: 053024	053024	208.16	133.53		74.63	0.00	0.00	105.53
		SERVICE DATES	RENDERING	00001		BILLED	ALLOWED	COPAY	, = • • •			
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOR	3S	
81 87798		1.00 053024 053024				42.00	28.00 14.00	0.00	28.00			
81 87491		1.00 053024 053024				49.86	28.00 21.86	0.00		5490		
81 87511	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO: ALL COPAY		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87591 59	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87661	1.00 053024 053024 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: HAZEL THOMASON	RECIPIENT ID.: 530001915979								
2024156025477	I1661366	053024 053024	899.12			313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 053024 053024 220224		42.00	28.00	0.00		9918		
0_ 0.100 0,				14.00	0.00	_0,00	J J _ G		
81 87498 59	1.00 053024 053024 220224		37.07	22.00	0.00	22.00	9918		
01 08501 50	1 00 052004 052004 000004		40.00	15.07	0.00	00.00	0010		
81 87581 59	1.00 053024 053024 220224		42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633	1.00 053024 053024 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 053024 053024 220224		37.07	22.00	0.00	22.00	9918		
81 87641 59	1.00 053024 053024 220224		37.07	15.07 22.00	0.00	22.00	9918		
01 0/041 59	1.00 053024 053024 220224		37.07	15.07	0.00 0.00	22.00	9910		
81 87651 59	1.00 053024 053024 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
81 87798	8.00 053024 053024 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: HAZEL THOMASON	RECIPIENT ID.: 530001915979	MRN:							
2024156025494	I1662772	053024 053024	319.55	213.03	3	106.52	0.00	0.00	213.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87507	1.00 053024 053024 220224		319.55	213.03 106.52	0.00	213.03	9918		
NAME: WYATT THOMASON	RECIPIENT ID.: 530001588618	MRN:							
2024152027676	I1658809	052824 052824		305.64		241.48	0.00	0.00	305.64
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID	DETAIL EOBS 9918		
OT 0/035	1.00 032024 032024 220224		150.00	106.39	0.00	43.01	<i>99</i> ±0		
81 87498 59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO 81 87	OC CD 7581	MODIFIERS 59		SERVICE DATES FROM THRU 052824 052824	RENDERING PROVIDER 220224	11011		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL		11100111
81 87	7633		1.00	052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918		
		A THOMPSON 58031784	I166510:		530001008856	MRN: 060424	060424	899.12	586.03		313.09	0.00	0.00	586.03
POS PRO 81 87		MODIFIERS 59		SERVICE DATES FROM THRU 060424 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00		EOBS	
81 87	7498	59	1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7581	59	1.00	060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7633		1.00	060424 060424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87	7640		1.00	060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7641	59	1.00	060424 060424	220224			37.07	22.00	0.00	22.00	9918		
81 87	7651	59	1.00	060424 060424	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87	7798		8.00	060424 060424	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
		Y THORNTON 50023883	I165536	2	530000834438	MRN: 121823	121823	899.12			313.09	0.00	0.00	586.03
DOS DDO	טכ כדו	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
	7486			121823 121823	220224			42.00	28.00 14.00	0.00			EODS	
81 87	7498	59	1.00	121823 121823	220224			37.07	22.00	0.00	22.00	9918		
81 87	7581	59	1.00	121823 121823	220224			42.00	15.07 28.00	0.00	28.00	9918		
81 87	7633		1.00	121823 121823	220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87	7640		1.00	121823 121823	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC	r NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY	TPL AMOUNT	PAID AMOUNT
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 8'	7641	59	1.00	121823 1	121823	220224			37.07	22.00	0.00	22.00	9918		
0.1	D.C. T.	5 0	1 00	101000 1		000004			10.06	15.07	0.00	00.00	0010		
81 8'	7651	59	1.00	121823 1	121823	220224			49.86	28.00	0.00	28.00	9918		
01 0'	7700		0 00	101000 1	101000	220224			226 00	21.86	0.00	224 00	0.01.0		
81 8'	7798		8.00	121823 1	121823	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
NAME: L	מאדה דו	н∩вит∩и		PFCTD1	רד ייואים ד	.: 530001364366	MRN:								
NAME • D		57011917	I1663484			550001501500	060324	060324	899.12	586.03		313.09	0.00	0.00	586.03
	20211	3,01171	1100310	SERVICE	DATES	RENDERING	000321	000321	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS PRO	OC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
		59		060324		220224			42.00	28.00	0.00	28.00			
										14.00	0.00				
81 8'	7498	59	1.00	060324	060324	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81 8'	7581	59	1.00	060324 0	060324	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81 8'	7633		1.00	060324 0	060324	220224			318.05	212.03	0.00	212.03	9918		
										106.02	0.00				
81 8'	7640		1.00	060324 0	060324	220224			37.07	22.00	0.00	22.00	9918		
0.1	D C 4.1	5 0	1 00	0.60004	260204	000004			25 25	15.07	0.00	00.00	0010		
81 8'	7641	59	1.00	060324 0	160324	220224			37.07	22.00	0.00	22.00	9918		
01 0'	7651	ΕO	1 00	060224 0	160224	220224			10.06	15.07	0.00	20 00	0.01.0		
81 8'	7651	59	1.00	060324 0	000324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8'	7798		8 00	060324	160324	220224			336.00	224.00	0.00	224.00	9918		
01 0	1170		0.00	000324 0	J0032 1	22022 1			330.00	112.00	0.00	224.00	J J I O		
										112.00	0.00				
NAME: L	EESA TI	HORNTON		RECIPI	IENT ID	.: 530001375938	MRN:								
		50023896	I1656929				052424	052424	342.02	217.53		124.49	0.00	0.00	189.53
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	OC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 8'	7798		3.00	052424 0	052424	220224			126.00	84.00	0.00	84.00	9918		
										42.00	0.00				
81 8'	7491	59	1.00	052424 0	052424	220224			49.86	28.00	0.00	0.00	5490		
										21.86	0.00				
81 8'	7511	59	1.00	052424 0	152424	220224			42.00	28.00	0.00	28.00	9918		
01 01	7500	F.0	1 00	050404	252424	220224			40.00	14.00	0.00	00 00	0010		
81 8'	7529	59	1.00	052424 0	J5Z4Z4	ZZUZZ4			49.86	28.00	0.00	28.00	AATR		
										21.86	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.	SERVICE I	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS :	PROC CD 87591	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87661	59	1.00 052424 052424 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	OTIS TH		RECIPIENT ID.: 530002049328	MRN:								105.00
	20241	150023905	I1655366 SERVICE DATES RENDERING	052224	052224	355.12	144.93 ALLOWED	COPAY	210.19	0.00	0.00	135.93
POS	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	84156	1102111110	1.00 052224 052224 220224			8.00	4.00	0.00		9918	2025	
							4.00	0.00				
81	82570		1.00 052224 052224 220224			8.00	6.00	0.00	6.00	9918		
81	83069		1.00 052224 052224 220224			8.00	2.00 4.00	0.00 0.00	4 00	9918		
0.1	03009		1.00 032224 032224 220224			8.00	4.00	0.00	4.00	9910		
81	84311		2.00 052224 052224 220224			32.00	14.00	0.00	14.00	9918		
							18.00	0.00				
81	82010		1.00 052224 052224 220224			16.00	0.00	0.00	0.00	4524		
81	82945		1.00 052224 052224 220224			8.00	16.00 4.00	0.00 0.00	4 00	9918		
01	02943		1.00 032224 032224 220224			0.00	4.00	0.00	4.00	9910		
81	82247	59	1.00 052224 052224 220224			8.00	5.00	0.00	0.00	5472		
							3.00	0.00				
81	83986		1.00 052224 052224 220224			7.00	3.00	0.00	3.00	9918		
81	81007		2.00 052224 052224 220224			120.00	4.00 4.00	0.00 0.00	0 00	5900		
01	01007		2.00 032224 032224 220224			120.00	116.00	0.00	0.00	3900		
81	82043	QW	1.00 052224 052224 220224			7.58	6.00	0.00	6.00	9918		
							1.58	0.00				
81	80053		1.00 052224 052224 220224			15.84	12.00	0.00	12.00	9918		
81	82607		1.00 052224 052224 220224			22.00	3.84 17.00	0.00 0.00	17.00	9918		
01	02007		1.00 032221 032221 220221			22.00	5.00	0.00	17.00	J J I U		
81	82746		1.00 052224 052224 220224			22.00	13.00	0.00	13.00	9918		
	00055						9.00	0.00		0015		
81	83036		1.00 052224 052224 220224			14.00	12.00	0.00	12.00	9918		
81	84443		1.00 052224 052224 220224			25.20	2.00 22.93	0.00 0.00	22.93	9918		
01	01113		1.00 032221 032221 220221			25.20	2.27	0.00	22.73	J J ± 0		
81	80061		1.00 052224 052224 220224			20.00	14.00	0.00	14.00	9918		
							6.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED COPAY	ALLOWED		L DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		AMOUNT 4.50	NON-AllOWED TPL 0.00 0.0 4.50 0.0	0.00	DETAIL EOBS 3323		
			9.00	4.00 0.0 5.00 0.0		9918		
2024156025500	RECIPIENT ID.: 530000173440 I1661370 SERVICE DATES RENDERING	041224 041224	BILLED	22.00 ALLOWED COPAY			0.00	22.00
POS PROC CD MODIFIERS 81 87653 59	UNITS FROM THRU PROVIDER 1.00 041224 041224 220224		AMOUNT 37.07	NON-AllOWED TPL 22.00 0.0 15.07 0.0	00 22.00			
2024150023940	RECIPIENT ID.: 530001026473 I1655368 SERVICE DATES RENDERING	MRN: 052324 052324		213.03 ALLOWED COPAY		0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		AMOUNT 319.55	NON-AllOWED TPL	PAID 213.03			
NAME: HANNAH THROWER 2024156025514	RECIPIENT ID.: 530001111635 I1661371 SERVICE DATES RENDERING	MRN: 041224 041224		22.00 ALLOWED COPAY			0.00	22.00
POS PROC CD MODIFIERS 81 87653 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224		AMOUNT 37.07	NON-AllOWED TPL	00 22.00	DETAIL EOBS) 9918		
2024158031800	OLF RECIPIENT ID.: 530002168953 I1665108 SERVICE DATES RENDERING		319.55 BILLED	213.03 ALLOWED COPAY		0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224		AMOUNT 319.55	NON-AllOWED TPL	PAID 213.03			
NAME: HUNTLEY TOLBERT 2024150023946	RECIPIENT ID.: 530001389617 I1656931 SERVICE DATES RENDERING	MRN: 052424 052424	150.00 BILLED	43.61 ALLOWED COPAY	106.39	0.00	0.00	43.61
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 052424 052424 220224		AMOUNT 150.00	NON-Allowed TPL 43.61 0.0 106.39 0.0	43.63	DETAIL EOBS 1 9918		
NAME: ARIA TOLEDO 2024159023875	RECIPIENT ID.: 530002165006 I1666099	MRN: 060524 060524	565.12	374.03	191.09	0.00	0.00	374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

NAME: SHANERIA TRAINER SERVICE DATES SER			ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			TPL MOUNT	PAID AMOUNT
81 8748 59 1.00 660524 060524 200224	POS	DROC CD	MODIFIERS	IINITTS								DATD	DETATI, EOF	25	
81 87581 59										22.00	0.00				
81 87633	81	87581	59	1.00	060524 060524	220224			42.00	28.00	0.00	28.00	9918		
NAME: HIDSON TOKEY 2024150023968 11656937	81	87633		1.00	060524 060524	220224			318.05	212.03	0.00	212.03	9918		
This column	81	87798		4.00	060524 060524	220224			168.00			112.00	9918		
SERVICE DATES RENDERING NON-ALLOWED TOU PAID DETAIL EDBS DET	NAME:	HUDSON	TOXEY		RECIPIENT ID	.: 530000621761	MRN:								
R1		20241	.50023968	I165693		RENDERING	052424	052424				8.53	0.00	0.00	10.00
NAME: SHANERIA TRAINER 2024159023893			MODIFIERS						AMOUNT	NON-AllOWED				BS	
Service Dates Service Date	81	87086		1.00	052424 052424	220224			18.53			10.00	9918		
SERVICE DATES SERVICE DATE	NAME:	SHANERI	A TRAINER		RECIPIENT ID	.: 530000087598	MRN:								
PROC				I166610		D = 110 = D T 110	052424	052424				41.67	0.00	0.00	45.67
81 80053	DOG .	מפטט מח	MODIFIEDC	IIMTTC								ח ז עם	רבייאדו ב∩ם	00	
81 83036			MODIFIERS			220224			15.84					00	
81 83036															
81 83036	81	82306		1.00	052424 052424	220224			44.00			24.88	9918 9936		
81 36415	81	83036		1.00	052424 052424	220224			14.00	8.16	0.00	8.16	9918 9936		
81 85049 1.00 052424 052424 220224 99.00 3.76 0.00 3.76 9918 9936 NAME: TIMOTHY TRAINER 202415023990 11655381 RECIPIENT ID.: 53000165454 MRN:	Ω1	36415		1 00	052424 052424	220224			4 50			0 00	3333		
81 85049	01	30113		1.00	052121 052121	220221			1.50			0.00	3323		
2024150023990	81	85049		1.00	052424 052424	220224			9.00	3.76	0.00	3.76	9918 9936		
2024150023990	NAME:	TIMOTHY	TRAINER		RECIPIENT ID	.: 530000165454	MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87491 59 1.00 041824 041824 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 041824 041824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 1.00 041824 041824 220224 49.86 28.00 0.00 28.00 9918								041824	386.06	238.34		147.72	0.00	0.00	210.34
$\begin{array}{cccccccccccccccccccccccccccccccccccc$													_	_	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$														BS	
81 87511 59 1.00 041824 041824 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 1.00 041824 041824 220224 49.86 28.00 0.00 28.00 9918	δŢ	8/49⊥	כט	1.00	041824 041824	22U22 4			49.86			0.00	5 4 90		
81 87529 59 1.00 041824 041824 220224 49.86 28.00 0.00 28.00 9918	81	87511	59	1.00	041824 041824	220224			42.00	28.00	0.00	28.00	9918		
	81	87529	59	1.00	041824 041824	220224			49.86	28.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIE	RS UNITS FROM THRU PRO	NDERING OVIDER		BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL E	EOBS	
81 87591 59	1.00 041824 041824 220)224		42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87661 59	1.00 041824 041824 220)224		32.30	21.53 10.77	0.00	21.53	9918		
81 80053	1.00 041824 041824 220)224		15.84	12.00	0.00	12.00	9918		
81 82306	1.00 041824 041824 220)224		44.00	29.00 15.00	0.00	29.00	9918		
81 87389	1.00 041824 041824 220)224		36.00	23.88 12.12	0.00	23.88	9918		
81 82728	1.00 041824 041824 220)224		40.00	13.00	0.00	13.00	9918		
81 84443	1.00 041824 041824 220)224		25.20	22.93 2.27	0.00	22.93	9918		
81 85049	1.00 041824 041824 220)224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: RACHELLE TREGEA		330002323530 MRN:								
2024150024012		041024 NDERING	041024	843.74 BILLED	552.00 ALLOWED	COPAY	291.74	0.00	0.00	496.00
POS PROC CD MODIFIE		OVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
81 87481 59	4.00 041024 041024 220)224		168.00	112.00 56.00	0.00	112.00	9918		
81 87640 59	1.00 041024 041024 220)224		37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87653 59	1.00 041024 041024 220	0224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 041024 041024 220)224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 041024 041024 220	0224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 041024 041024 220	0224		84.00	56.00 28.00	0.00	0.00	5000		
81 87086	1.00 041024 041024 220)224		18.53	10.00 8.53		10.00	9918		
NAME: ELISA TREJO	RECIPIENT ID.: 5	330001280209 MRN:								
2024158031807	I1665113 SERVICE DATES REN	050124	050124		98.93 ALLOWED		37.61	0.00	0.00	98.93
POS PROC CD MODIFIE 81 80053		OVIDER			NON-AllOWED	\mathtt{TPL}	PAID 12.00		OBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT			DEMOCRATIVO	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	AL:		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED		SERVICE DA		RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
	PROC CD	MODIFIERS			THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL :	EOBS	
81	82306		1.00	050124 050) 1 Z 4	220224			44.00	29.00	0.00	29.00	9918		
0.1	02026		1 00	050104 050	1124	220224			14 00	15.00	0.00	12.00	0010		
81	83036		1.00	050124 050)	220224			14.00	12.00 2.00	0.00	12.00	9918		
01	80061		1 00	050124 050	1124	220224			20.00		0.00	14 00	0010		
81	00001		1.00	050124 050)	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1 00	050124 050	1124	220224			25.20	22.93	0.00	22 02	9918		
0.1	04443		1.00	030124 030)	220224			23.20	2.27	0.00	22.93	9910		
81	84439		1 00	050124 050	1124	220224			13.00	9.00	0.00	9 00	9918		
0.1	04439		1.00	030124 030)	220224			13.00	4.00	0.00	9.00	9910		
81	36415		1 00	050124 050	1124	220224			4.50	0.00	0.00	0 00	3323		
0.1	30413		1.00	030124 030)	220224			4.50	4.50	0.00	0.00	3343		
										4.50	0.00				
NAME:	VICTORIA	Δ TREJO		RECIPIEN	מד ידנ	.: 530000691598	MRN:								
14711111		58031821	I1665114		\1	. 330000071370		050324	715.12	417.64	•	297.48	0.00	0.0	0 417.64
	20212	30031011		SERVICE DA	ATES	RENDERING	00001	030321	BILLED	ALLOWED	COPAY	257.10	0.00	0.0	117.01
POS	PROC CD	MODIFIERS			ΓHRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL :	EOBS	
81	87635			050324 050		220224			150.00	43.61	0.00		9918		
-			_,_,							106.39	0.00				
81	87498	59	1.00	050324 050	324	220224			37.07	22.00	0.00	22.00	9918		
						-				15.07	0.00				
81	87581	59	1.00	050324 050	324	220224			42.00	28.00	0.00	28.00	9918		
						-				14.00	0.00				
81	87633		1.00	050324 050	324	220224			318.05	212.03	0.00	212.03	9918		
										106.02	0.00				
81	87798		4.00	050324 050	324	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
NAME:	VICTORIA	A TREJO		RECIPIEN	T ID	.: 530000691598	MRN:								
	20241	58031830	I1665115	5			050624	050624	764.98	445.64	•	319.34	0.00	0.0	0 445.64
				SERVICE DA	ATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS			THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL :	EOBS	
81	87651		1.00	050624 050	0624	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
81	87635		1.00	050624 050	0624	220224			150.00	43.61	0.00	43.61	9918		
										106.39	0.00				
81	87498	59	1.00	050624 050	0624	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87581	59	1.00	050624 050	0624	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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TON	DAM ACCOUNT	GDD1/TGD				NT.C	.D.T		mp i	DATE
ICN	PAT ACCT NO.	SERVICE FROM	THRU		ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224			BILLED AMOUNT 318.05	ALLOWED			DETAIL EOB		
81 87798	4.00 050624 050624 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: VICTORIA TREJO 2024159023913	RECIPIENT ID.: 530000691598 I1666104	050324	050324	49.86	28.00) CODAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050324 050324 220224			AMOUNT 49.86	28.00	\mathtt{TPL}	PAID 28.00	DETAIL EOB 9918	S	
NAME: KATELYN TREVINO 2024149020956	RECIPIENT ID.: 530001135810 I1652425 SERVICE DATES RENDERING	MRN: 052124	052124	27.89 BILLED	22.93 ALLOWED	COPAY	4.96	0.00	0.00	22.93
POS PROC CD MODIFIERS 81 84443	UNITS FROM THRU PROVIDER 1.00 052124 052124 220224			AMOUNT 27.89	NON-AllOWED		PAID 22.93		S	
NAME: SUMMER TRULL 2024158031836	RECIPIENT ID.: 530001082701 I1665116 SERVICE DATES RENDERING	MRN: 010324			22.00 ALLOWED		15.07	0.00	0.00	22.00
POS PROC CD MODIFIERS 81 87653 59	UNITS FROM THRU PROVIDER 1.00 010324 010324 220224			AMOUNT 37.07	NON-AllOWED	\mathtt{TPL}	PAID 22.00	DETAIL EOB 9918	S	
NAME: TAYLOR TUCK 2024150024025	RECIPIENT ID.: 530002330655 I1656941	MRN: 052424	052424	899.12	586.03	}	313.09	0.00	0.00	586.03
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY TPL	DATE		a	
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 052424 052424 220224			AMOUNT 42.00	28.00	0.00 0.00		DETAIL EOB 9918	5	
81 87498 59	1.00 052424 052424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052424 052424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052424 052424 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 052424 052424 220224			37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	SERVICE DA UNITS FROM T	TES RENDERING HRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81	87641	59	1.00 052424 052	424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052424 052	424 220224			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 052424 052	424 220224			336.00	224.00 112.00	0.00		9918		
NAME:	: REMINGT	TON TURBERVII		T ID.: 530002421785									
	20241	L56025527	I1661385		052924	052924	899.12	586.03		313.09	0.00	0.00	586.03
DOG	PROC CD	MODIFIERS	SERVICE DA UNITS FROM T	TES RENDERING HRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EOB	Q	
81	87486	59	1.00 052924 052				42.00	28.00	0.00		9918	5	
								14.00	0.00				
81	87498	59	1.00 052924 052	924 220224			37.07	22.00	0.00	22.00	9918		
Ω1	87581	59	1.00 052924 052	924 220224			42.00	15.07 28.00	0.00	28 00	9918		
01	07301	37	1.00 032324 032	J24			42.00	14.00	0.00	20.00	JJ10		
81	87633		1.00 052924 052	924 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 052924 052	924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 052924 052	924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 052924 052	924 220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 052924 052	924 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	: DIONNA	TURLEY	RECIPIEN	T ID.: 530001617218	MRN:								
		L49020975	I1652429			050924	174.33	12.34		161.99	0.00	37.02	12.34
200	DD 0 0 0 D	1400	SERVICE DA				BILLED	ALLOWED	COPAY	D 3 T D	DDD177 D0D	~	
	G0482	MODIFIERS	UNITS FROM T 1.00 050924 050	HRU PROVIDER 924 220224			AMOUNT 174.33	NON-AllOWED 12.34	TPL 0 00	PAID 12.34	DETAIL EOB	S	
01	G0402		1.00 030724 030	JZ1 ZZUZZ1			174.55	161.99			JJ10 JJ30		
NAME:	: AUBRIE	TURNER	RECIPIEN	T ID.: 530000638367	MRN:								
			I1665126			040424		22.00		15.07	0.00	0.00	22.00
DOC		MODIETED		TES RENDERING				ALLOWED		רא דר.		G	
		MODIFIERS 59	UNITS FROM T 1.00 040424 040				37.07	NON-AllOWED		PAID 22.00	DETAIL EOB	5	
0.1	0,000		1.00 010121 010	121 220221			37.07		0.00		JJ ± 0		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACC	r NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	KATELYN 20241	I TURNER .52027693	I165882	3	PIENT ID E DATES	.: 530001981368 RENDERING	MRN: 052824	052824	218.04 BILLED	155.93 ALLOWED	COPAY	62.11	0.00	0.00	155.93
DUG	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL :	FORS	
81	80053	HODITIEND		052824		220224			15.84	12.00	0.00	12.00		порр	
01	00000		1.00	002021	002021				13.01	3.84	0.00	12.00	7720		
81	85049		1.00	052824	052824	220224			9.00	4.00	0.00	4.00	9918		
						-				5.00	0.00				
81	82607		1.00	052824	052824	220224			22.00	17.00	0.00	17.00	9918		
										5.00	0.00				
81	82746		1.00	052824	052824	220224			22.00	13.00	0.00	13.00	9918		
										9.00	0.00				
81	82306		1.00	052824	052824	220224			44.00	29.00	0.00	29.00	9918		
										15.00	0.00				
81	84481		1.00	052824	052824	220224			24.00	16.00	0.00	16.00	9918		
										8.00	0.00				
81	83036		1.00	052824	052824	220224			14.00	12.00	0.00	12.00	9918		
0.1	0.4.4.0		1 00	050004	050004	000004			05.00	2.00	0.00	00.00	0.01.0		
81	84443		1.00	052824	052824	220224			25.20	22.93	0.00	22.93	9918		
0.1	04420		1 00	050004	050004	220224			12 00	2.27	0.00	0 00	0010		
81	84439		1.00	052824	052824	220224			13.00	9.00	0.00	9.00	9918		
81	83540		1 00	052024	052824	220224			9.00	4.00 7.00	0.00	7 00	9918		
0.1	03340		1.00	032024	032024	220224			9.00	2.00	0.00	7.00	9910		
81	80061		1 00	052824	052824	220224			20.00	14.00	0.00	14.00	9918		
01	00001		1.00	032021	052021	220221			20.00	6.00	0.00	11.00	JJ±0		
										0.00	0.00				
NAME:	KENDRA	TURNER		RECII	PIENT ID	.: 530001541070	MRN:								
		.55014885	I166039				052924	052924	342.02	217.53		124.49	0.00	0.00	189.53
				SERVICE	E DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL :	EOBS	
81	87798		3.00	052924	052924	220224			126.00	84.00	0.00	84.00	9918		
										42.00	0.00				
81	87491	59	1.00	052924	052924	220224			49.86	28.00	0.00	0.00	5490		
										21.86	0.00				
81	87511	59	1.00	052924	052924	220224			42.00	28.00	0.00	28.00	9918		
0.1	07500	Γ0	1 00	050004	050004	000004			40.00	14.00	0.00	00 00	0.01.0		
81	87529	59	1.00	052924	052924	220224			49.86	28.00	0.00	28.00	9918		
01	07501	ΕO	1 00	052024	052024	220224			42.00	21.86	0.00	20 00	0010		
81	87591	59	1.00	U3Z9Z4	052924	22U22 4			42.00	28.00 14.00	0.00	28.00	ソ フエ ひ		
										14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87661	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052924 052924	RENDERING PROVIDER 220224			BILLED AMOUNT 32.30	ALLOWED NON-AllOWED 21.53 10.77	COPAY TPL 0.00 0.00	PAID 21.53	DETAIL EO 9918	BS	
NAME:	KAISEN '	TWITTY 59023951	RECIPIENT ID I1666111 SERVICE DATES	.: 530002386188	MRN: 060424	060424	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EO 9918	BS	
81	87581	59	1.00 060424 060424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 060424 060424				318.05	212.03 106.02	0.00	212.03			
81	87798		4.00 060424 060424	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	CHASITY 20241	TYLER 55014908	I1660394	.: 530000327487	MRN: 052124	052124	191.69			86.42	0.00	0.00	105.27
	PROC CD 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052124 052124	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 8.87	COPAY TPL 0.00	PAID 8.87	DETAIL EO 9918 9936		
81	82607		1.00 052124 052124	220224			22.00	6.97 12.66 9.34	0.00 0.00 0.00	12.66	9918 9936		
81	83002		1.00 052124 052124	220224			27.78	15.56 12.22	0.00	15.56	9918 9936		
81	83001		1.00 052124 052124				27.87	15.62 12.25	0.00		9918 9936		
81	84144		1.00 052124 052124				31.00	17.53 13.47	0.00		9918 9936		
81 81	80061 84443		1.00 052124 052124 1.00 052124 052124				20.00 25.20	9.56 10.44 14.13	0.00 0.00 0.00		9918 9936 9918 9936		
81	84439		1.00 052124 052124				13.00	11.07 7.58	0.00		9918 9936		
81	85049		1.00 052124 052124				9.00	5.42 3.76 5.24	0.00 0.00 0.00		9918 9936		
NAME:		UNDERWOOD 57011932	RECIPIENT ID 11663491	.: 530001215955	MRN: 060324	060324	899.12	586.03		313.09	0.00	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN-	PAT	ACCT NO.		SERVICE		BILLED	ALLOWED	NO:			TPL	PAID
		CEDVITCE DATEC	RENDERING	FROM	THRU	AMOUNT	AMOUNT		OWED A	AMOUNT A	MOUNT	AMOUNT
DOG DDOG GD MODIEI	TEDO IINIT	SERVICE DATES				BILLED	ALLOWED	COPAY	חזידה	סטעדו הסס	C	
POS PROC CD MODIFI						AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	5	
81 87486 59		1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
01 05400 50		1 00 060204 060204	000004			20.00	14.00	0.00	00.00	0010		
81 87498 59		1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
01 00501 50		1 00 000004 000004	000004			40.00	15.07	0.00	00.00	0.01.0		
81 87581 59		1.00 060324 060324	220224			42.00	28.00	0.00	28.00	9918		
0.1			00000			010 05	14.00	0.00	0.1.0.00	0010		
81 87633		1.00 060324 060324	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641 59		1.00 060324 060324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651 59		1.00 060324 060324	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 060324 060324	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: DEVEN URBAHNS		RECIPIENT I	D.: 530001986737	MRN:								
202415002405	54 I16	55414		052224	052224	151.54	89.93		61.61	0.00	0.00	89.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFI	IERS UNI					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 80053		1.00 052224 052224				15.84	12.00	0.00	12.00			
							3.84	0.00				
81 82306		1.00 052224 052224	220224			44.00	29.00	0.00	29.00	9918		
							15.00	0.00				
81 82728		1.00 052224 052224	220224			40.00	13.00	0.00	13.00	9918		
							27.00	0.00				
81 84443		1.00 052224 052224	220224			25.20	22.93	0.00	22.93	9918		
01 01113		1.00 032221 032221	220221			23.20	2.27	0.00	22.73	JJ 10		
81 84439		1.00 052224 052224	220224			13.00	9.00	0.00	9 00	9918		
01 01139		1.00 032221 032221	220221			13.00	4.00	0.00	J.00	JJ±0		
81 36415		1.00 052224 052224	220224			4.50	0.00	0.00	0 00	3323		
01 30413		1.00 032224 032224	220224			4.50	4.50	0.00	0.00	3323		
81 85049		1.00 052224 052224	220224			9.00	4.00	0.00	4 00	9918		
01 03049		1.00 032224 032224	220224			9.00	5.00	0.00	T.00	9910		
							3.00	0.00				
NAME: DEVEN URBAHNS		DECTDIENT T	. E20001006727	MDNT•								
202415501493) C T1 C	COAOS KECTATENT T	J. • 530001966/3/		052224	10 00	10 00		7 00	0 00	0 00	10 00
ZUZ4155U1493	ου <u>Τ</u> Τρ			052224	052224		12.00		7.00	0.00	0.00	12.00
		SERVICE DATES					ALLOWED		DATE		a	
POS PROC CD MODIFI			PROVIDER				NON-AllOWED	TPL	PAID 10 00	DETAIL EOB	S	
81 82784		1.00 052224 052224	220224			19.00			12.00	9918		
							7.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			PL OUNT	PAID AMOUNT
NAME: SOPHIA VALDEZ 2024159023959	RECIPIENT ID.: 530002177968 I1666115 SERVICE DATES RENDERING	MRN: 060524 060524	699.21 BILLED	458.00 ALLOWED	COPAY	241.21	0.00	0.00	458.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 1.00 060524 060524 220224		AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87640 59	1.00 060524 060524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 060524 060524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	11.00 060524 060524 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 060524 060524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 060524 060524 220224		84.00	56.00 28.00	0.00	56.00	9918		
NAME: DAVID VANGORDER 2024152027709	RECIPIENT ID.: 530002057119 I1658829 SERVICE DATES RENDERING	MRN: 052324 052324	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 052324 052324 220224		AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
NAME: JONATHAN VASQUEZ RA 2024159023977	I1666116	MRN: 060424 060424	18.00			3.00	0.00	0.00	15.00
POS PROC CD MODIFIERS 81 83655	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224		BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918		
NAME: DIEGO VEGA 2024150024074	RECIPIENT ID.: 530001405627 I1655422 SERVICE DATES RENDERING	MRN: 041724 041724	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 041724 041724 220224		AMOUNT 150.00	NON-AllowED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87486 59	1.00 041724 041724 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 041724 041724 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87581 59	1.00 041724 041724 220224			42.00	28.00	0.00	28.00	9918		
01 07622	1 00 041724 041724 220224			210 05	14.00	0.00	212 02	0010		
81 87633	1.00 041724 041724 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 041724 041724 220224			37.07	22.00	0.00	22 00	9918		
01 07040	1.00 041/24 041/24 220224			37.07	15.07	0.00	22.00	9910		
81 87641 59	1.00 041724 041724 220224			37.07	22.00	0.00	22 00	9918		
01 07011 39	1.00 011/21 011/21 220221			37.07	15.07	0.00	22.00	2210		
81 87651 59	1.00 041724 041724 220224			49.86	28.00	0.00	28.00	9918		
01 0,001 09	1.00 011/21 011/21 220221			19.00	21.86	0.00	20.00	7710		
81 87798	8.00 041724 041724 220224			336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
NAME: PAIGE VIALUNA	RECIPIENT ID.: 530002101474	MRN:								
2024155014967	I1660406	052924	052924	704.14	464.00)	240.14	0.00	0.00	464.00
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87481 59	4.00 052924 052924 220224			168.00	112.00	0.00	112.00	9918		
					56.00	0.00				
81 87640 59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87653 59	1.00 052924 052924 220224			37.07	22.00	0.00		9918		
01 00000	11 00 050004 050004 000004			460.00	15.07	0.00		0.01.0		
81 87798	11.00 052924 052924 220224			462.00	308.00	0.00	308.00	9918		
					154.00	0.00				
NAME: PAIGE VIALUNA	RECIPIENT ID.: 530002101474	MRN:								
2024156025554	I1661389		052924	10 52	10.00	1	8.53	0.00	0.00	10.00
2024130023334	SERVICE DATES RENDERING	032324	032324	BILLED	ALLOWED	COPAY	0.33	0.00	0.00	10.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 87086	1.00 052924 052924 220224			18.53	10.00	0.00		9918	НОВВ	
01 07000	1.00 032321 032321 220221			10.33	8.53	0.00	10.00	2210		
					0.33	0.00				
NAME: ZAYDEN VINSON	RECIPIENT ID.: 530002097527	MRN:								
	I1660407	052924	052924	899.12	586.03	3	313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING			BILLED	ALLOWED					
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87486 59	1.00 052924 052924 220224			42.00	28.00	0.00		9918		
					14.00	0.00				
81 87498 59	1.00 052924 052924 220224			37.07	22.00	0.00	22.00	9918		
					15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

		ICN	PAT ACC		DEMPEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EORS	
81	87581	59		052924 052924				42.00	28.00	0.00		9918	1020	
81	87633		1.00	052924 052924	220224			318.05	14.00 212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052924 052924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00	052924 052924	220224			49.86	15.07 28.00	0.00	28 00	9918		
									21.86	0.00				
81	87798		8.00	052924 052924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	: OLIVIA	VONBARTHELD		RECIPIENT II	0.: 530001027036	MRN:								
	20241	.52027723	I165883		DEMDEDING	052824	052824	1,049.12	629.64		419.48	0.00	0.00	629.64
DUG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	87635	MODIFIERS		052824 052824				150.00	43.61	0.00		9918	EODS	
0_	0,000			002021 002021					106.39	0.00	10.01	2223		
81	87486	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00	052824 052824	220224			37.07	14.00 22.00	0.00	22.00	9918		
0_	0 / 20 0			002021 002021					15.07	0.00		2223		
81	87581	59	1.00	052824 052824	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	050004 050004	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00	052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9910		
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	5 0	1 00	050004 050004	000004			25.05	15.07	0.00	00.00	0010		
81	87641	59	1.00	052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	052824 052824	220224			49.86	28.00	0.00	28.00	9918		
01	87798		0 00	052824 052824	220224			336.00	21.86 224.00	0.00	224.00	0010		
01	67796		8.00	032024 032024	220224			330.00	112.00	0.00	224.00	9910		
NAME:	: EMMA WA	KEFIELD		RECIPIENT II	o.: 530001117500	MRN:								
			I166281	7		042424	042424		233.93		104.58	0.00	0.00	233.93
D 00	DD 00 05	MODIFIED	IIII T TO C	SERVICE DATES				BILLED		COPAY	D 3 T 5	DD07.77	HODG	
	80053	MODIFIERS	UNITS	FROM THRU 042424	PROVIDER			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00		EOBS	
OΤ	00053		1.00	U42424 U42424	22U22 1			15.84	3.84	0.00		フフ エロ		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	84439		1.00	042424 042424	220224			13.00	9.00	0.00	9.00	9918		
0.1	0.5040		1 00	040404 040404	220224			0 00	4.00	0.00	4 00	0.01.0		
81	85049		1.00	042424 042424	220224			9.00	4.00	0.00	4.00	9918		
0.1	02206		1 00	040404 040404	220224			44 00	5.00	0.00	20.00	0010		
81	82306		1.00	042424 042424	220224			44.00	29.00	0.00	29.00	9918		
81	83540		1 00	042424 042424	220224			9.71	15.00 7.00	0.00	7 00	9918		
OΤ	03340		1.00	042424 042424	220224			9.71	2.71	0.00	7.00	9910		
81	83550		1 00	042424 042424	220224			13.11	10.00	0.00	10 00	9918		
OΤ	63330		1.00	042424 042424	220224			13.11	3.11	0.00	10.00	9910		
81	83002		1 00	042424 042424	220224			27.78	21.00	0.00	21 00	9918		
01	03002		1.00	012121 012121	220224			27.70	6.78	0.00	21.00	9910		
81	83001		1 00	042424 042424	220224			27.87	22.00	0.00	22 00	9918		
01	03001		1.00	012121 012121	220224			27.07	5.87	0.00	22.00	J J ± 0		
81	82670		1 00	042424 042424	220224			41.00	27.00	0.00	27 00	9918		
01	02070		1.00	012121 012121	220221			11.00	14.00	0.00	27.00	JJ±0		
81	82728		1 00	042424 042424	220224			40.00	13.00	0.00	13 00	9918		
0 ±	02,20		1.00	012121 012121	220221			10.00	27.00	0.00	13.00	J J ± 0		
81	84403		1.00	042424 042424	220224			38.00	31.00	0.00	31.00	9918		
0_	0 1 1 0 0			0					7.00	0.00	0_100	7720		
81	80061		1.00	042424 042424	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81	84443		1.00	042424 042424	220224			25.20	22.93	0.00	22.93	9918		
					-				2.27	0.00				
81	83036		1.00	042424 042424	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
NAME:	EMMA WA	KEFIELD		RECIPIENT ID	.: 530001117500	MRN:								
	20241	58031867	I166513	4		050224	050224	965.59	591.53	}	374.06	0.00	0.00	519.53
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87798	59	9.00	050224 050224	220224			378.00	252.00	0.00	252.00	9918		
									126.00	0.00				
81	87481	59	4.00	050224 050224	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
81	87491	59	1.00	050224 050224	220224			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				
81	87511	59	1.00	050224 050224	220224			42.00	28.00	0.00	28.00	9918		
					000004				14.00	0.00		0.01.5		
81	87529	59	2.00	050224 050224	220224			99.72	56.00	0.00	56.00	9918		
									43.72	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN	Т	PAID AMOUNT
			-	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS		
81	87591	59		050224 050224	220224			42.00	28.00 14.00	0.00		9918			
81	87653	59	2.00	050224 050224	220224			74.14	44.00 30.14	0.00	0.00	5900			
81	87661	59	1.00	050224 050224	220224			32.30	21.53 10.77	0.00	21.53	9918			
81	87563		1.00	050224 050224	220224			42.50	0.00	0.00	0.00	4021			
81	87640	59	1.00	050224 050224	220224			37.07	42.50 22.00 15.07	0.00 0.00 0.00	22.00	9918			
				_					13.07	0.00					
NAME:		N WALDEN	T166001		.: 530001462830	MRN:	052124	265 60	171 02		02 76	0 00		0 00	171 02
	202 4 1	56025604	I166281	SERVICE DATES	PENDEPING	053124	053124	205.09 BILLED	171.93 ALLOWED	COPAY	93.76	0.00	'	0.00	171.93
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
	80053	1102 11 1110		053124 053124				15.84		0.00	12.00				
									3.84	0.00					
81	83525		1.00	053124 053124	220224			17.15	11.00 6.15	0.00	11.00	9918			
81	80061		1.00	053124 053124	220224			20.00	14.00 6.00	0.00	14.00	9918			
81	36415		1.00	053124 053124	220224			4.50	0.00	0.00	0.00	3323			
81	82607		1 00	053124 053124	220224			22.00	4.50 17.00	0.00	17.00	0010			
01	02007		1.00	033124 033124	22022 1			22.00	5.00	0.00	17.00	9910			
81	82746		1.00	053124 053124	220224			22.00	13.00	0.00	13.00	9918			
									9.00	0.00					
81	82306		1.00	053124 053124	220224			44.00	29.00	0.00	29.00	9918			
0.1	05650		1 00	050104 050104	000004			4 00	15.00	0.00	2 22	0010			
81	85652		1.00	053124 053124	220224			4.00	3.00	0.00	3.00	9918			
81	82728		1 00	053124 053124	220224			40.00	1.00 13.00	0.00	13.00	9918			
01	02720		1.00	055121 055121	220221			10.00	27.00	0.00	13.00	JJ±0			
81	84481		1.00	053124 053124	220224			24.00		0.00	16.00	9918			
									8.00	0.00					
81	83036		1.00	053124 053124	220224			14.00	12.00	0.00	12.00	9918			
0.1	0.4.4.0		1 00	050104 050104	000004			05.00	2.00	0.00	00.00	0010			
81	84443		1.00	053124 053124	220224			25.20	22.93	0.00	22.93	9918			
81	84439		1 00	053124 053124	220224			13.00	2.27 9.00	0.00	a nn	9918			
OΤ	01109		1.00	033124 033124	220221			13.00	4.00	0.00	9.00	9910			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL AMOUNT	PAID AMOUNT
NAME: COLTON WALDROP 2024149021005	RECIPIENT ID.: 530000624284 I1652441 SERVICE DATES RENDERING	MRN: 052224 05222	24 547.12 BILLED	305.64 ALLOWED	ł COPAY	241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 052224 052224 220224		AMOUNT 150.00	NON-AllowED	TPL 0.00 0.00	PAID 43.61	DETAIL EOE 9918	3S	
81 87498 59	1.00 052224 052224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 052224 052224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 052224 052224 220224		318.05	212.03 106.02	0.00	212.03	9918		
NAME: BRITTANY WALKER 2024150024087	RECIPIENT ID.: 530000917840 I1655444	MRN: 050224 05022		116.22		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050224 050224 220224		BILLED AMOUNT 174.33			PAID 116.22		3S	
NAME: BRITTANY WALKER 2024158031885 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530000917840 11665135 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024 05302	24 174.33 BILLED AMOUNT 174.33		COPAY TPL	58.11 PAID 116.22	DETAIL EOE	0.00 3S	116.22
			174.33	58.11	0.00	110.22	9910		
NAME: KAYLAN WALKER 2024156025646	I1661394 SERVICE DATES RENDERING	MRN: 053024 05302	24 33.34 BILLED	19.00) COPAY	14.34	0.00	0.00	19.00
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 15.84	NON-AllowED	TPL 0.00 0.00			3S	
81 85652	1.00 053024 053024 220224		4.00		0.00	3.00	9918		
81 36415	1.00 053024 053024 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 053024 053024 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: KAYLAN WALKER 2024156025659	RECIPIENT ID.: 530000777149 I1662829	MRN: 053024 05302	37.00	19.00)	18.00	0.00	0.00	19.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT		NC ALI		COPAY AMOUNT	TPL AMOUI		PAID AMOUNT
	PROC CD 83615	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 053024 053024	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 6.00 12.00	COPAY TPL 0.00 0.00	PAID 6.00	DETAIL 9918	EOBS		
81	86141		1.00 053024 053024	220224			19.00	13.00 6.00	0.00	13.00	9918			
NAME:	KENNETH 20241	WALKER 52027736	RECIPIENT ID		MRN: 052824	052824		196.14		88.93	0.00		0.00	140.14
	PROC CD 87529	MODIFIERS	SERVICE DATES UNITS FROM THRU 2.00 052824 052824	RENDERING PROVIDER 220224			BILLED AMOUNT 99.72	ALLOWED NON-AllOWED 56.00 43.72	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 5910	EOBS		
81	87640	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87653	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87801		2.00 052824 052824	220224			74.14	74.14 0.00	0.00	74.14				
NAME:	LEYANI 20241	WALKER 59023987	RECIPIENT ID		MRN: 060424	060424		50.00		172.58	0.00		0.00	46.00
DOG		MODIETEDC	SERVICE DATES				BILLED AMOUNT	ALLOWED	COPAY	PAID	רב עם מת	EODG		
	PROC CD 84156	MODIFIERS	UNITS FROM THRU 1.00 060424 060424	PROVIDER 220224			8.00	NON-AllOWED 4.00 4.00	0.00		9918	FORS		
81	82570		1.00 060424 060424	220224			8.00	6.00 2.00	0.00	6.00	9918			
81	83069		1.00 060424 060424	220224			8.00	4.00 4.00	0.00	4.00	9918			
81	84311		2.00 060424 060424	220224			32.00	14.00 18.00	0.00	14.00	9918			
81	82010		1.00 060424 060424	220224			16.00	0.00 16.00	0.00	0.00	4524			
81	82945		1.00 060424 060424	220224			8.00	4.00	0.00	4.00	9918			
81	82247	59	1.00 060424 060424	220224			8.00	5.00 3.00	0.00	5.00	9918			
81	83986		1.00 060424 060424	220224			7.00	3.00 4.00	0.00	3.00	9918			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

POS PROC CD 81 81007 81 82043	ICN MODIFIERS QW	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 2.00 060424 060424 1.00 060424 060424		SERVICE FROM	DATES THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 4.00 116.00 6.00 1.58	O . 00 COPAY TPL 0.00 0.00 0.00 0.00	PAID 0.00	AMOUNT AM	PL TNUC	PAID AMOUNT
POS PROC CD 81 G0482	MODIFIERS	1.00 052124 052124	RENDERING PROVIDER 220224		052124	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY	58.11 PAID 116.22		0.00	116.22
POS PROC CD 81 87651 81 87635 81 87498 81 87581 81 87633 81 87798	158031902	I1665140 SERVICE DATES	PROVIDER 220224 220224 220224 220224 220224	MRN: 050324	050324	764.98 BILLED AMOUNT 49.86 150.00 37.07 42.00 318.05 168.00	445.64 ALLOWED NON-AlloWED 28.00 21.86 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 43.61 22.00 28.00 212.03 112.00	9918 9918 9918 9918	0.00	445.64
NAME: ZION WA 20241 POS PROC CD 81 87651 81 87498 81 87581 81 87633	ALLACE L58031915 MODIFIERS 59	I1665141 SERVICE DATES	PROVIDER 220224 220224 220224	MRN: 060424	060424	614.98 BILLED AMOUNT 49.86 37.07 42.00 318.05	402.03 ALLOWED NON-AllOWED 28.00 21.86 22.00 15.07 28.00 14.00 212.03 106.02		PAID 28.00 22.00 28.00 212.03	9918 9918	0.00	402.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			OPAY TE	L UNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	UNITS FROM THRU P	ENDERING ROVIDER 20224		BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00		PAID 112.00			
	JALLIS 9024013	RECIPIENT ID.: 11666133		052924	29 34	3.16		26.18	0.00	9.47	3.16
POS PROC CD		SERVICE DATES RIUNITS FROM THRU PR	ENDERING ROVIDER	 032321	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS	J. 17	3.10
81 80053 81 36415		1.00 052924 052924 2 1.00 052924 052924 2	20224		15.84 4.50	2.22 13.62 0.00	0.00 0.00 0.00		9918 9936 3323		
81 85049		1.00 052924 052924 2			9.00	4.50 0.94	0.00		9918 9936		
NAME: MAKENNA	WALTON	RECIPIENT ID.:	530001003872 MRN:			8.06	0.00				
202415	2027752	I1658848 SERVICE DATES R		022124	BILLED	196.14 ALLOWED	COPAY	88.93	0.00	0.00	140.14
POS PROC CD 81 87529	MODIFIERS		ROVIDER 20224		AMOUNT 99.72	NON-AllOWED 56.00 43.72	TPL 0.00 0.00	PAID 0.00			
	59	1.00 022124 022124 2			37.07	22.00 15.07	0.00 0.00	22.00			
	59 59	1.00 022124 022124 2 1.00 022124 022124 2			37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
81 87801	39	2.00 022124 022124 2			74.14	15.07 74.14	0.00	74.14	9910		
NAME: BLAKELY	WANNED	RECIPIENT ID.:	530001545708 MRN:			0.00	0.00				
202415	0024110	I1655464 SERVICE DATES R	04262 ENDERING	042624	BILLED	16.00 ALLOWED	COPAY		0.00	0.00	16.00
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU P1 1.00 042624 042624 2			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 36415		1.00 042624 042624 2			4.50	0.00 4.50	0.00		3323		
81 85049		1.00 042624 042624 2	20224		9.00	4.00 5.00	0.00 0.00	4.00	9918		
NAME: JOANNA W 202415	JARD 6025667	RECIPIENT ID.: 11661398		053024	174.04	126.93		47.11	0.00	0.00	126.93

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
				SERVICE DA		RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS		'HRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	80053		1.00	053024 053	024	220224			15.84	12.00	0.00	12.00	9918			
										3.84	0.00					
81	82607		1.00	053024 053	024	220224			22.00	17.00	0.00	17.00	9918			
										5.00	0.00					
81	82746		1.00	053024 053	024	220224			22.00	13.00	0.00	13.00	9918			
										9.00	0.00					
81	84481		1.00	053024 053	024	220224			24.00	16.00	0.00	16.00	9918			
										8.00	0.00					
81	83036		1.00	053024 053	024	220224			14.00	12.00	0.00	12.00	9918			
										2.00	0.00					
81	84443		1.00	053024 053	024	220224			25.20	22.93	0.00	22.93	9918			
										2.27	0.00					
81	84439		1.00	053024 053	024	220224			13.00	9.00	0.00	9.00	9918			
										4.00	0.00					
81	83540		1.00	053024 053	024	220224			9.00	7.00	0.00	7.00	9918			
										2.00	0.00					
81	80061		1.00	053024 053	024	220224			20.00	14.00	0.00	14.00	9918			
										6.00	0.00					
81	85049		1.00	053024 053	024	220224			9.00	4.00	0.00	4.00	9918			
										5.00	0.00					
NAME:	KIESHA	WARD			T ID	.: 530001024952	MRN:									
	20241	.58031924	I166514	. 4			052224	052224	1,049.12	629.64	<u> </u>	419.48	0.00		0.00	629.64
				SERVICE DA		RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS		'HRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00	052224 052	224	220224			150.00	43.61	0.00	43.61	9918			
										106.39	0.00					
81	87486	59	1.00	052224 052	224	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87498	59	1.00	052224 052	224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87640	59	1.00	052224 052	224	220224			37.07	22.00	0.00		9918			
										15.07	0.00					
81	87581	59	1.00	052224 052	224	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87633		1.00	052224 052	224	220224			318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81	87641	59	1.00	052224 052	224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87651	59	1.00	052224 052	224	220224			49.86	28.00	0.00	28.00	9918			
										21.86	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CI 81 87798) MODIFIERS		DERING VIDER		BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL	PAID 224.00	DETAIL E		
	WARD-CRAWFORD	RECIPIENT ID.: 53		041624	715.12	417.64	:	297.48	0.00	0.00	417.64
POS PROC CI 81 87498	MODIFIERS		DERING VIDER 224		BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL E	OBS	
81 87581	59	1.00 041624 041624 2202	224		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 041624 041624 2202	224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 041624 041624 2202			168.00	112.00 56.00	0.00 0.00	112.00			
81 87635		1.00 041624 041624 2202	224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: LENNON 2024	WARREN 149021016	RECIPIENT ID.: 53	052224	052224		586.03		313.09	0.00	0.00	586.03
POS PROC CI	MODIFIERS		DERING VIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PATD	DETAIL E	OBS	
81 87486		1.00 052224 052224 2202			42.00	28.00 14.00	0.00		9918		
81 87498		1.00 052224 052224 2202	224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052224 052224 2202			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 052224 052224 2202	224		318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640		1.00 052224 052224 2202	224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 052224 052224 2202	224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052224 052224 2202	224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 052224 052224 2202	224		336.00	224.00 112.00	0.00	224.00	9918		
	RELL WASHINGHT 150024125	ON RECIPIENT ID.: 53 I1656962	30001955325 MRN: 052424	052424	36.34	20.00		16.34	0.00	0.00	20.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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DATE: 06/07/2024

		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	מס מס	MODIETEDC	TINTTTC								חז דה	סיי דד גיייים ד	D.C.	
	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		85	
81	80053		1.00	052424 052424	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	85652		1 00	052424 052424	220224			4.00	3.00	0.00	3 00	9918		
01	03032		1.00	032424 032424	220224			4.00	1.00	0.00	3.00	JJ±0		
81	85027		1 00	052424 052424	220224			12.00	5.00	0.00	5 00	9918		
01	03027		1.00	032121 032121	220221			12.00	7.00	0.00	3.00	JJ 10		
81	36415		1.00	052424 052424	220224			4.50	0.00	0.00	0.00	3323		
			_,,,						4.50	0.00				
NAME	: MADISON	WASHINGTON		RECIPIENT ID	.: 530001670006	MRN:								
	20241	59024038	I166613	7		053124	053124	15.17	8.00		7.17	0.00	0.00	8.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED				BS	
81	87081		1.00	053124 053124	220224			15.17	8.00	0.00	8.00	9918		
									7.17	0.00				
NAME	: RAELYNN	WASHINGTON		RECIPIENT ID	.: 530000513815	MRN:								
		50024136	I165696		. 33333332323	052524	052524	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81	87486	59	1.00	052524 052524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052524 052524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	052524 052524	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.7.6.4.0		1 00	0-0-04 0-0-04				0.7.07	106.02	0.00		0010		
81	87640		1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	Γ0	1 00	050504 050504	220224			27 07	15.07	0.00	22 00	0010		
81	87641	59	1.00	052524 052524	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00	052524 052524	220224			49.86	15.07 28.00	0.00	28.00	0010		
0.1	87031	59	1.00	032324 032324	220224			49.00	21.86	0.00	20.00	9910		
81	87798		8 00	052524 052524	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00	032321 032321	220221			330.00	112.00	0.00	221.00	JJ±0		
									112.00	0.00				
NAME	: TIMEA W	ATFORD		RECIPIENT ID	.: 530000858409	MRN:								
		58031958	I166514			060424	060424	40.34	26.00		14.34	0.00	0.00	26.00
				SERVICE DATES	RENDERING			BILLED						
POS	PROC CD	MODIFIERS		FROM THRU				AMOUNT	NON-AllowED			DETAIL EO	BS	
81	80053		1.00	060424 060424	220224			15.84	12.00		12.00	9918		
									3.84	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	30061	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 060424 060424	RENDERING PROVIDER 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 20.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 14.00 6.00	COPAY TPL 0.00 0.00	OWED PAID 14.00	DETAIL EON	TPL AMOUNT 3S	PAID AMOUNT
	36415		1.00 060424 060424				4.50	0.00 4.50	0.00	0.00	3323		
NAME: O		ATKINS 52027769	RECIPIENT ID 11658850	.: 530001722311	MRN: 052824	052824	1,049.12	629.64		419.48	0.00	0.00	629.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOR	3S	
81 8	37486	59	1.00 052824 052824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	37498	59	1.00 052824 052824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	37581	59	1.00 052824 052824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8	37633		1.00 052824 052824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8	37640		1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 8	37641	59	1.00 052824 052824	220224			37.07	22.00	0.00	22.00	9918		
81 8	37651	59	1.00 052824 052824	220224			49.86	15.07 28.00	0.00	28.00	9918		
01 0	77031	33	1.00 032021 032021	220221			19.00	21.86	0.00	20.00	J J I O		
81 8	37798		8.00 052824 052824	220224			336.00	224.00	0.00	224.00	9918		
0.1	N7625		1 00 050004 050004	000004			150.00	112.00	0.00	42.61	0010		
81 8	37635		1.00 052824 052824	220224			150.00	43.61 106.39	0.00	43.61	9918		
								100.37	0.00				
NAME: P.		WATKINS		.: 530002212941	MRN:								
	20241	58031971	I1665150	DENIDEDING	043024	043024	79.32	35.00		44.32	0.00	0.00	35.00
DOG DD	יחכ כדו	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOR	20	
81 8		MODIFIERS	1.00 043024 043024	220224			9.71	7.00		7.00		30	
								2.71	0.00				
81 8	3550		1.00 043024 043024	220224			13.11	10.00 3.11	0.00	10.00	9918		
81 8	32728		1.00 043024 043024	220224			40.00	13.00 27.00	0.00	13.00	9918		
81 8	35027		1.00 043024 043024	220224			12.00	5.00 7.00	0.00	5.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY	TPL AMOUNT	PAID AMOUNT
POS PR 81 3		MODIFIERS		SERVICE DATES FROM THRU 043024 043024	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID	DETAIL I		
NAME: S		WATKINS 59024049	I166613	8	.: 530002421506	MRN: 060524	060524		586.03		313.09	0.00	0.00	586.03
	ROC CD 37486	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 060524 060524	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00		EOBS	
81 8	37498	59	1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	37581	59	1.00	060524 060524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	37633		1.00	060524 060524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8	37640		1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	37641	59	1.00	060524 060524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	37651	59	1.00	060524 060524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8	37798		8.00	060524 060524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: O		WATSON 57011947	I166350	3	.: 530002092848	MRN: 060324	060324		586.03		313.09	0.00	0.00	586.03
		MODIFIED	TINTE	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח א דר		E O D C	
	37486	MODIFIERS		FROM THRU 060324	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00		EOBS	
01 0	77100	37	1.00	000321 000321	220221			12.00	14.00	0.00	20.00	JJ±0		
81 8	37498	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	37581	59	1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
81 8	37633		1.00	060324 060324	220224			318.05	14.00 212.03	0.00	212.03	9918		
81 8	37640		1.00	060324 060324	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 8	37641	59	1.00	060324 060324	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

	ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	E DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00		BS	
81 87798		8.00 060324 060324 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JA ZIAF	RE WATTS L55015014	RECIPIENT ID.: 530000249986		052924	342 02	217.53		124 49	0 00	0.00	189.53
2021	199019011	SERVICE DATES RENDERING	032321	032321	BILLED	ALLOWED	COPAY	121.17	0.00	0.00	107.33
POS PROC CD 81 87798	MODIFIERS	UNITS FROM THRU PROVIDER 3.00 052924 052924 220224			AMOUNT 126.00	NON-AllOWED 84.00 42.00	TPL 0.00 0.00	PAID 84.00		BS	
81 87491	59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591	59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 052924 052924 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: JA ZIVI		RECIPIENT ID.: 53000024998		052024	242 02	217 F2		104 40	0 00	0.00	100 53
2024.	L55015033	I1660425 SERVICE DATES RENDERING	052924	052924	342.02 BILLED	217.53 ALLOWED	COPAY	124.49	0.00	0.00	189.53
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED		PAID		BS	
81 87798		3.00 052924 052924 220224			126.00	84.00 42.00	0.00	84.00	9918		
81 87491	59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 052924 052924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 052924 052924 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591	59	1.00 052924 052924 220224			42.00	21.86 28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 052924 052924 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: JEREON 20241	WATTS L56025689	RECIPIENT ID.: 530000794442		053024	13.50	4.00	1	9.50	0.00	0.00	4.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS 81	PROC CD 36415 85049	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 053024 053024 1.00 053024 053024		SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 4.50 4.00	COPAY TPL 0.00 0.00 0.00	PAID 0.00	COPAY AMOUNT DETAIL 3323 9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME:	TRANEEC	IA WATTS	RECIPIENT II	D.: 530000251260	MRN:			5.00	0.00				
		56025701	I1661403			053024	881.59	535.53		346.06	0.00	0.00	463.53
			SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00 053024 053024	220224			378.00	252.00 126.00	0.00	252.00	9918		
81	87481	59	2.00 053024 053024	220224			84.00	56.00	0.00	56.00	9918		
								28.00	0.00				
81	87491	59	1.00 053024 053024	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	E O	1.00 053024 053024	220224			42.00	21.86	0.00	20 00	0010		
81	87511	59	1.00 053024 053024	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87529	59	2.00 053024 053024	220224			99.72	56.00	0.00	56.00	9918		
								43.72	0.00				
81	87591	59	1.00 053024 053024	220224			42.00	28.00	0.00	28.00	9918		
0.1	07652	E O	2 00 052024 052024	220224			7/ 1/	14.00	0.00	0 00	E000		
81	87653	59	2.00 053024 053024	220224			74.14	44.00 30.14	0.00	0.00	5900		
81	87661	59	1.00 053024 053024	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81	87563		1.00 053024 053024	220224			42.50	0.00	0.00	0.00	4021		
0.1	07640	E O	1 00 052024 052024	220224			27 07	42.50	0.00	22.00	0010		
81	87640	59	1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
								13.07	0.00				
NAME:		AWRZYNSKI		D.: 530001977669	MRN:								
	20241	52027787	I1658857		052824	052824	29.34	16.00		13.34	0.00	0.00	16.00
DOG	DDOC CD	MODIFFER	SERVICE DATES				BILLED	ALLOWED	COPAY	חדעם	דעהמת	EODC	
81	PROC CD 80053	MODIFIERS	UNITS FROM THRU 1.00 052824 052824				AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL 9918	FORD	
01	00000		1.00 052021 052021				13.01	3.84	0.00	12.00	J J ± 0		
81	36415		1.00 052824 052824	220224			4.50	0.00	0.00	0.00	3323		
. .								4.50	0.00	_			
81	85049		1.00 052824 052824	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	2024155015040 PROC CD MODIFIERS 80053 36415	I1660434 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			29.34 BILLED AMOUNT 15.84 4.50 9.00	NON-AllOWED 12.00 3.84 0.00 4.50	COPAY	PAID 12.00 0.00	DETAIL EO 9918 3323		16.00
POS	2024156025724	I1662846 SERVICE DATES RENDERING			BILLED	NON-AllOWED 12.00	COPAY TPL	PAID 12.00	DETAIL EO		12.00
NAME:	JAIDEN WELLS 2024156025736	RECIPIENT ID.: 530001707055 I1661407 SERVICE DATES RENDERING	MRN: 053024	053024	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
81		UNITS FROM THRU PROVIDER 1.00 053024 053024 220224			AMOUNT 150.00 42.00	NON-AllOWED 43.61	TPL 0.00 0.00	43.61		BS	
	87486 59 87498 59					14.00 22.00	0.00 0.00 0.00	28.00 22.00			
	87581 59	1.00 053024 053024 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00			
81 81	87633 87640	1.00 053024 053024 220224 1.00 053024 053024 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
81	87641 59	1.00 053024 053024 220224			37.07	15.07	0.00 0.00 0.00	22.00	9918		
81	87651 59	1.00 053024 053024 220224			49.86	28.00 21.86	0.00	28.00			
81	87798	8.00 053024 053024 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	JENNY WENG 2024158031989	RECIPIENT ID.: 530000943874 I1665168	MRN: 060324	060324	118.54	81.93		36.61	0.00	0.00	81.93

REPORT: CRA-PRPD-R RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM DROVIDED REMITTANCE ADVICE

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

504

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO			PL DUNT	PAID AMOUNT
DOG DDOG GD MODIFIEDG		DERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROV 1.00 060324 060324 2202	IDER		AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID	DETAIL EOBS 9918		
81 80055	1.00 000324 000324 2202	224		13.01	3.84	0.00	12.00	9910		
81 82306	1.00 060324 060324 2202	224		44.00	29.00	0.00	29.00	9918		
01 01000					15.00	0.00	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J J _ G		
81 80061	1.00 060324 060324 2202	224		20.00	14.00	0.00	14.00	9918		
					6.00	0.00				
81 84443	1.00 060324 060324 2202	224		25.20	22.93	0.00	22.93	9918		
					2.27	0.00				
81 36415	1.00 060324 060324 2202	224		4.50	0.00	0.00	0.00	3323		
					4.50	0.00				
81 85049	1.00 060324 060324 2202	224		9.00	4.00	0.00	4.00	9918		
					5.00	0.00				
NAME: JESSIE WENG	RECIPIENT ID.: 53	30000943873 MRN:								
2024158032004	I1665167	060324	060324	118.54	81.93		36.61	0.00	0.00	81.93
2024130032004		DERING	000324	BILLED	ALLOWED	COPAY	30.01	0.00	0.00	01.73
POS PROC CD MODIFIERS		IDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 80053	1.00 060324 060324 2202			15.84	12.00	0.00		9918		
					3.84	0.00				
81 82306	1.00 060324 060324 2202	224		44.00	29.00	0.00	29.00	9918		
					15.00	0.00				
81 80061	1.00 060324 060324 2202	224		20.00	14.00	0.00	14.00	9918		
					6.00	0.00				
81 84443	1.00 060324 060324 2202	224		25.20	22.93	0.00	22.93	9918		
01 06415	1 00 060004 060004 0000	204		4 50	2.27	0.00	0.00	2222		
81 36415	1.00 060324 060324 2202	224		4.50	0.00	0.00	0.00	3323		
81 85049	1 00 060324 060324 2202	224		9.00	4.50	0.00	4 00	9918		
81 85049	1.00 060324 060324 2202	124		9.00	4.00 5.00	0.00 0.00	4.00	9910		
					5.00	0.00				
NAME: KE SHAYIA WEST	RECIPIENT ID.: 53	30000364149 MRN:								
2024150024158	I1655506	052324	052324	248.66	157.41		91.25	0.00	0.00	129.41
	SERVICE DATES REND			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS		/IDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87389	1.00 052324 052324 2202	224		36.00	23.88	0.00	23.88	9918		
					12.12	0.00				
81 36415	1.00 052324 052324 2202	224		4.50	0.00	0.00	0.00	3323		
					4.50	0.00				
81 87798	1.00 052324 052324 2202	224		42.00	28.00	0.00	28.00	9918		
					14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

505

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES RENIUNITS FROM THRU PROV	DERING VIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOR	0.0	
81	87491	MODIFIERS 59	1.00 052324 052324 2202			49.86	28.00	0.00		5490	55	
01	0/4/1		1.00 032324 032324 2202	221		47.00	21.86	0.00	0.00	3470		
81	87511	59	1.00 052324 052324 2202	224		42.00	28.00	0.00	28.00	9918		
01	0,011		1.00 002021 002021 220.	221		12.00	14.00	0.00	20.00	J J I U		
81	87591	59	1.00 052324 052324 2202	224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81	87661		1.00 052324 052324 2202	224		32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
NAME:	KE SHAY	TA WEST	RECIPIENT ID.: 53	30000364149 MRN:								
		50024171	I1656970	052324	052324	7.00	5.00		2.00	0.00	0.00	5.00
			SERVICE DATES RENI			BILLED		COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROV			AMOUNT		\mathtt{TPL}	PAID	DETAIL EOR	3S	
81	86592		1.00 052324 052324 2202	224		7.00	5.00		5.00	9918		
							2.00	0.00				
NT 7\ N/ITT •	VE CIIVA	та ыроп	DECIDIENT ID • E	20000264140 MDN:								
NAME •	KE SHAY	1A WEST .50024173	RECIPIENT ID.: 53	30000364149 MRN: 052324	052224	71 00	45.00		26.00	0 00	0.00	45.00
	20241	.50024175	SERVICE DATES RENI		032324	BILLED	ALLOWED	COPAY	20.00	0.00	0.00	45.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROV			AMOUNT	NON-Allowed		PAID	DETAIL EOR	3.5	
	80074	110211 12113	1.00 052324 052324 2202			71.00	45.00		45.00			
0_	000/-					, = 1 0 0	26.00	0.00	-5.00	2220		
NAME:	LE ANGE		RECIPIENT ID.: 53									
	20241	.50024176	I1656974	052424	052424		1,009.53		594.73	0.00	0.00	937.53
500			SERVICE DATES RENI			BILLED		COPAY	D. T.D.	DDD3.TT D0.		
	PROC CD		UNITS FROM THRU PROV			AMOUNT	NON-AllOWED	TPL		DETAIL EOF	35	
81	87798	59	9.00 052424 052424 2202	224		378.00	252.00 126.00	0.00	252.00	9918		
81	87481	59	2.00 052424 052424 2202	224		84.00	56.00	0.00	56.00	9918		
01	0/401		2.00 032424 032424 2202	221		04.00	28.00	0.00	30.00	JJ±0		
81	87491	59	1.00 052424 052424 2202	224		49.86	28.00	0.00	0.00	5490		
0_	0 / 1 / 1						21.86	0.00		0 10 0		
81	87511	59	1.00 052424 052424 2202	224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81	87529	59	2.00 052424 052424 2202	224		99.72	56.00	0.00	56.00	9918		
0 -							43.72	0.00		0.01.0		
81	87591	59	1.00 052424 052424 2202	224		42.00	28.00	0.00	28.00	9918		
0.1	07653	Γ0	2 00 052424 052424 222	2224		ΠΛ 1 Λ	14.00	0.00	0 00	F000		
81	87653	59	2.00 052424 052424 2202	ZZ4		74.14	44.00	0.00	0.00	5900		
							30.14	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

506

		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NO		OPAY	TPL	PAID
					FROM	THRU	AMOUNT	AMOUNT		OWED A	MOUNT	AMOUNT	AMOUNT
200	5500 05			RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	D = = = = = = = = = = = = = = = = = = =		
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87661	59	1.00 052424 052424 2	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81	87563		1.00 052424 052424 2	220224			42.50	0.00	0.00	0.00	4021		
								42.50	0.00				
81	87640	59	1.00 052424 052424 2	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87481	59	4.00 052424 052424 2	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87640	59	1.00 052424 052424 2	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 052424 052424 2	220224			37.07	22.00	0.00	22.00	9918		
0 ±	07033		1.00 032121 032121 2	220221			37.07	15.07	0.00	22.00	J J ± 0		
81	87798		11.00 052424 052424 2	220224			462.00	308.00	0.00	308.00	0010		
0.1	01190		11.00 032424 032424 2	220224			102.00	154.00	0.00	300.00	9910		
0.1	07006		1 00 052424 052424 1	220224			10 52			10 00	0010		
81	87086		1.00 052424 052424 2	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
					1.6037								
NAME:	LYAH WH		RECIPIENT ID.	: 530001613286	MRN:	0-0101	0.65 - 50	-04 -0					-10 -0
	20241	.57011963	I1663507		053124	053124	965.59	591.53		374.06	0.00	0.00	519.53
				RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87798	59	9.00 053124 053124 2	220224			378.00	252.00	0.00	252.00	9918		
								126.00	0.00				
81	87481	59	4.00 053124 053124 2	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87491	59	1.00 053124 053124 2	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87511	59	1.00 053124 053124 2	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	2.00 053124 053124 2	220224			99.72	56.00	0.00	56.00	9918		
0 =	0,323		2.00 033121 033121 1				JJ., 2	43.72	0.00	30.00	J J I O		
81	87591	59	1.00 053124 053124 2	220224			42.00	28.00	0.00	28.00	9918		
01	0/3/1	37	1.00 055124 055124 2	220224			12.00	14.00	0.00	20.00	J J ± 0		
0.1	07652	ΕO	2 00 052124 052124 1	220224			7/ 1/			0 00	E000		
81	87653	59	2.00 053124 053124 2	220224			74.14	44.00	0.00	0.00	5900		
0.1	00.661	F 0	1 00 053104 053104 (000004			20 20	30.14	0.00	01 50	0010		
81	87661	59	1.00 053124 053124 2	220224			32.30	21.53	0.00	21.53	AATR		
								10.77	0.00		400-		
81	87563		1.00 053124 053124 2	220224			42.50	0.00	0.00	0.00	4021		
								42.50	0.00				
81	87640	59	1.00 053124 053124 2	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

PAYEE ID

PAGE:

DATE: 06/07/2024

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220224

BIRMINGHAM, AL 35235-2718

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ZY KURIOUS WHITE 2024149021040 POS PROC CD MODIFIERS 81 84443	RECIPIENT ID.: 530000829833 11652461 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	MRN: 052124 052124	27.89 BILLED AMOUNT 27.89	22.93 ALLOWED NON-AllOWED 22.93	COPAY TPL 0.00	4.96 PAID 22.93	DETAIL	0.00 EOBS	22.93
			27.09	4.96	0.00	22.93	9910		
NAME: KIARA WHITESIDE 2024149021047	RECIPIENT ID.: 530002087142 I1652458 SERVICE DATES RENDERING	MRN: 022224 022224	241.11 BILLED	60.00	COPAY	181.11	0.00	0.00	56.00
POS PROC CD MODIFIERS 81 84156	UNITS FROM THRU PROVIDER 1.00 022224 022224 220224		AMOUNT 8.00	NON-Allowed 4.00 4.00	TPL 0.00 0.00	PAID 4.00	DETAIL 9918	EOBS	
81 82570	1.00 022224 022224 220224		8.00	6.00 2.00	0.00 0.00		9918		
81 83069 81 84311	1.00 022224 022224 220224 2.00 022224 022224 220224		8.00 32.00	$4.00 \\ 4.00 \\ 14.00$	0.00 0.00 0.00	4.00 14.00	9918 9918		
81 82010	1.00 022224 022224 220224		16.00	18.00 0.00	0.00		4524		
81 82945	1.00 022224 022224 220224		8.00	16.00 4.00 4.00	0.00 0.00 0.00	4.00	9918		
81 82247 59 81 83986	1.00 022224 022224 220224 1.00 022224 022224 220224		8.00 7.00	5.00 3.00 3.00	0.00 0.00 0.00		9918 9918		
81 81007	2.00 022224 022224 220224		120.00	4.00 4.00	0.00		5900		
81 82043 QW	1.00 022224 022224 220224		7.58	116.00 6.00 1.58	0.00 0.00 0.00	6.00	9918		
81 87086	1.00 022224 022224 220224		18.53	10.00 8.53	0.00	10.00	9918		
NAME: KIARA WHITESIDE 2024149021067	RECIPIENT ID.: 530002087142 I1652459	MRN: 022424 022424		535.53		346.06	0.00	0.00	463.53
POS PROC CD MODIFIERS 81 87798 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 9.00 022424 022424 220224				0.00	PAID 252.00		EOBS	
81 87481 59	2.00 022424 022424 220224		84.00	126.00 56.00 28.00	0.00 0.00 0.00	56.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT NO.	_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חאדה		n C	
POS PROC CD 81 87491	MODIFIERS 59	UNITS FROM THRU 1.00 022424 022424	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EOE 5490	35	
01 0/491	39	1.00 022424 022424	22022 1			49.00	21.86	0.00	0.00	3490		
81 87511	59	1.00 022424 022424	220224			42.00	28.00	0.00	28 00	9918		
01 0/011	3,5	1.00 022121 022121	220221			12.00	14.00	0.00	20.00	JJ 10		
81 87529	59	2.00 022424 022424	220224			99.72	56.00	0.00	56.00	9918		
01 0.012						, , , , <u>, , , , , , , , , , , , , , , </u>	43.72	0.00		,,,,		
81 87591	59	1.00 022424 022424	220224			42.00	28.00	0.00	28.00	9918		
			-				14.00	0.00				
81 87653	59	2.00 022424 022424	220224			74.14	44.00	0.00	0.00	5900		
							30.14	0.00				
81 87661	59	1.00 022424 022424	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
81 87563		1.00 022424 022424	220224			42.50	0.00	0.00	0.00	4021		
							42.50	0.00				
81 87640	59	1.00 022424 022424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
NAME: VANESSA			.: 530001357969	MRN:								
20241	.55015067	I1660451		052324	052324	258.14			86.05	0.00	0.00	172.09
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	BS	
81 80307		1.00 052324 052324	220224			83.81	55.87	0.00	55.87	9918		
							27.94	0.00				
81 G0482		1.00 052324 052324	220224			174.33	116.22	0.00	116.22	9918		
							58.11	0.00				
NTN N4T . NT T () T. 1.	T CIZ C			NATONT .								
NAME: ALICE W			.: 530001159635	MRN:	060224	222 50	FO 00		170 50	0 00	0 00	46.00
20241	.58032013	I1665181	DENDEDING	060324	060324	222.58	50.00		172.58	0.00	0.00	46.00
POS PROC CD	MODIETEDC	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	חז גח	סט זו גיייטט	o C	
81 84156	MODIFIERS	UNITS FROM THRU 1.00 060324 060324	220224			AMOUNT 8.00	NON-AllOWED	TPL 0.00	PAID	DETAIL EOE 9918	00	
01 04130		1.00 000324 000324	220224			0.00	$4.00 \\ 4.00$	0.00	4.00	9910		
81 82570		1.00 060324 060324	220224			8.00	6.00	0.00	6 00	9918		
01 02370		1.00 000324 000324	220224			0.00	2.00	0.00	0.00	9910		
81 83069		1.00 060324 060324	220224			8.00	4.00	0.00	4 00	9918		
01 03007		1.00 000324 000324	220224			0.00	4.00	0.00	4.00	J J ± 0		
81 84311		2.00 060324 060324	220224			32.00	14.00	0.00	14.00	9918		
01 01311		2.00 000021 000021	220221			52.00	18.00	0.00	11.00	J J ± U		
81 82010		1.00 060324 060324	220224			16.00	0.00	0.00	0 00	4524		
01 02010		1.00 000021 000021	220221			10.00	16.00	0.00	0.00	1041		
							10.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	יכ כד	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	TPL	PAID	DETAIL	FORC	
	2945	MODIFIERS	1.00 060324 060324	220224			8.00	4.00	0.00		9918	FODS	
01 02	1713		1.00 000321 000321	220221			0.00	4.00	0.00	1.00	JJ10		
81 82	2247	59	1.00 060324 060324	220224			8.00	5.00	0.00	5 00	9918		
01 02	12 1 /		1.00 000321 000321	220221			0.00	3.00	0.00	3.00	JJ±0		
81 83	3986		1.00 060324 060324	220224			7.00	3.00	0.00	3 00	9918		
01 03	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.00 000321 000321	220221			7.00	4.00	0.00	3.00	J J I O		
81 81	.007		2.00 060324 060324	220224			120.00	4.00	0.00	0.00	5900		
01 01			2.00 000321 000321	220221			120.00	116.00	0.00	0.00	3700		
81 82	2043	QW	1.00 060324 060324	220224			7.58	6.00	0.00	6.00	9918		
0_ 0_		2						1.58	0.00		2220		
								_,,,					
NAME: AL	ICE WI	ICKS	RECIPIENT ID	.: 530001159635	MRN:								
		59024060	I1666150		060324	060324	5.00	4.00		1.00	0.00	0.00	4.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 81	.001		1.00 060324 060324	220224			5.00	4.00	0.00	4.00	9918		
								1.00	0.00				
NAME: AB				.: 530002259468	MRN:								
	202415	56025763	I1662857		052524	052524	1,049.12			419.48	0.00	0.00	629.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87	486	59	1.00 052524 052524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 87	498	59	1.00 052524 052524	220224			37.07	22.00	0.00	22.00	9918		
01 00			1 00 050504 050504	000004			40.00	15.07	0.00	00.00	0010		
81 87	581	59	1.00 052524 052524	220224			42.00	28.00	0.00	28.00	9918		
01 07	,,,,		1 00 050504 050504	000004			210 05	14.00	0.00	010 03	0010		
81 87	633		1.00 052524 052524	220224			318.05	212.03	0.00	212.03	9918		
01 07	1640		1 00 052524 052524	220224			27 07	106.02	0.00	22.00	0010		
81 87	640		1.00 052524 052524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	641	59	1.00 052524 052524	220224			37.07	22.00	0.00 0.00	22 00	9918		
01 07	041	39	1.00 052524 052524	220224			37.07	15.07	0.00	22.00	9910		
81 87	651	59	1.00 052524 052524	220224			49.86	28.00	0.00	28 00	9918		
01 07	001		1.00 052524 052524	44U44T			±9.00	21.86	0.00	20.00	ノノエひ		
81 87	798		8.00 052524 052524	220224			336.00	224.00	0.00	224 00	9918		
01 07	, , ,		0.00 052521 052524	220221			330.00	112.00	0.00	221.00	J J ± 0		
81 87	635		1.00 052524 052524	220224			150.00	43.61	0.00	43 61	9918		
01 07			1.00 002021 002021				130.00	106.39	0.00	13.01	7710		
								=00.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL AMOUNT	PAID AMOUNT
NAME: JHETT WIGGINS 2024150024195		0334 MRN: 052624 052624		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIE 81 87486 59	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER 1.00 052624 052624 220224		BILLED AMOUNT 42.00	28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOF 9918	3S	
81 87498 59	1.00 052624 052624 220224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59	1.00 052624 052624 220224			28.00 14.00	0.00		9918		
81 87633	1.00 052624 052624 220224		318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641 59	1.00 052624 052624 220224 1.00 052624 052624 220224		37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81 87651 59	1.00 052624 052624 220224			15.07 28.00	0.00		9918		
81 87798	8.00 052624 052624 220224		336.00	21.86 224.00	0.00	224.00			
NAME: ERIC WIGGS	RECIPIENT ID.: 53000223	1331 MRN:		112.00	0.00				
2024155015101	I1660455 SERVICE DATES RENDERING	051724 051724	BILLED	55.48 ALLOWED	COPAY				55.48
POS PROC CD MODIFIE 81 G0480	RS UNITS FROM THRU PROVIDER 1.00 051724 051724 220224		AMOUNT 125.00			PAID 55.48		3S	
NAME: GRAYSON WILBANK 2024157011977		7112 MRN: 060324 060324	899.12 BILLED		S COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIE 81 87486 59				NON-AllowED	TPL	PAID 28.00		BS	
81 87498 59	1.00 060324 060324 220224		37.07			22.00	9918		
81 87581 59	1.00 060324 060324 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 060324 060324 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 060324 060324 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	LOWED .	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 060324 060324 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS	
81 87651	59	1.00 060324 060324 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060324 060324 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: AISHA W	ILLIAMS	RECIPIENT ID.: 530001189515	MRN:								
20241	58032039	I1665188	060424	060424	342.02	217.53		124.49	0.00	0.00	189.53
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87798		3.00 060424 060424 220224			126.00	84.00 42.00	0.00	84.00	9918		
81 87491	59	1.00 060424 060424 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 060424 060424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 060424 060424 220224			49.86	28.00	0.00	28.00	9918		
81 87591	59	1.00 060424 060424 220224			42.00	21.86 28.00	0.00	28.00	9918		
81 87661	59	1.00 060424 060424 220224			32.30	14.00 21.53 10.77	0.00 0.00 0.00	21.53	9918		
NAME: DESHAWN	WILLIAMS	RECIPIENT ID.: 530002284760	MRN:								
	49021073	i1652471 SERVICE DATES RENDERING	052224	052224	150.00 BILLED	43.61 ALLOWED	COPAY	106.39	0.00	0.00	43.61
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 052224 052224 220224			150.00	43.61 106.39	0.00		9918	1025	
	LITT T TAMO	DEGIDIENT ID . 520002204760	MIDNI •								
NAME: DESHAWN	50024206	RECIPIENT ID.: 530002284760 I1655541	MRN:	052224	627.94	404.03	!	223.91	0.00	0.00	404.03
20211.	30021200	SERVICE DATES RENDERING	052221	032221	BILLED	ALLOWED	COPAY	223.71	0.00	0.00	101.05
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87498	59	1.00 052224 052224 220224			37.07	22.00 15.07	0.00	22.00			
81 87581	59	1.00 052224 052224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052224 052224 220224			318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN POS PROC CD MODIFIERS 81 87798 81 83540 81 83550 81 82728	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224	SERVICE DATES FROM THRU	AMOUNT BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 112.00 56.00 7.00 2.71 10.00 3.11 13.00 27.00	COPAY	PAID 112.00 7.00	DETAIL EOBS 9918 9918 9918	PL DUNT	PAID AMOUNT
NAME: DESHAWN WILLIAMS 2024150024213 POS PROC CD MODIFIERS 81 85045 81 86140	RECIPIENT ID.: 530002284760 11655542 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224	MRN: 052224 052224	BILLED	3.00	COPAY TPL 0.00 0.00	PAID 5.00		0.00	10.00
2024155015117	RECIPIENT ID.: 530001930145 I1660468 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224	051624 051624	125.00 BILLED AMOUNT 125.00	ALLOWED NON-AllOWED	COPAY TPL		DETAIL EOBS	0.00	55.48
NAME: HARPER WILLIAMS 2024159024082 HEADER EOBS: 9003 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001401090 I1666160 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050824 050824 220224	MRN: 050824 050824		0.00 ALLOWED NON-AllOWED 0.00 49.86	COPAY TPL	49.86 PAID 0.00		18.94	0.00
NAME: JASPER WILLIAMS 2024152027801 POS PROC CD MODIFIERS 81 87486 59 81 87498 59	RECIPIENT ID.: 530002319323 11658876 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	MRN: 052824 052824	899.12 BILLED AMOUNT 42.00	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00		0.00 DETAIL EOBS 9918 9918	0.00	586.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACCT	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL :	EOBS	
81	87581	59		052824 052824	220224			42.00	28.00	0.00		9918		
									14.00	0.00				
81	87633		1.00	052824 052824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.006.41	F.0	1 00	050004 050004	000004			25 25	15.07	0.00	00.00	0010		
81	87641	59	1.00	052824 052824	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00	052824 052824	220224			49.86	15.07 28.00	0.00	28.00	0010		
01	07031	39	1.00	032024 032024	22022 1			49.00	21.86	0.00		9910		
81	87798		8.00	052824 052824	220224			336.00	224.00	0.00		9918		
									112.00	0.00				
NAME:		WILLIAMS			.: 530002319323	MRN:								
	20241	55015126	I1660473			052824	052824	319.55			106.52	0.00	0.00	213.03
DOG		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS		FROM THRU	PROVIDER			AMOUNT 319.55	NON-AllOWED 213.03	TPL	PAID 213.03		EOBS	
OΤ	87507		1.00	052824 052824	220224			319.33	106.52	0.00		9910		
									100.52	0.00				
NAME:	JAYLEE	WILLIAMS		RECIPIENT ID	.: 530000492039	MRN:								
	20241	50024226	I1655549			052324	052324	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL :	EOBS	
81	87486	59	1.00	052324 052324	220224			42.00	28.00	0.00		9918		
0.1	07400	ГО	1 00	050204 050204	220224			27 07	14.00	0.00		0010		
81	87498	59	1.00	052324 052324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
01	07301	3,5	1.00	032321 032321	220221			12.00	14.00	0.00		JJ±0		
81	87633		1.00	052324 052324	220224			318.05	212.03	0.00		9918		
									106.02	0.00				
81	87640		1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	ГО	1 00	000004 000004	220224			40.00	15.07	0.00	20.00	0010		
81	87651	59	1.00	052324 052324	ZZUZZ 4			49.86	28.00 21.86	0.00	28.00	ЭЭТВ		
81	87798		a 00	052324 052324	220224			336.00	224.00	0.00	224.00	9918		
01	01170		0.00	032321 032324	220221			330.00	112.00	0.00	224.00	J J ± U		
										0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JAYNEEN WILLIAMS 2024156025783 POS PROC CD MODIFIERS 81 83036	RECIPIENT ID.: 530001406199 11662862 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224	MRN: 053024	053024	23.00 BILLED AMOUNT 14.00	16.00 ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	7.00 PAID 12.00	0.00 DETAIL 9918	0.00 EOBS	16.00
81 85049	1.00 053024 053024 220224			9.00	2.00 4.00 5.00	0.00 0.00 0.00		9918		
NAME: KAMEIRA WILLIAMS 2024149021078	RECIPIENT ID.: 530000718268 I1652473 SERVICE DATES RENDERING	MRN: 022724	022724	158.16 BILLED	92.00 ALLOWED	COPAY	66.16	0.00	0.00	92.00
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 022724 022724 220224			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00		DETAIL 9918	EOBS	
81 82607 81 82306	1.00 022724 022724 220224 1.00 022724 022724 220224			22.00 44.00	17.00 5.00 29.00	0.00 0.00 0.00		9918 9918		
81 83540 81 83550	1.00 022724 022724 220224 1.00 022724 022724 220224			9.71 13.11	15.00 7.00 2.71 10.00	0.00 0.00 0.00 0.00		9918 9918		
81 82728	1.00 022724 022724 220224			40.00	3.11 13.00 27.00	0.00 0.00 0.00		9918		
81 36415 81 85049	1.00 022724 022724 220224 1.00 022724 022724 220224			4.50 9.00	0.00 4.50 4.00	0.00 0.00 0.00		3323 9918		
NAME: KAMEIRA WILLIAMS	RECIPIENT ID.: 530000718268	MRN:			5.00	0.00				
2024149021085 POS PROC CD MODIFIERS 81 85045	I1652474 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224	022724	022724	23.00 BILLED AMOUNT 8.00	10.00 ALLOWED NON-AllOWED 5.00	COPAY TPL 0.00	13.00 PAID 5.00	0.00 DETAIL 9918	0.00 EOBS	10.00
81 86140	1.00 022724 022724 220224			15.00	3.00 5.00 10.00	0.00 0.00 0.00		9918		
NAME: KENSLEE WILLIAMS 2024149021088	RECIPIENT ID.: 530000347556 I1652475	MRN: 050924	050924	563.12	52.50		510.62	0.00	246.31	52.50

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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POS PROC CD MODIFIERS STATE			ICN	PAT ACC		DATEC	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
87486 87486 59	POS	PROC CD	MODIFIERS	UNITS			RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL EOB	S	
81 87498 59											7.50	0.00			_	
81 87581 59	81	87498	59	1.00	050924	050924	220224			37.07	7.50	0.00	7.50	9918 9936		
81 87633	81	87581	59	1.00	050924	050924	220224			42.00	7.50	0.00	7.50	9918 9936		
81 87640	81	87633		1.00	050924	050924	220224			318.05	7.50	0.00	7.50	9918 9936		
81 87641 59	81	87640		1.00	050924	050924	220224			37.07	7.50	0.00	7.50	9918 9936		
## R7651 59	81	87641	59	1.00	050924	050924	220224			37.07		0.00	7.50	9918 9936		
Table Tabl	81	87651	59	1.00	050924	050924	220224			49.86			7.50	9918 9936		
POS PROC DETAIL DATES RENDERING SERVICE DATES RENDERING SERVICE DATES RENDERING RAMOUNT NON-AllowED TPL PAID DETAIL EOBS DETAI	NAME:					IENT ID	.: 530000430229		052924	342 02	217 53		124 49	0 00	0 00	189 53
81 87798		20211	33013131	1100017		DATES	RENDERING	032321	032321				121.17	0.00	0.00	107.33
81 87491 59 1.00 052924 052924 220224 49.86 28.00 0.00 0.00 5490 81 87511 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 1.00 052924 052924 220224 49.86 28.00 0.00 28.00 9918 81 87591 59 1.00 052924 052924 220224 49.86 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87681 59 1.00 052924 052924 220224 48.25 20.00 28.00 0.00 28.00 9918 81 87681 59 11661415 88EVICE DATES RENDERING 052924 052924 82.01 542.00 283.21 0.00 0.00 178.0	POS		MODIFIERS								NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87511 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87529 59 1.00 052924 052924 220224 49.86 28.00 0.00 28.00 9918 81 87591 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 48.25.21 542.00 283.21 0.00 0.00 178.00 17	81	87798		3.00	052924	052924	220224			126.00			84.00	9918		
14.00 0.00	81	87491	59	1.00	052924	052924	220224			49.86			0.00	5490		
81 87591 59 1.00 052924 052924 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 052924 052924 220224 32.0024 32.30 21.53 9918 NAME: KIERRA WILLIAMS	81	87511	59	1.00	052924	052924	220224			42.00			28.00	9918		
81 87661 59 1.00 052924 052924 220224 32.30 14.00 0.00 NAME: KIERRA WILLIAMS RECIPIENT ID.: 530000430229 MRN: 2024156025797 11661415 052924 052924 052924 825.21 542.00 283.21 0.00 0.00 178.00 POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EOBS 81 87481 59 4.00 052924 052924 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 052924 052924 220224 37.07 22.00 0.00 22.00 9918	81	87529	59	1.00	052924	052924	220224			49.86			28.00	9918		
NAME: KIERRA WILLIAMS RECIPIENT ID.: 53000430229 MRN: 2024156025797 I1661415 052924 052924 825.21 542.00 283.21 0.00 0.00 178.00 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AlloWED TPL PAID DETAIL EOBS 81 87481 59 4.00 052924 052924 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 052924 052924 220224 37.07 22.00 0.00 22.00 9918	81	87591	59	1.00	052924	052924	220224			42.00			28.00	9918		
2024156025797	81	87661	59	1.00	052924	052924	220224			32.30			21.53	9918		
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87481 59 4.00 052924 052924 220224 81 87640 59 1.00 052924 052924 220224 837.07 22.00 0.00 22.00 9918	NAME:	KIERRA	WILLIAMS			IENT ID	.: 530000430229	MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87481 59 4.00 052924 052924 220224 168.00 112.00 0.00 112.00 9918 56.00 0.00 81 87640 59 1.00 052924 052924 220224 37.07 22.00 0.00 22.00 9918		20241	56025797	I166141		טייייטער		052924	052924				283.21	0.00	0.00	178.00
81 87481 59 4.00 052924 052924 220224 168.00 112.00 0.00 112.00 9918 56.00 0.00 81 87640 59 1.00 052924 052924 220224 37.07 22.00 0.00 22.00 9918	DUG	DRUC CD	MUDIFIEDC	PTTMII									DΔTD	ΝΕΎΔΤΙ. ΓΩΡ	g	
81 87640 59 1.00 052924 052924 220224 37.07 22.00 0.00 22.00 9918											112.00	0.00			D	
15.07 0.00	81	87640	59	1.00	052924	052924	220224			37.07			22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

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		ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87653	59		052924 052924	220224			37.07	22.00	0.00	22.00		LODD	
									15.07	0.00				
81	87798		11.00	052924 052924	220224			462.00	308.00	0.00	0.00	5000		
									154.00	0.00				
81	87641	59	1.00	052924 052924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87798		2.00	052924 052924	220224			84.00	56.00	0.00	0.00	5000		
									28.00	0.00				
NAME:	: MAKYNZT	E WILLIAMS		RECIPTENT ID	.: 530000492040	MRN:								
		50024235	I165555				052324	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
0.4	07.600		4 00		000004			010 05	14.00	0.00	010 00	0010		
81	87633		1.00	052324 052324	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00	050204 050204	000004			27 07	106.02	0.00	00.00	0010		
81	87640		1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1 00	050204 050204	220224			37.07	15.07 22.00	0.00	22.00	0010		
0.1	0/041	59	1.00	052324 052324	22022 4			37.07	15.07	0.00	22.00	9910		
81	87651	59	1 00	052324 052324	220224			49.86	28.00	0.00	28.00	9918		
01	07031	37	1.00	032324 032324	22022 1			47.00	21.86	0.00	20.00	J J I U		
81	87798		8.00	052324 052324	220224			336.00	224.00	0.00	224.00	9918		
01	0,,,,,		0.00	002021 002021				330.00	112.00	0.00	221.00	3310		
NAME:		RACE WILLIAM			530000710074	MRN:								
	20241	150024244	I165555			052324	052324	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00	052324 052324	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.O.	1 00	050204 050204	000004			25 25	14.00	0.00	00.00	0.01.0		
81	87498	59	1.00	052324 052324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	E O	1 00	050004 050004	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00	052324 052324	ZZUZZ 4			42.00	28.00	0.00	28.00	AATR		
									14.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

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		ICN	PAT ACCT NO.		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS FROM	ICE DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORC	
81	87633	MODIFIERS	1.00 0523					318.05	212.03	0.00	212.03		FODS	
01	0,033		1.00 0323	11 032321	220221			310.03	106.02	0.00	212.03	J J I O		
81	87640		1.00 0523	24 052324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00 0523	24 052324	220224			37.07	22.00	0.00	22.00	9918		
0.1	00651	F.0	1 00 0500	24 050204	000004			40.06	15.07	0.00	00.00	0.01.0		
81	87651	59	1.00 0523	24 052324	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 0523	04 052324	220224			336.00	21.86 224.00	0.00	224.00	9918		
01	07790		0.00 0323	24 032324	22022 1			330.00	112.00	0.00	224.00	9910		
NAME:				CIPIENT II).: 530000492041	MRN:								
	20241	.50024256	I1655566			052324	052324	899.12			313.09	0.00	0.00	586.03
					RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM					AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 0523	24 052324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 0523	24 052324	220224			37.07	22.00	0.00	22 00	9918		
01	07170	3,7	1.00 0323	21 032321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 0523	24 052324	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 0523	24 052324	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00 0523	24 052324	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 0523	04 050004	220224			37.07	15.07 22.00	0.00	22 00	9918		
0.1	0/041	39	1.00 0525	24 032324	220224			37.07	15.07	0.00	22.00	9910		
81	87651	59	1.00 0523	24 052324	220224			49.86	28.00	0.00	28.00	9918		
					-				21.86	0.00				
81	87798		8.00 0523	24 052324	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
	G D.D.T.		D. D.	~										
NAME:		WILLIAMS	RE0 I1656992	STATEMI, II).: 530001421199	MRN:	052224	17/ 22	116.22)	EO 11	0 00	0.00	116 22
	20241	50024265		בכב טאהבכ	RENDERING	052224	052224	BILLED	ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS	PROC CD	MODIFIERS	UNITS FROM		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
	G0482	HODII IERO	1.00 0522					174.33	116.22	0.00			1020	
	=							_ : _ 700	58.11	0.00	== =			
NAME:		A WILLIAMS		CIPIENT II	530001397464	MRN:								
	20241	50024305	I1656993			052224	052224	174.33	116.22	2	58.11	0.00	0.00	116.22

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 G0482	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 052224 052224	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL	PAID 116.22		DBS	
NAME: ZAINA W			.: 530002262350	MRN:	0.60404	1 010 68	F00.06		410 61	0.00	0.00	F00 06
20241	58032066	I1665195	DENDEDING	060424	060424		799.06		419.61	0.00	0.00	799.06
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E)DC	
81 87486	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00		מסט	
01 07400		1.00 000424 000424	220224			42.00	14.00	0.00	20.00	JJ10		
81 87498	59	1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 060424 060424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 060424 060424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 060424 060424	220224			37.07	22.00	0.00	22.00	9918		
01 07641	ГО	1 00 060424 060424	220224			27 07	15.07	0.00	22.00	0010		
81 87641	59	1.00 060424 060424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 060424 060424	220224			49.86	28.00	0.00	28.00	9918		
01 07031		1.00 000121 000121	220221			19.00	21.86	0.00	20.00	JJ10		
81 87798		8.00 060424 060424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
81 87507		1.00 060424 060424	220224			319.55	213.03	0.00	213.03	9918		
							106.52	0.00				
NAME: ZY AYRE			.: 530001524214	MRN:	050004	562 10	0.00		F.6.2. 1.0	0 00	000 01	0.00
	59024100	I1666165		052824	052824	563.12	0.00		563.12	0.00	298.81	0.00
HEADER EOBS:	9003	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	PS	
	59	1.00 052824 052824	220224			42.00	0.00	0.00		9918 9936		
01 07100		1.00 032021 032021	220221			12.00	42.00	0.00	0.00	JJ10 JJ30	,	
81 87498	59	1.00 052824 052824	220224			37.07	0.00	0.00	0.00	9918 9936	5	
							37.07	0.00				
81 87581	59	1.00 052824 052824	220224			42.00	0.00	0.00	0.00	9918 9936	5	
							42.00	0.00				
81 87633		1.00 052824 052824	220224			318.05	0.00	0.00	0.00	9918 9936	5	
							318.05	0.00		0016	_	
81 87640		1.00 052824 052824	220224			37.07	0.00	0.00	0.00	9918 9936	Ď	
							37.07	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY TI	PL DUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 0.00 37.07	COPAY TPL 0.00 0.00	PAID	DETAIL EOBS 9918 9936		
81 87651	59	1.00 052824 052824 220224		49.86	0.00 49.86	0.00	0.00	9918 9936		
NAME: AVA WII 20241	LLIAMSON 152027814	RECIPIENT ID.: 530002245763	MRN: 052824 052824	1,049.12	629.64	4	19.48	0.00	0.00	629.64
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87498	59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87640	59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 052824 052824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 052824 052824 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87641	59	1.00 052824 052824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 052824 052824 220224		49.86	28.00	0.00	28.00	9918		
81 87798		8.00 052824 052824 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
81 87635		1.00 052824 052824 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: BOBIE V 20241	WILLIS 157011992	RECIPIENT ID.: 530001013016	MRN: 060324 060324	930.58			50.58	0.00	0.00	580.00
POS PROC CD	MODIETEDO	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 87798		13.00 060324 060324 220224		546.00	364.00 182.00	0.00 0.00				
81 87640	59	1.00 060324 060324 220224		45.00	22.00 23.00	0.00	22.00	9918		
81 87641	59	1.00 060324 060324 220224		45.00	23.00 22.00 23.00	0.00	22.00	9918		
81 87653	59	1.00 060324 060324 220224		45.00	23.00 22.00 23.00	0.00 0.00 0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EC	ND C	
81 87481 59	1.00 060324 060324 220224		42.00	28.00 14.00	0.00		9918	700	
81 87651	1.00 060324 060324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87500	1.00 060324 060324 220224		33.00	22.00 11.00	0.00	22.00	9918		
81 87529	2.00 060324 060324 220224		99.72	56.00 43.72	0.00	56.00	9918		
81 86787	1.00 060324 060324 220224		25.00	16.00 9.00	0.00 0.00	16.00	9918		
NAME: CHRISTINE WILLIS 2024150024313	RECIPIENT ID.: 530001325168	MRN: 052224 052224	250 17	172.09	<u>.</u>	86.05	0.00	0.00	172.09
2024130024313	SERVICE DATES RENDERING	032224 032224	BILLED	ALLOWED	COPAY	00.05	0.00	0.00	172.09
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC	BS	
81 80307	1.00 052224 052224 220224		83.81	55.87 27.94	0.00	55.87	9918		
81 G0482	1.00 052224 052224 220224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: ADREANA WILSON 2024156025823	RECIPIENT ID.: 530000812882	2 MRN: 053024 053024		38.93		15.61	0.00	0.00	38.93
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D. T. T. D.	DDD111 D0	n a	
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 053024 053024 220224		AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID	DETAIL EC 9918	BS	
81 80033	1.00 055024 055024 220224		15.64	3.84	0.00	12.00	9910		
81 84443	1.00 053024 053024 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 36415	1.00 053024 053024 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 053024 053024 220224		9.00	4.00 5.00	0.00	4.00	9918		
	RECIPIENT ID.: 530002297073		000 10	F0.6 0.3		212 00	0.00	0.00	F06 03
2024158032084	I1665196 SERVICE DATES RENDERING	060424 060424		586.03		3±3.U9	0.00	0.00	586.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT		TPL	PAID	DETAIL EC	BS	
81 87486 59	1.00 060424 060424 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 060424 060424 220224		37.07	22.00 15.07	0.00	22.00	9918		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL 9918		
81 87633		1.00 060424 060424 220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640		1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 060424 060424 220224			37.07	22.00 15.07	0.00	22.00	9918		
	59	1.00 060424 060424 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 060424 060424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: RYDER WI	ILSON 57012005	RECIPIENT ID.: 530002346914		060324	1,049.12	629.64		419.48	0.00	0.00	629.64
20241	7012003	SERVICE DATES RENDERING	000324	000324	BILLED	ALLOWED	COPAY	419.40	0.00	0.00	029.04
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 060324 060324 220224			150.00	43.61 106.39	0.00		9918		
81 87486	59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00	28.00	9918		
	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00		9918		
	59	1.00 060324 060324 220224			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 060324 060324 220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 060324 060324 220224			37.07	22.00 15.07	0.00		9918		
81 87641	59	1.00 060324 060324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 060324 060324 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 060324 060324 220224			336.00			224.00	9918		
NAME: TERESA V 202415	VILSON 59024111	RECIPIENT ID.: 530001980226	MRN: 060524	060524		458.00		241.21	0.00	0.00	458.00
POS PROC CD 81 87481		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060524 060524 220224			BILLED AMOUNT 42.00	NON-AllOWED	TPL	PAID 28.00		EOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATE				BILLED	ALLOWED	COPAY				
POS PR		MODIFIERS	UNITS	FROM THE				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8	37640	59	1.00	060524 06052	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37653	59	1.00	060524 06052	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37798	59	11.00	060524 06052	4 220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
81 8	37641	59	1.00	060524 06052	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37798		2.00	060524 06052	4 220224			84.00	56.00	0.00	56.00	9918		
									28.00	0.00				
NAME: B	BRAYDEN	WINSTON			ID.: 530002332572	MRN:								
	20241	56025854	I166142	3		053024	053024	899.12	586.03		313.09	0.00	0.0	0 586.03
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY				
POS PR		MODIFIERS	UNITS	FROM THE				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8	37486	59	1.00	053024 05302	4 220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 8	37498	59	1.00	053024 05302	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37581	59	1.00	053024 05302	4 220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 8	37633		1.00	053024 05302	4 220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81 8	37640		1.00	053024 05302	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37641	59	1.00	053024 05302	4 220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8	37651	59	1.00	053024 05302	4 220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81 8	37798		8.00	053024 05302	4 220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME: J		WINSTON			ID.: 530000847100									
	20241	52027830	I165888			052424	052424	299.33			127.24	0.00	0.0	0 172.09
					S RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		U PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81 8	30307		1.00	052424 05242	4 220224			125.00	55.87	0.00	55.87	9918		
									69.13	0.00				
81 G	30482		1.00	052424 05242	4 220224			174.33	116.22	0.00	116.22	9918		
									58.11	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KALIYAH WISE 2024149021098	RECIPIENT ID.: 530001194561 I1652482 SERVICE DATES RENDERING	MRN: 020724 020724	242.38 BILLED	148.93 ALLOWED	S COPAY	93.45	0.00	0.00	148.93
POS PROC CD MODIFIERS 81 82306	UNITS FROM THRU PROVIDER 1.00 020724 020724 220224		AMOUNT 44.00	NON-AllOWED 29.00	TPL 0.00	PAID 29.00	DETAIL 1 9918	EOBS	
81 83540	1.00 020724 020724 220224		9.71	15.00 7.00 2.71	0.00 0.00 0.00	7.00	9918		
81 83550	1.00 020724 020724 220224		13.11	10.00	0.00	10.00	9918		
81 82728	1.00 020724 020724 220224		40.00	13.00 27.00	0.00		9918		
81 83036 81 80061	1.00 020724 020724 220224 1.00 020724 020724 220224		14.00 20.00	12.00 2.00	0.00 0.00 0.00		9918 9918		
81 80061 81 84443	1.00 020724 020724 220224		25.20	14.00 6.00 22.93	0.00		9918		
81 84439	1.00 020724 020724 220224		13.00	2.27 9.00	0.00		9918		
81 36415	1.00 020724 020724 220224		4.50	4.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81 85049	1.00 020724 020724 220224		9.00	4.00 5.00	0.00	4.00	9918		
81 87651	1.00 020724 020724 220224		49.86	28.00 21.86	0.00	28.00	9918		
NAME: AMAYA WITHERSPOON 2024158032102	RECIPIENT ID.: 530001067002	2 MRN: 052324 052324	84.34			29.34	0.00	0.00	55.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL I	EOBS	
81 80053	1.00 052324 052324 220224		15.84	12.00 3.84	0.00 0.00	12.00	9918		
81 82306	1.00 052324 052324 220224		44.00		0.00	29.00	9918		
81 80061	1.00 052324 052324 220224		20.00	14.00	0.00	14.00	9918		
81 36415	1.00 052324 052324 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: NASON WOHRMAN 2024156025867	RECIPIENT ID.: 530001247837	7 MRN: 053024 053024	923.96	602.03	3	321.93	0.00	0.00	602.03

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

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:	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	_	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MOI 81 87486 59	DIFIERS	UNITS FROM THRU 1.00 053024 053024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EO 9918	BS	
01 07400 39		1.00 053024 053024	220224			42.00	14.00	0.00	20.00	9910		
81 87498 59		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 053024 053024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 053024 053024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 053024 053024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 053024 053024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 053024 053024	220224			336.00	224.00 112.00	0.00	224.00	9918		
81 80053		1.00 053024 053024	220224			15.84	12.00 3.84	0.00	12.00	9918		
81 85049		1.00 053024 053024	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JANICE WOOI 202414902		RECIPIENT ID 11652484	.: 530002053726	MRN: 010824	010824	174.33	116.22	2	58.11	0.00	0.00	116.22
	_	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_	-	
POS PROC CD MOI 81 G0482	DIFIERS	UNITS FROM THRU 1.00 010824 010824	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL EO 9918	BS	
NAME: JANICE WOOI	DALL	RECIPIENT ID	.: 530002053726	MRN:								
202414902		I1652485			030424		116.22		58.11	0.00	0.00	116.22
POS PROC CD MOI	DIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EO	BS	
81 G0482		1.00 030424 030424	220224			174.33	116.22 58.11					
NAME: JANICE WOOI	DATıTı	RECIPIENT ID	.: 530002053726	MRN:								
202414902		I1652486			040124		116.22		58.11	0.00	0.00	116.22
POS PROC CD MOI 81 G0482		SERVICE DATES UNITS FROM THRU 1.00 040124 040124	PROVIDER				ALLOWED NON-AllOWED 116.22 58.11	TPL	PAID 116.22	DETAIL EO 9918	BS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
NAME: JANICE WOODALL 2024149021120 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002053726 I1652487 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042924 042924 220224	MRN: 042924 042924	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	PAID 116.22	DETAIL EOBS		116.22
NAME: JANICE WOODALL 2024150024354 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002053726 11657003 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	MRN: 020524 020524	174.33 BILLED AMOUNT 174.33	NON-AllOWED	COPAY TPL		DETAIL EOBS		116.22
NAME: KAREN WOODROW 2024152027838 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001457952 11658891 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224	MRN: 022724 022724	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL		0.00 DETAIL EOBS 9918		28.00
NAME: QUA MIR WOODRUFF 2024152027849 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002283459 11658892 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 4.00 022724 022724 220224	MRN: 022724 022724	565.12 BILLED AMOUNT 37.07 42.00 318.05 168.00	374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID	DETAIL EOBS 9918 9918 9918		374.03
2024159024133 POS PROC CD MODIFIERS 81 87498 59	RECIPIENT ID.: 500002929626 11666174 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224	MRN: 060424 060424	BILLED	15.07	COPAY TPL		DETAIL EOBS 9918		374.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87633	MODIFIERS	UNITS 1.00	FROM	E DATES THRU 060424	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL 9918	EOBS	
81	87798		4.00	060424	060424	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	MADELYN 20241	WOODS 56025901	I166288		PIENT ID	.: 530002230635	MRN: 053124	053124	899.12	586.03		313.09	0.00	0.00	586.03
					E DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00	053124	053124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	053124	053124	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87581	59	1.00	053124	053124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	052104	052124	22224			210 05	14.00	0.00	010 00	0010		
81	87633		1.00	053124	053124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1 00	053124	053124	220224			37.07	22.00	0.00	22.00	9918		
01	0,010		1.00	033121	033121	220221			37.07	15.07	0.00	22.00	J J ± 0		
81	87641	59	1.00	053124	053124	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87651	59	1.00	053124	053124	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8 00	053134	053124	220224			336.00	21.86 224.00	0.00	224.00	9919		
01	01190		8.00	033124	033124	ZZUZZ I			330.00	112.00	0.00	224.00	9910		
NAME:	MADELYN				PIENT ID	.: 530002230635	MRN:								
	20241	56025913	I166288				021824	021824	715.12			297.48	0.00	0.00	417.64
DOG T	PROC CD	MODIFIERS	UNITS	FROM	E DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
	87498	59			021824	220224			37.07	22.00	0.00	22.00		FODS	
01	07170	3,5	1.00	021021	021021	220221			37.07	15.07	0.00	22.00	J J ± 0		
81	87581	59	1.00	021824	021824	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87633		1.00	021824	021824	220224			318.05	212.03	0.00	212.03	9918		
81	87798		4 00	021Q24	021824	220224			168.00	106.02 112.00	0.00	112.00	001Q		
OI	01130		4.00	04104	04104	44U44T			100.00	56.00	0.00	112.00	9910		
81	87635		1.00	021824	021824	220224			150.00	43.61	0.00	43.61	9918		
										106.39	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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-	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			PL OUNT	PAID AMOUNT
NAME: MAUDIE WO 2024152	OODS 2027861	RECIPIENT ID.: 53000199986 I1658894 SERVICE DATES RENDERING		052824	222.58 BILLED	50.00 ALLOWED	COPAY	172.58	0.00	0.00	46.00
POS PROC CD N 81 84156	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 8.00	NON-Allowed 4.00 4.00	TPL 0.00 0.00	PAID 4.00	DETAIL EOBS 9918	3	
81 82570		1.00 052824 052824 220224			8.00	6.00 2.00	0.00	6.00	9918		
81 83069		1.00 052824 052824 220224			8.00	4.00 4.00	0.00	4.00	9918		
81 84311		2.00 052824 052824 220224			32.00	14.00 18.00	0.00	14.00	9918		
81 82010		1.00 052824 052824 220224			16.00	0.00 16.00	0.00	0.00	4524		
81 82945		1.00 052824 052824 220224			8.00	$4.00 \\ 4.00$	0.00	4.00	9918		
81 82247 5	59	1.00 052824 052824 220224			8.00	5.00 3.00	0.00	5.00	9918		
81 83986		1.00 052824 052824 220224			7.00	3.00 4.00	0.00	3.00	9918		
81 81007		2.00 052824 052824 220224			120.00	4.00 116.00	0.00 0.00	0.00	5900		
81 82043 (QW	1.00 052824 052824 220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME: MAUDIE WO		RECIPIENT ID.: 53000199986		0.50004	10.50	10.00					10.00
	5015162	I1660500 SERVICE DATES RENDERING	052824	052824	18.53 BILLED	ALLOWED	COPAY		0.00	0.00	10.00
POS PROC CD N 81 87086	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918		
NAME: MAUDIE WO		RECIPIENT ID.: 53000199986		050004	20 50	00.00		10 50	0.00	0.00	00.00
2024155	5015181	I1660501 SERVICE DATES RENDERING	052924	052924	30.50 BILLED	20.00 ALLOWED	COPAY	10.50	0.00	0.00	20.00
POS PROC CD N 81 83036	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 052924 052924 220224			AMOUNT 14.00	NON-AllOWED 12.00 2.00	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918	5	
81 80076		1.00 052924 052924 220224			12.00	8.00 4.00	0.00	8.00	9918		
81 36415		1.00 052924 052924 220224			4.50	0.00 4.50	0.00	0.00	3323		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	Γ	PAID AMOUNT
NAME:	KELSIE W 202415	JOOTEN 55015194	I1660506	.: 530001024238	MRN: 040424	040424	208.04	84.22		123.82	0.00	(0.00	84.22
POS 81	PROC CD 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 6.34	COPAY TPL 0.00	PAID 6.34	DETAI 9918 !	L EOBS 9936		
81	85049		1.00 040424 040424	220224			9.00	9.50 2.69 6.31	0.00 0.00 0.00	2.69	9918	9936		
81	82607		1.00 040424 040424	220224			22.00	9.05 12.95	0.00	9.05	9918	9936		
81	83036		1.00 040424 040424	220224			14.00	5.83 8.17	0.00	5.83	9918	9936		
81	84481		1.00 040424 040424	220224			24.00	10.16 13.84	0.00	10.16	9918 9	9936		
81	80061		1.00 040424 040424	220224			20.00	8.03 11.97	0.00	8.03	9918 9	9936		
81	86376		1.00 040424 040424	220224			21.00	8.73 12.27	0.00	8.73	9918 9	9936		
81	84443		1.00 040424 040424	220224			25.20	10.08 15.12	0.00		9918 9			
81	84436	59	1.00 040424 040424	220224			10.00	4.12 5.88	0.00		9918 9			
81	86800		1.00 040424 040424				23.00	9.55 13.45	0.00		9918			
81	84432		1.00 040424 040424	220224			24.00	9.64 14.36	0.00	9.64	9918 9	9936		
NAME:	KAMIYAH 202415	WORTHEY 6025922	I1661427	.: 530001579228	MRN: 053024	053024	222.58	50.00		172.58	0.00	(0.00	46.00
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	ר גייים כו	L EOBS		
	84156	MODIFIERS	1.00 053024 053024	220224			8.00	4.00	0.00		9918	п вово		
81	82570		1.00 053024 053024	220224			8.00	4.00 6.00 2.00	0.00 0.00 0.00	6.00	9918			
81	83069		1.00 053024 053024	220224			8.00	4.00 4.00	0.00	4.00	9918			
81	84311		2.00 053024 053024	220224			32.00	14.00 18.00	0.00	14.00	9918			
81	82010		1.00 053024 053024	220224			16.00	0.00 16.00	0.00	0.00	4524			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
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		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG T		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATE		Da	
	PROC CD 82945	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81	02945		1.00 053024 053024	220224			8.00	$4.00 \\ 4.00$	0.00	4.00	9918		
81	82247	59	1.00 053024 053024	220224			8.00	5.00	0.00	F 00	9918		
0.1	0224/	59	1.00 053024 053024	220224			0.00	3.00	0.00	5.00	9910		
81	83986		1.00 053024 053024	220224			7.00	3.00	0.00	3 00	9918		
01	03900		1.00 053024 053024	220224			7.00	4.00	0.00	3.00	9910		
81	81007		2.00 053024 053024	220224			120.00	4.00	0.00	0 00	5900		
01	01007		2.00 033021 033021	220221			120.00	116.00	0.00	0.00	3,700		
81	82043	QW	1.00 053024 053024	220224			7.58	6.00	0.00	6 00	9918		
01	02013	ζW	1.00 055021 055021	220221			7.50	1.58	0.00	0.00	JJ10		
								1.50	0.00				
NAME:	ALMIYA	WRIGHT	RECIPTENT ID	.: 530001465519	MRN:								
		55015217	I1660508			052924	342.02	217.53		124.49	0.00	0.00	189.53
	-		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS E	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
	87798		3.00 052924 052924	220224			126.00	84.00	0.00		9918		
								42.00	0.00				
81	87491	59	1.00 052924 052924	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87511	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	1.00 052924 052924	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87591	59	1.00 052924 052924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87661	59	1.00 052924 052924	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
NAME:	DRAYDEN			.: 530002099334	MRN:	0.44.70.4		0= 00		4.4.00			0= 00
	20241	58032111	I1665215		041724	041724	79.32			44.32	0.00	0.00	35.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81	83540		1.00 041724 041724	220224			9.71	7.00	0.00	7.00	9918		
0.1	02550		1 00 041504 041504	000004			10 11	2.71	0.00	10.00	0.01.0		
81	83550		1.00 041724 041724	220224			13.11	10.00	0.00	10.00	9918		
0.1	00700		1 00 041704 041704	220224			40.00	3.11	0.00	12 00	0010		
81	82728		1.00 041724 041724	220224			40.00	13.00	0.00	13.00	9918		
81	85027		1.00 041724 041724	220224			12.00	27.00 5.00	0.00	E 00	9918		
OΤ	05047		1.00 041/24 041/24	44U44			12.00	7.00	0.00	5.00	シシエ ロ		
								7.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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ICN POS PROC CD MODIFIERS 81 36415	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041724 041724 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00	ALLO COPAY TPL		AMOUNT AN DETAIL EOBS	TPL MOUNT	PAID AMOUNT
2024150024384 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002261546 11657012 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052424 052424 220224	052424	052424	BILLED	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL	21.86 PAID 28.00	DETAIL EOBS		28.00
2024150024402 POS PROC CD MODIFIERS	RECIPIENT ID.: 500000820834 11655606 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224	051624		BILLED AMOUNT	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	58.11 PAID 116.22	DETAIL EOBS		116.22
NAME: REYSON WRIGHT 2024156025943 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530001725064 11661428 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 053024 053024 220224 1.00 053024 053024 220224 1.00 053024 053024 220224 4.00 053024 053024 220224	MRN: 053024	053024	BILLED	374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	COPAY	PAID 22.00 28.00 212.03 112.00	DETAIL EOBS 9918 9918 9918	0.00	374.03
NAME: SABRINA WRIGHT	RECIPIENT ID.: 530001184323 11655609 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224 1.00 032124 032124 220224 1.00 032124 032124 220224	032124	032124	40.12 BILLED AMOUNT 13.50 8.09 18.53	27.09 ALLOWED NON-AllOWED 9.00 4.50 8.09 0.00 10.00 8.53	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID	DETAIL EOBS 9918	0.00	27.09

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

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ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	SABRINA 20241	WRIGHT 50024426	RECIPIENT ID 11655610 SERVICE DATES		MRN: 040324		40.12 BILLED	27.09 ALLOWED) COPAY	13.03	0.00	0.00	27.09
	PROC CD 87186	MODIFIERS	UNITS FROM THRU 1.00 040324 040324	PROVIDER 220224			AMOUNT 13.50	NON-Allowed 9.00 4.50	TPL 0.00 0.00	9.00	DETAIL EO	BS	
81	87088		1.00 040324 040324	220224			8.09	8.09	0.00				
81	87086		1.00 040324 040324	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:		XOL ESTEBAN 50024437	RECIPIENT ID		MRN: 052424	052424		374.03		191.09	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 052424 052424	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EO	BS	
81	87581	59	1.00 052424 052424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 052424 052424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 052424 052424	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		ANEZ TORRES 50024446	RECIPIENT ID I1655615 SERVICE DATES	: 530001480279 RENDERING	MRN: 052224	052224	539.78 BILLED	270.93	B COPAY	268.85	0.00	0.00	251.93
		MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EO	BS	
81	84156		1.00 052224 052224	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	82570		1.00 052224 052224	220224			8.00	6.00 2.00	0.00	6.00	9918		
81	83069		1.00 052224 052224	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	84311		2.00 052224 052224	220224			32.00	14.00 18.00	0.00	14.00	9918		
81	82010		1.00 052224 052224	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1.00 052224 052224	220224			8.00	4.00	0.00	4.00	9918		
81	82247	59	1.00 052224 052224	220224			8.00	5.00 3.00	0.00	5.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3551548 MEDICAID MANAGEMENT INFORMATION

MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS :	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	83986		1.00 052224 052224	220224			7.00	3.00	0.00	3.00	9918		
								4.00	0.00				
81	81007		2.00 052224 052224	220224			120.00	4.00	0.00	0.00	5900		
0.1	00040		1 00 050004 050004	000004			5 5 0	116.00	0.00	<i>5</i> 00	0010		
81	82043	QW	1.00 052224 052224	220224			7.58	6.00	0.00	6.00	9918		
81	82306		1 00 052224 052224	220224			44.00	1.58	0.00	20.00	0010		
0.1	02300		1.00 052224 052224	220224			44.00	29.00 15.00	0.00 0.00	29.00	9910		
81	84436	59	1.00 052224 052224	220224			10.00	7.00	0.00	0 00	5910		
01	01130	33	1.00 032221 032221	220221			10.00	3.00	0.00	0.00	3710		
81	82550		1.00 052224 052224	220224			10.00	8.00	0.00	8.00	9918		
								2.00	0.00				
81	83721		1.00 052224 052224	220224			15.00	8.00	0.00	0.00	5910		
								7.00	0.00				
81	86800		1.00 052224 052224	220224			23.00	15.00	0.00	15.00	9918		
0.1	0.4.4.2.0		1 00 050004 050004	000004			0.4.00	8.00	0.00	17 00	0.01.0		
81	84432		1.00 052224 052224	220224			24.00	17.00 7.00	0.00 0.00	17.00	9918		
81	85049		1.00 052224 052224	220224			9.00	4.00	0.00	4 00	9918		
01	03045		1.00 032224 032224	220224			7.00	5.00	0.00	4.00	J J I U		
81	82670		1.00 052224 052224	220224			41.00	27.00	0.00	27.00	9918		
								14.00	0.00				
81	84481		1.00 052224 052224	220224			24.00	16.00	0.00	16.00	9918		
								8.00	0.00				
81	83036		1.00 052224 052224	220224			14.00	12.00	0.00	12.00	9918		
0.1	00061		1 00 050004 050004	000004			00.00	2.00	0.00	14 00	0.01.0		
81	80061		1.00 052224 052224	220224			20.00	14.00	0.00	14.00	9918		
81	86376		1.00 052224 052224	220224			21.00	6.00 15.00	0.00 0.00	15.00	9918		
01	00370		1.00 032224 032224	220224			21.00	6.00	0.00	13.00	J J I U		
81	84443		1.00 052224 052224	220224			25.20	22.93	0.00	22.93	9918		
								2.27	0.00				
81	84439		1.00 052224 052224	220224			13.00	9.00	0.00	9.00	9918		
								4.00	0.00				
81	82533		1.00 052224 052224	220224			24.00	17.00	0.00	17.00	9918		
								7.00	0.00				
74 1 74 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	יים א מיי	ANEZ TORRES	RECIPIENT II	520001400270	MDNT•								
MWIME .		50024474	I1657019	7. • JJUUUI±0UZ/J	MRN: 052224	052224	102 90	64.00		38.90	0 00	0.00	45.00
	70747	JUUZII/I	SERVICE DATES	RENDERING	0 2 2 2 2 4	0 3 2 2 2 3	BILLED	ALLOWED	COPAY	50.70	0.00	0.00	±3.00
POS :	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
	82172		1.00 052224 052224				31.00	19.00	0.00	19.00			
								12.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FODC	
81	83695	MODIFIERS		052224 052224	220224			21.90	13.00	0.00	13.00		EODS	
01	03023		1.00	052221 052221	220221			21.70	8.90	0.00	13.00	JJ±0		
81	86141		1.00	052224 052224	220224			19.00	13.00	0.00	13.00	9918		
									6.00	0.00				
81	82172		1.00	052224 052224	220224			31.00	19.00	0.00	0.00	5000		
									12.00	0.00				
NAME:	BRIONA	YARBROUGH		RECIPIENT ID).: 530000057567	MRN:								
		49021131	I165249			051724	051724	102.90	64.00	1	38.90	0.00	0.0	0 45.00
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	82172		1.00	051724 051724	220224			31.00	19.00	0.00	19.00	9918		
0.1	02605		1 00	051704 051704	22224			01 00	12.00	0.00	12 00	0010		
81	83695		1.00	051724 051724	220224			21.90	13.00 8.90	0.00	13.00	9918		
81	86141		1 00	051724 051724	220224			19.00	13.00	0.00	13.00	9918		
01	00111		1.00	051721 051721	220221			10.00	6.00	0.00	13.00	JJ±0		
81	82172		1.00	051724 051724	220224			31.00	19.00	0.00	0.00	5000		
									12.00	0.00				
NAMF:	RIVER Y	F A DON		PECIDIENT IL	o.: 530002164252	MRN:								
11/11/11/11/11/11/11/11/11/11/11/11/11/		58032129	I166522).· JJ000Z104ZJZ		060324	1.049.12	629.64		419.48	0.00	0.0	0 629.64
	20211	30032123	1100011	SERVICE DATES	RENDERING	000321	000321	BILLED	ALLOWED	COPAY	117.10	0.00	0.0	023.01
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87635		1.00	060324 060324	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00	060324 060324	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.0	1 00	060204 060204	000004			27 07	14.00	0.00	00.00	0010		
81	87498	59	1.00	060324 060324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00	060324 060324	220224			42.00	28.00	0.00	28 00	9918		
01	07301	5,5	1.00	000521 000521	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	060324 060324	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	060324 060324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	060324 060324	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.7.6.5.1	F.O.	1 00	060204 060204	000004			40.00	15.07	0.00	00.00	0010		
81	87651	59	1.00	060324 060324	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				

REPORT:	CRA-PRPD-R	ALABAMA MEDICAID AGENCY DATE:	06/07/2024
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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

ICN	PAT ACCT NO.	SERVIC	E DATES	BILLED	ALLOWED	NON	COPAY	\mathtt{TPL}	PAID
		FROM	THRU	AMOUNT	AMOUNT	ALLOWED	AMOUNT	AMOUNT	AMOUNT
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL PAID	DETAII	EOBS	
81 87798	8.00 060324 060324 220224			336.00	224.00	0.00 224.	0 9918		
					112.00	0.00			
TOTAL CMS 150	0 CLAIMS PAID:			612,330.40	369,134.81	243,195.59	0.00	6,444.97	360,138.46

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 535

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT N	·O.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
NAME:	JAMES ADAMS 2024152026045	I1658049	RECIPIENT ID.: 530001061745 SERVICE DATES RENDERING	MRN: 043024 043024 7.00 BILLED	0.00	0.00
POS 81	PROC CD MODIFIERS 86592 90	UNITS 1.00	FROM THRU PROVIDER 043024 043024 220224	BILLED AMOUNT COPAY DETAIL EOBS 7.00 0.00 3324		
NAME:	LAYNESTON ADAMS 2024159025122 I1665557		RECIPIENT ID.: 530000662888		0.00	0.00
POS 81 81 81 81 81 81 81	83036 84443 84439	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2504 44.00 0.00 2504 4.00 0.00 2504 24.00 0.00 2504 14.00 0.00 2504 25.20 0.00 2504 13.00 0.00 2504 9.00 0.00 2504 9.00 0.00 2504		
	2024159025142 I1665558	I1665558	RECIPIENT ID.: 530000662888	MRN: 022724 022724 15.00	0.00	0.00
POS 81		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.00 0.00 3324		
	2024152026086 I1658052	I1658052	RECIPIENT ID.: 530000761226	050724 050724 23.00	0.00	0.00
POS 81 81	PROC CD MODIFIERS 85045 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224 050724 050724 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324		
NAME:	ZYAD ALBALAKHI 2024152026113 I1658054		RECIPIENT ID.: 530001211582	MRN: 050724 050724 23.00	0.00	0.00
POS 81	PROC CD MODIFIERS 85045 90	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 536

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
	PROC CD MODIFIERS 86140 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224	BILLED AMOUNT COPAY I	DETAIL EOBS 3324	Throofvi
NAME:	ISABELLA ALLEN 2024152026145 I1658058	I1658058		101223 101223 319.5	0.00	0.00
	PROC CD MODIFIERS 87507	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 101223 101223 220224	BILLED AMOUNT COPAY I 319.55 0.00 2	DETAIL EOBS 2504	
NAME:	BRENDA ALLRED 2024156024511 I1661889		RECIPIENT ID.: 530001822175	MRN: 051524 051524 29.3		19.16
POS 81 81 81	PROC CD MODIFIERS 80053 36415 85049	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPAY I 15.84 0.00 2 4.50 0.00 3 9.00 0.00 2	DETAIL EOBS 2502 4021 4244 3323 2502 4021 4244	
NAME:	LANI ANDERS 2024152026161 I1658065	I1658065	RECIPIENT ID.: 530001235363	MRN: 121621 121621 65.0	0.00	0.00
	PROC CD MODIFIERS G2023	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 121621 121621 220224	BILLED AMOUNT COPAY I 65.00 0.00 2	DETAIL EOBS 2003	
NAME:	BRITTANY APPLEGATE 2024150022361 11652927					170.84
POS 81		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224	BILLED AMOUNT COPAY I 174.33 0.00 2	DETAIL EOBS 2502	
	MICHAEL ATHA 2024159025218 I1665581		RECIPIENT ID.: 530001729984			120.35
POS 81 81 81	PROC CD MODIFIERS 85049 80053 82607	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224 031924 031924 220224 031924 031924 220224	9.00 0.00 2 15.84 0.00 2	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CRA-PRDN-R

3551548

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN-			SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81	PROC CD MODIF: 82306 84403 83735 80061 84443 84439 36415	IERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224	BILLED AMOUNT COPAY 44.00 0.00 38.00 0.00 13.11 0.00 20.00 0.00 25.20 0.00 13.00 0.00 4.50 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 3323	THEOTY
NAME:	MICHAEL ATHA 2024159025 11665582			031924 031924 174		.00 170.84
	PROC CD MODIF	IERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	DIONNE AUGUSTUS 20241500224 11652952			051624 051624 113		.00 0.00
POS 81 81 81	PROC CD MODIF: 86160 90 86038 90 86160 90	IERS UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224 051624 051624 220224 051624 051624 220224	BILLED AMOUNT COPAY 36.00 0.00 40.00 0.00 36.00 0.00	DETAIL EOBS 3324 3324 3324	
NAME:	JEFFERY AUSTIN 2024156024 11660863			022024 022024 17		.00 0.00
	PROC CD MODIF	IERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022024 022024 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	JEFFERY AUSTIN 2024156024 11660864	567 I1660864	RECIPIENT ID.: 530001839400	MRN: 050724 050724 17	4.33	.00 0.00
POS 81	PROC CD MODIF	IERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	JEFFERY AUSTIN 2024156024 11660865		RECIPIENT ID.: 530001839400	MRN: 040524 040524 17	1.33	.00 0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 PAGE: 538 MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD
SUITE 138
BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

		ICN	PAT ACCT	NO.		CE DATES THRU		CC)PAY	TPL AMOUNT
		MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224		BILLED AMOUNT 174	COPAY	DETAIL EOBS 2502 4021 424	14	
	JENNIFE 202 11651	4149019373	I1651778		041024	4 041024		1.33	0.00	0.00
POS 81	PROC CD G0482	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224		AMOUNT	COPAY	DETAIL EOBS 2003		
	CYNTHIA 202 11661			RECIPIENT ID.: 530001984408				3.14	0.00	231.74
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 051724 051724 220224 051724 051724 220224		AMOUNT	COPAY	DETAIL EOBS 2502 2502		
	ANDREA 1 202 11651	4149019401 785	I1651785		040824	4 040824		3.14	0.00	0.00
POS 81 81	PROC CD 80307 G0482		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040824 040824 220224 040824 040824 220224		AMOUNT 83	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2003 2003		
	FERNANDO 2020 I1661	4156024630	I1661919	RECIPIENT ID.: 530002029711	051524	4 051524		1.33	0.00	170.84
POS 81	PROC CD G0482	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224		AMOUNT	COPAY	DETAIL EOBS 2502		
NAME:		4156024642		RECIPIENT ID.: 530002029711		4 041724	174	1.33	0.00	170.84
	PROC CD G0482	MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 041724 041724 220224		AMOUNT		DETAIL EOBS 2502		
NAME:	CARLA B. 202 11652	ALLEW 4150022506 975	I1652975	RECIPIENT ID.: 530001951755		4 050924	174	1.33	0.00	170.84

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

		ICN			SERVI FROM	CE DATES	BILLED AMOUNT	COPA	ΔΥ	TPL AMOUNT
	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224	111011	BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502		1110 0111
	I16529	76		RECIPIENT ID.: 530001951755				.33	0.00	170.84
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502		
	2024 T16562	150022525	I1656203		03042	4 030424		.14		231.74
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030424 030424 220224 030424 030424 220224		BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244		
NAME:	REGINA B 2024 I16594			RECIPIENT ID.: 530002027351				.58	0.00	5.67
POS 81	PROC CD 82043	MODIFIERS QW	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012524 012524 220224		BILLED AMOUNT 7	COPAY .58 0.00	DETAIL EOBS 2502		
NAME:	T16619	RRON 156024648 22			02282	4 022824		.72		575.06
POS 81 81 81 81 81 81 81 81	PROC CD 87481 87640 87653 87798 84156 82570 83069 84311 82010 82945 82247	MODIFIERS 59 59 59	UNITS 4.00 1.00 1.00 11.00 1.00 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224 022824 022824 220224		8 8 8 32 16 8	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 83986 82043 QW		SERVICE DATES RENDERING	BILLED AMOUNT COPAY	DETAIL EOBS 2502 4021 4244 2502 4021 4244	AMOUNT
	LYNN BARRON 2024159025261 I1665595	I1665595	RECIPIENT ID.: 530001811049	MRN: 052024 052024 174	.33 0.00	33.09
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00			DETAIL EOBS 2502 4021 4244	
NAME:	Z KARA BARRON 2024156024674 I1660875 R EOBS: 0513 9990		RECIPIENT ID.: 530000541470			0.00
		UNITS 4.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224	λ MOLINT COD λ V	DETAIL EOBS 9990 9990 9990 9990 9990 9990	
	WILLIAM BELL 2024150022609 I1653021	I1653021	RECIPIENT ID.: 530002219736	MRN: 041124 041124 23	.00 0.00	0.00
POS 81 81	PROC CD MODIFIERS 85045 90 86140 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 041124 041124 220224	AMOUNT COPAY	DETAIL EOBS 3324 3324	
NAME:	EVELYN BENNETT 2024150022640 11656220	I1656220		MRN: 050724 050724 54	.54 0.00	35.63
POS 81 81 81	PROC CD MODIFIERS 80053 84443 36415	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224 050724 050724 220224 050724 050724 220224	BILLED AMOUNT COPAY 15.84 0.00 25.20 0.00 4.50 0.00	DETAIL EOBS 2502 2502 3323	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT	NO.		CE DATES THRU	BILLED AMOUNT	COP	AY	TPL AMOUNT
	PROC CD MODIFIERS 85049		SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224		BILLED AMOUNT	COPAY	DETAIL EOBS		
	EVELYN BENNETT 2024156024708 I1661931	I1661931	RECIPIENT ID.: 500002989097				96.54	0.00	48.90
POS 81 81 81 81	PROC CD MODIFIERS 80053 80164 84443 36415 85049	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224		BILLED AMOUNT 15 42 25 4	COPAY .84 0.00 .00 0.00 .20 0.00 .50 0.00	DETAIL EOBS 2502 2502 2502 3323 2502		
	2024158028162 I1664195	I1664195	RECIPIENT ID.: 530001349250	042524			23.00	0.00	0.00
POS 81 81	PROC CD MODIFIERS 85045 90 86140 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042524 042524 220224 042524 042524 220224		BILLED AMOUNT 8	COPAY .00 0.00	DETAIL EOBS 3324 3324		
NAME:	JALEIGHA BLACK 2024158028208 I1664203	I1664203	RECIPIENT ID.: 530002240263	MRN: 05132	4 051324		41.00	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224 051324 051324 220224		BILLED AMOUNT 8 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324 3324		
NAME:			RECIPIENT ID.: 530001790946		1 022624	. 1	74.33	0.00	170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022624 022624 220224		BILLED AMOUNT 174	COPAY			
NAME:	MELISSA BLACKMON 2024155017162 I1659435	I1659435	RECIPIENT ID.: 530001790946	MRN: 052024	4 052024	. 1	74.33	0.00	170.84

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
	PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 424	
NAME:	TONY BLASENGAME 2024156024783 I1661949	RECIPIENT ID.: 53000178978		0.00 65.39
POS 81 81 81 81 81 81	PROC CD MODIFIERS 80053 82977 84443 82248 84100 80061 36415 85049	SERVICE DATES RENDERING FROM THRU PROVIDER 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224 1.00 051424 051424 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 10.00 0.00 2502 25.20 0.00 2502 15.00 0.00 2502 7.00 0.00 2502 20.00 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
	T1664210	RECIPIENT ID.: 53000115498	31 MRN: 040324 040324 15.17	0.00 0.00
POS 81	PROC CD MODIFIERS 87081 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.17 0.00 3324	
	A RIAH BLY 2024157010887 I1663150 R EOBS: 0513 9990	RECIPIENT ID.: 53000228803		0.00 0.00
POS 81 81 81	PROC CD MODIFIERS 87498 59 87581 59 87633 87798	SERVICE DATES RENDERING FROM THRU PROVIDER 1.00 060324 060324 220224 1.00 060324 060324 220224 1.00 060324 060324 220224 4.00 060324 060324 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 9990 42.00 0.00 9990 318.05 0.00 9990 168.00 0.00 9990	
NAME:	MARIE BOISSELLE 2024155017244 I1659442	RECIPIENT ID.: 53000093979	52 MRN: 121523 121523 91.00	0.00 0.00
POS 81	PROC CD MODIFIERS 84144 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121523 121523 220224	BILLED AMOUNT COPAY DETAIL EOBS 31.00 0.00 3324	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81	PROC CD MODIFIERS 82672 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 121523 121523 220224	BILLED AMOUNT COPAY DETAIL EOBS 60.00 0.00 3324	11100111
NAME:	I1656234				0.00
81	PROC CD MODIFIERS 81007	UNITS 1.00	040824 040824 220224	AMOUNT COPAY DETAIL EOBS 60.00 0.00 5912	
NAME:	I1653070				170.84
POS 81	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 022224 022224 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
	I1659443				170.84
POS 81	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
	BILLY BOYD 2024150022787 I1656243	I1656243	RECIPIENT ID.: 530002030392	MRN: 050624 050624 862.05 0.00	758.75
		UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224 050624 050624 220224 050624 050624 220224 050624 050624 220224 050624 050624 220224 050624 050624 220224 050624 050624 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 2502 37.07 0.00 2502 42.00 0.00 2502 318.05 0.00 2502 37.07 0.00 2502 49.86 0.00 2502 336.00 0.00 2502	
NAME:	RAELYN BRAMLETT 2024156024819 I1661967	I1661967	RECIPIENT ID.: 530002320084	MRN: 050224 050224 48.75 0.00	0.00
POS 81	PROC CD MODIFIERS 85045 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050224 050224 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324	

DATE: 06/07/2024 ALABAMA MEDICAID AGENCY PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

CRA-PRDN-R

		ICN	PAT ACCT		SERVICE DATES BIT	LLED OUNT	COP	AY	TPL AMOUNT
POS 81 81 81	PROC CD 86140 86003 83655	MODIFIERS 90 90 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING	BILLED AMOUNT 15.00 7.75 18.00	COPAY 0.00 0.00 0.00	DETAIL EOBS 3324 3324 3324		
NAME:	BARBARA 2024 I16531	150022797	I1653117	RECIPIENT ID.: 530001785879	MRN: 021324 021324	125.	00	0.00	112.14
POS 81	PROC CD G0480		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224	BILLED AMOUNT 125.00	COPAY 0.00	DETAIL EOBS 2502 4021 4244		
		ON BROWN 1152026287		RECIPIENT ID.: 530001192782					0.00
POS 81 81	PROC CD 85045 86140	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042524 042524 220224 042524 042524 220224	BILLED AMOUNT 8.00 15.00	COPAY 0.00 0.00	DETAIL EOBS 3324 3324		
NAME:	DEANDRE 2024 116609		I1660922	RECIPIENT ID.: 530001931573	MRN: 053024 053024	297.	12	0.00	0.00
POS 81 81 81 81 81 81 81 81 81 81		MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224	AMOUNT 15.84 25.20 20.00 4.50 9.00 8.00 8.00 32.00 16.00 8.00 8.00 1000 120.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831 1831 183		
NAME:	KEILLEY 2024 I16656	159025328	I1665622	RECIPIENT ID.: 530001860950	MRN: 052124 052124	242.	14	0.00	102.28

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.		SERVICE DATES FROM THRU	BILLED AMOUNT	COPA	ΔY	TPL AMOUNT
81 81	PROC CD MODIFIERS 87481 59 87640 59 87653 59	SERVIC UNITS FROM 4.00 05212 1.00 05212 1.00 05212	E DATES RENDERING THRU PROVIDER 4 052124 220224 4 052124 220224 4 052124 220224	BILLED AMOUNT 168. 37.	COPAY 00 0.00 07 0.00 07 0.00	DETAIL EOBS 4244 4524 4580 4021 4244 4021 4244		11100111
	KEILLEY BROWN 2024159025355 I1665623		ENT ID.: 530001860950	052124 052124			0.00	18.76
POS 81 81 81	PROC CD MODIFIERS 87086 87186 87088	SERVIC UNITS FROM 1.00 05212 1.00 05212 1.00 05212	E DATES RENDERING THRU PROVIDER 4 052124 220224 4 052124 220224 4 052124 220224	BILLED AMOUNT 18. 13.	COPAY 53 0.00 50 0.00 09 0.00	DETAIL EOBS 4021 4244 4021 4244 4021 4244		
NAME:	LUCY BROWN 2024150022865 T1653149	RECIPI I1653149	ENT ID.: 530002007181	MRN: 020724 020724	258	.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	SERVIC UNITS FROM 1.00 02072 1.00 02072	E DATES RENDERING THRU PROVIDER 4 020724 220224 4 020724 220224	BILLED AMOUNT 83. 174.	COPAY 81 0.00 33 0.00	DETAIL EOBS 2502 2502		
NAME:	LUCY BROWN 2024150022874 T1656263	RECIPI I1656263	ENT ID.: 530002007181	MRN: 051024 051024	174	.33	0.00	170.84
POS 81	PROC CD MODIFIERS G0482	SERVICUNITS FROM 1.00 05102	E DATES RENDERING THRU PROVIDER 4 051024 220224	BILLED AMOUNT 174.	COPAY 33 0.00	DETAIL EOBS 2502		
NAME:	SHIRLEY BROWN 2024150022877 I1653156		ENT ID.: 530000289935		192	.16	0.00	114.22
POS 81 81 81 81 81	PROC CD MODIFIERS 80053 82607 82306 83540 83550 82728 83036	1.00 05132 1.00 05132 1.00 05132 1.00 05132 1.00 05132	E DATES RENDERING THRU PROVIDER 4 051324 220224 4 051324 220224 4 051324 220224 4 051324 220224 4 051324 220224 4 051324 220224 4 051324 220224 4 051324 220224	15. 22. 44. 9. 13. 40.	COPAY 84 0.00 00 0.00 00 0.00 71 0.00 11 0.00 00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244		

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD
SUITE 138
BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

CRA-PRDN-R

3551548

220224 PAYEE ID NPI ID 1598266421 083149459 CHECK/EFT NUMBER 06/07/2024 ISSUE DATE

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL
POS 81 81 81	PROC CD MODIFIERS 80061 36415 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051324 051324 220224 1.00 051324 051324 220224 1.00 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 20.00 0.00 2502 4021 4244 4.50 0.00 3323 9.00 0.00 2502 4021 4244	AMOUNT
	ROSIE BRYANT 2024150022897	RECIPIENT ID.: 530002154599	MRN: 021624 021624 60.00 0.00	0.00
POS 81	PROC CD MODIFIERS 81007	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021624 021624 220224	BILLED AMOUNT COPAY DETAIL EOBS 60.00 0.00 5912	
NAME:	BETTY BULLOCK 2024156024888 I1660928	RECIPIENT ID.: 530001731134	MRN: 052124 052124 18.53 0.00	7.91
POS 81	PROC CD MODIFIERS 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 2502 4021 4244	
NAME:	BETTY BULLOCK 2024158028541 I1664268	RECIPIENT ID.: 530001731134	MRN: 052124 052124 881.59 0.00	685.04
81 81 81 81 81 81 81	PROC CD MODIFIERS 87798 59 87481 59 87491 59 87511 59 87529 59 87591 59 87653 59 87661 59 87563 87640 59	9.00 052124 052124 220224 2.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 2.00 052124 052124 220224 1.00 052124 052124 220224 2.00 052124 052124 220224 2.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224		
NAME:	MICHAEL BULLOCK 2024156024900 I1661987	RECIPIENT ID.: 530002253214 I1661987	MRN: 052824 052824 174.33 0.00	0.00
POS 81	PROC CD MODIFIERS G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 5912	

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DATE: 06/07/2024

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CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

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RA#:

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
	JEWEL BURBANK 2024150022948	I1656268	RECIPIENT ID.: 500001025295 SERVICE DATES RENDERING	MRN: 050124 050124 74.54 0.00 BILLED	48.76
81 81 81 81	PROC CD MODIFIERS 80053 80061 84443 36415 85049	UNITS 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224	050124 050124 74.54 0.00 BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 20.00 0.00 2502 25.20 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
	T1660929		RECIPIENT ID.: 530002042601		7.91
POS 81	PROC CD MODIFIERS 87086	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 2502	
	T1653100		RECIPIENT ID.: 530000874923		170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022024 022024 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	
	T1656272		RECIPIENT ID.: 530000874923		170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	
	I1653202	I1653202	RECIPIENT ID.: 530000892294	MRN: 052024 052024 47.00 0.00	0.00
	R EOBS: 0513 9990 PROC CD MODIFIERS 85060 LC	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 9990	
NAME:	IKERRIA BUTLER 2024156024952 I1660936	I1660936	RECIPIENT ID.: 530000892295	MRN: 052024 052024 47.00 0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LI	LC
1930 EDWARDS LAKE ROAD	
SUITE 138	
BIRMINGHAM, AL 35235-2718	

CRA-PRDN-R

3551548

REPORT:

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPA	TPL Y AMOUNT	
POS 81	PROC CD MODIFIERS 85060 LC	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021	11100111	
	I1653203		RECIPIENT ID.: 530000892296		0.00)
POS 81	PROC CD MODIFIERS 85060 LC	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021		
	T1660937		RECIPIENT ID.: 530000892296		0.00 0.00)
POS 81	PROC CD MODIFIERS 36415	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 3323		
	T1660938		RECIPIENT ID.: 530000892296		0.00 0.00)
POS 81	PROC CD MODIFIERS 85060 LC	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021		
NAME:	MARY BYROM 2024150022986 I1656278		RECIPIENT ID.: 530002090777		0.00 584.60)
POS 81 81 81	PROC CD MODIFIERS 87481 59 87640 59 87653 59 87798	UNITS 4.00 1.00 1.00 11.00	SERVICE DATES RENDERING FROM THRU PROVIDER 080223 080223 220224 080223 080223 220224 080223 080223 220224 080223 080223 220224	BILLED AMOUNT COPAY DETAIL EOBS 168.00 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 462.00 0.00 2502		
NAME:	SUSAN CAGLE 2024157010953 I1663168	I1663168	RECIPIENT ID.: 530001919680	MRN: 032724 032724 12.69	0.00 8.29)
POS 81	PROC CD MODIFIERS 80048	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224	BILLED AMOUNT COPAY DETAIL EOBS 12.69 0.00 2502 4021 4244		
NAME:	JAMES CALVIN 2024150023033 I1653214	I1653214	RECIPIENT ID.: 530001830422	MRN: 021324 021324 258.14	0.00 231.74	Į

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 80307 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021324 021324 220224 1.00 021324 021324 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	AMOUNT
NAME:	JAMES CALVIN 2024150023042 I1656283	RECIPIENT ID.: 530001830422	MRN: 051324 051324 258.14 0.	00 231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051324 051324 220224 1.00 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	
	I1665642			00 170.84
POS 81	PROC CD MODIFIERS G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032524 032524 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
	T1658149			0.00
POS 81 81	PROC CD MODIFIERS 87075 87070	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224 1.00 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 100.00 0.00 1831 18.00 0.00 1831	
NAME:	CAMERON CANNON 2024152026374 I1658153	RECIPIENT ID.: 530001354632 I1658153	MRN: 043024 043024 41.00 0.	0.00
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 043024 043024 220224 1.00 043024 043024 220224 1.00 043024 043024 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324	
NAME:	CAMERON CANNON 2024152026387 I1658155	RECIPIENT ID.: 530001354632		0.00
POS 81	PROC CD MODIFIERS 81001 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 3324	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

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3551548

REPORT:

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
NAME: KADEN CANTOR 2024158028593		042424 042424 32.00	0.00 0.00
POS PROC CD MODIFIERS 81 82150 59 90 81 83690 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042424 042424 220224 1.00 042424 042424 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324 14.00 0.00 3324	
NAME: DEBORAH CARDEN 2024159025488 I1665645		060524 060524 285.07	0.00 0.00
POS PROC CD MODIFIERS 81 87529 81 87640 59 81 87641 59 81 87653 59 81 87801	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 060524 060524 220224 1.00 060524 060524 220224 1.00 060524 060524 220224 1.00 060524 060524 220224 2.00 060524 060524 220224	AMOUNT COPAY DETAIL EORS	
NAME: REBECCA CARSON 2024159025491 I1665650		052324 052324 174.33	0.00 170.84
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 424	4
NAME: JANETTE CLANTON 2024156025111 I1660963		050624 050624 125.00	0.00 112.15
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050624 050624 220224	BILLED AMOUNT COPAY DETAIL EOBS 125.00 0.00 2502	
NAME: ZAIRE CLARK 2024152026418 I1658171	RECIPIENT ID.: 530002111384 I1658171	MRN: 042524 042524 41.00	0.00 0.00
POS PROC CD MODIFIERS 81 85045 90 81 86140 90 81 83655 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042524 042524 220224 1.00 042524 042524 220224 1.00 042524 042524 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324	
NAME: ROGER CLEVELAND 2024150023063 I1653293	RECIPIENT ID.: 530002052734 I1653293	MRN: 021424 021424 635.32	0.00 518.02

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

		PAT ACCT		$\Box\Box\Box$ M	CE DATES THRU BILLED	BILLED AMOUNT		COPAY	TPL AMOUNT
POS PROC CD 81 87498	MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224 021424 021424 220224 021424 021424 220224 021424 021424 220224 021424 021424 220224		AMOUNT 37	COPAY .07 0.00	DETAIL EOBS 2502	5	
81 87581 81 87633	59	1.00	021424 021424 220224		42	.00 0.00	2502		
81 87634		1.00	021424 021424 220224 021424 220224		70	.20 0.00	2502		
81 87798		4.00	021424 021424 220224		168	.00 0.00	2502		
NAME: LINDA C 202 I1656	4150023089	I1656318	RECIPIENT ID.: 530002247045		031124	60	.00	0.00	29.39
HEADER EOBS:					D.T.T. T.D.D.				
POS PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81 81007		1.00	031124 031124 220224		60	.00 0.00	9990		
NAME: JESSICA 202			RECIPIENT ID.: 530001972039		031824	258	.14	0.00	225.65
I1665	664								
POS PROC CD		UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS	5	
81 80307 81 G0482		1.00	FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224		83 174	.81 0.00	2502		
					1/1	.33 0.00	2302		
NAME: NAVEAH 202	COCHRAN 4150023094	I1653300	RECIPIENT ID.: 530001313346	MRN: 052324	1 052324	124	.16	0.00	0.00
I1653	300								
HEADER EOBS:			SERVICE DATES RENDERING						
POS PROC CD 81 87491	MODIFIERS	UNITS	FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS	5	
81 87591	59	1.00	052324 052324 220224 052324 052324 220224 052324 052324 220224		42	.00 0.00	9990		
81 87661		1.00	052324 052324 220224		32	.30 0.00	9990		
NAME: MASON C			RECIPIENT ID.: 530002228453						
202 I1664	4158028770 331	I1664331		050224	1 050224	41	.00	0.00	0.00
		IINITOO	SERVICE DATES RENDERING		BILLED			1	
POS PROC CD 81 85045	MODIFIERS 90		FROM THRU PROVIDER 050224 050224 220224			COPAY .00 0.00	DETAIL EOBS 3324)	
81 86140	90	1.00	050224 050224 220224		15	.00 0.00	3324		
81 83655	90	1.00	050224 050224 220224		18	.00 0.00	3324		

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CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	PAY	TPL AMOUNT
	BOBBIE COFIELD 202415902552 PROC CD MODIFIE 87086 87186	1 T166F666	RECIPIENT ID.: 500002990464 SERVICE DATES RENDERING FROM THRU PROVIDER 051824 051824 220224 051824 051824 220224 051824 051824 220224	051004 051004 40 10	0.00	21.52
81 NAME:	87088 BOBBIE COFIELD		051824 051824 220224 RECIPIENT ID.: 500002990464			
	202415902553 I1665667	5 I1665667	SERVICE DATES RENDERING	052224 052224 11.28	0.00	8.33
POS 81 81	PROC CD MODIFIE 84550 36415		FROM THRU PROVIDER 052224 052224 220224 052224 220224	AMOUNT COPAY DETAIL EOBS 6.78 0.00 2502 4.50 0.00 3323		
NAME:	JAMIR COHEN 202415602517 I1662061	8 I1662061	RECIPIENT ID.: 530001619600		0.00	0.00
POS 81 81 81	PROC CD MODIFIE 85045 90 86140 90 83655 90	1.00	052324 052324 220224 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324		
NAME:	ARIA COLBERT 202415202643 I1658183	4 I1658183	RECIPIENT ID.: 530001499211	050323 050323 217.69	0.00	0.00
POS 81 81 81	PROC CD MODIFIE 83520 86003 86008	RS UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050323 050323 220224 050323 050323 220224 050323 050323 220224	AMOUNT COPAY DETAIL EORS		
NAME:	CALVIN COLLINS 202415002312 11653312	6 I1653312	RECIPIENT ID.: 530002190246	MRN: 021424 021424 174.33	0.00	170.84
POS 81	PROC CD MODIFIE G0482	RS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 424	4	
NAME:	MARY CONLEY 202415002315 I1653329	0 I1653329	RECIPIENT ID.: 530002094836	MRN: 032824 032824 174.33	0.00	170.84

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

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220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	CODAY	TPL AMOUNT
	PROC CD MODIFI G0482	ERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	ANOUNI
NAME:	MARY CONLEY 20241500231 11653330	.65 I1653330			4.33 0.00	170.84
POS 81	PROC CD MODIFI G0482	ERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 042524 042524 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	MARY CONLEY 20241500231 11656321					197.15
POS 81 81 81 81 81	PROC CD MODIFI 83069 82010 82945 82247 59 82043 QW G0482	TERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224	BILLED AMOUNT COPAY 8.00 0.00 16.00 0.00 8.00 0.00 8.00 0.00 7.58 0.00 174.33 0.00	DETAIL EOBS 2502 4021 4244 4524 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244	
NAME:	ANGELA CROXTON 20241500232 I1656343	297 I1656343	RECIPIENT ID.: 530002041416	MRN: 040924 040924 70	4.14 0.00	584.60
POS 81 81 81	PROC CD MODIFI 87481 59 87640 59 87653 59 87798	TERS UNITS 4.00 1.00 1.00 11.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040924 040924 220224 040924 040924 220224 040924 040924 220224 040924 040924 220224	BILLED AMOUNT COPAY 168.00 0.00 37.07 0.00 37.07 0.00 462.00 0.00	DETAIL EOBS 2502 2502 2502 2502	
NAME:	KALEB CURRY 20241520264 11658211	1658211	RECIPIENT ID.: 530001507739	MRN: 051624 051624 2	3.00 0.00	0.00
POS 81 81	PROC CD MODIFI 85045 90 86140 90	TERS UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224 051624 051624 220224	BILLED AMOUNT COPAY 8.00 0.00 15.00 0.00	DETAIL EOBS 3324 3324	
NAME:	RICHLEIGH DAVIS 20241560253 I1660989		RECIPIENT ID.: 530002394101	MRN: 053024 053024 4	5.65 0.00	0.00

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CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

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		ICN	PAT ACCT	NO.	SERVICE DATES	BILLED	COP	7. V	TPL
POS 81 81 81	PROC CD 82533 83525 36415	MODIFIERS	UNITS 1.00 1.00 1.00	NO. SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224 053024 053024 220224	BILLED AMOUNT 24	COPAY 4.00 0.00 7.15 0.00 4.50 0.00	DETAIL EOBS 1831 1831 3323	A1	AMOUNT
NAME:	RICHLEIG 2024 T16621	H DAVIS 156025360	I1662107	RECIPIENT ID.: 530002394101	MRN: 053024 053024	103	.00	0.00	0.00
				SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224 053024 053024 220224			DETAIL EOBS 1831 1831 1831		
NAME:	DONALD D 2024 I16656	AVIS JR 159022194 592	I1665692	RECIPIENT ID.: 530001830635	MRN: 032624 032624	1 323	.92	0.00	109.76
POS 81 81 81 81 81 81 81 81 81 81 81	PROC CD 84156 82570 83069 84311 82010 82945 82247 83986 81007 82043 80053 84403 83036 80061 36415 85049	MODIFIERS 59 QW	UNITS 1.00 1.00 1.00 2.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224	BILLED AMOUNT 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	COPAY 3.00 0.00 3.00 0.00 3.00 0.00 3.00 0.00 3.00 0.00 3.00 0.00 7.00 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00 7.58 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831 1831 183		
NAME:	TONYA DA 2024 116609	156025391	I1660991	RECIPIENT ID.: 530001385647	MRN: 052224 052224	1 24	.84	0.00	14.74
POS 81	PROC CD 80053	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224	BILLED AMOUNT 15	COPAY 5.84 0.00	DETAIL EOBS 2502 4021 4244		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT	NO. SERVICE DATES RENDERING	SERVICE DATES BILLED FROM THRU AMOUNT	CODAY	TPL
POS 81	PROC CD MODIFIERS 85049	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224	BILLED AMOUNT COPAY 9.00 0.00	DETAIL EOBS 2502 4021 4244	THOON
			RECIPIENT ID.: 530002021631			34.53
POS 81 81 81 81	PROC CD MODIFIERS 80053 83735 80061 36415	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224	BILLED AMOUNT COPAY 15.84 0.00 13.11 0.00 20.00 0.00 4.50 0.00	DETAIL EOBS 2502 2502 2502 3323	
			RECIPIENT ID.: 530001237358			0.00
POS 81 81	PROC CD MODIFIERS 88175 87624	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224	BILLED AMOUNT COPAY 81.00 0.00 35.09 0.00	DETAIL EOBS 4244 4524 4580 4244 4524 4580	
NAME:	VICTORIA DOSEY 2024156025433	I1661004	RECIPIENT ID.: 530001237358	MRN: 051324 051324 254	0.00	0.00
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87389 36415 87491 59 87591 59 87661 80074 87086	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224	BILLED AMOUNT COPAY 36.00 0.00 4.50 0.00 49.86 0.00 42.00 0.00 32.30 0.00 71.00 0.00 18.53 0.00	DETAIL EOBS 4244 3323 4244 4524 4580 4244 4524 4580 4244 4021 4244 4021 4244	
	VICTORIA DOSEY 2024156025476 I1661005	I1661005	RECIPIENT ID.: 530001237358	MRN: 051324 051324 123		0.00
POS 81 81	PROC CD MODIFIERS 86592 88175	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224	BILLED AMOUNT COPAY 7.00 0.00 81.00 0.00	DETAIL EOBS 4244 4524 4580 4244 4524 4580	

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 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
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 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	PAY	TPL AMOUNT
	PROC CD MODIFIERS 87624		SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224	AMOUNT COPAY DETAIL EOBS	0	
	VALERIE DUDLEY 2024152026512 I1658243			051023 051023 582.72	0.00	0.00
	PROC CD MODIFIERS 81225		SERVICE DATES RENDERING FROM THRU PROVIDER 051023 051023 220224	AMOUNT COPAY DETAIL EOBS		
	2024150023728 I1653513	I1653513		021424 021424 174.33	0.00	170.84
	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224	AMOUNT COPAY DETAIL EOBS		
	2024150023736 I1653514	I1653514		050924 050924 174.33	0.00	170.84
	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224	AMOUNT COPAY DETAIL EOBS		
	TROICE DUNKELBERGER 2024150023738 I1653515			041124 041124 174.33	0.00	170.84
	PROC CD MODIFIERS G0482		SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	AMOUNT COPAY DETAIL EOBS		
NAME:	TRA NIYAH DUNNER 2024156025515 I1662133			MRN: 042324 042324 41.00	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042324 042324 220224 042324 042324 220224 042324 042324 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324		
NAME:	MARLENA DYE 2024150023787 I1656400	I1656400	RECIPIENT ID.: 530001966515	MRN: 051424 051424 40.12	0.00	24.32

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

			PAT ACCT		ED \M	CE DATES THRU	BILLED	COP	Δν	TPL AMOUNT
POS 81 81 81	87086 87186	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING	FROM	BILLED AMOUNT 18	COPAY 3.53 0.00 3.50 0.00 3.09 0.00	DETAIL EOBS 2502 2502 2502	ai	APIOUNI
NAME:	MARLENA 202 I1664	DYE 4158029105 401	I1664401	RECIPIENT ID.: 530001966515				38.14	0.00	653.38
POS 81 81 81 81				SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224 051424 051424 220224 051424 051424 220224 051424 051424 220224 051424 051424 220224		BILLED AMOUNT 168 37 462 37	COPAY 3.00 0.00 7.07 0.00 2.00 0.00 7.07 0.00 4.00 0.00	DETAIL EOBS 2502 2502 2502 2502 2502		
NAME:	AKIRA D 202 I1659	YKES 4155017678 635		RECIPIENT ID.: 530001624749			41	11.73	0.00	119.34
POS 81 81 81 81 81	PROC CD 87481 87511 87529 87653 87661 87563 87640	59 59 59 59 59	UNITS 2.00 1.00 2.00 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224 051624 051624 220224 051624 051624 220224 051624 051624 220224 051624 051624 220224 051624 051624 220224 051624 051624 220224		BILLED AMOUNT 84 42 99 74 32 42 37	COPAY 4.00 0.00 2.00 0.00 9.72 0.00 4.14 0.00 2.30 0.00 2.50 0.00 7.07 0.00	DETAIL EOBS 2003 2003 2003 2003 2003 2003 2003		
NAME:	DEBORAH 202 I1661	4156025518		RECIPIENT ID.: 500001506532	MRN:			58.14	0.00	231.75
POS 81 81			1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224 050924 050924 220224		83	3.81 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244		
NAME:	PAISLEY 202 I1664	4158029148	I1664405	RECIPIENT ID.: 530002384263	MRN: 052024	1 052024	1	5.00	0.00	0.00
POS 81	PROC CD 81001	MODIFIERS 90		SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224		BILLED AMOUNT	COPAY 5.00 0.00			

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

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	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COE	PAY A	TPL MOUNT
NAME: B	BARBARA EDWARDS 2024150023835	RECIPIENT ID.: 530001308848 I1656402 SERVICE DATES RENDERING		0.00	170.85
POS P 81	PROC CD MODIFIERS G0482	UNITS FROM THRU PROVIDER 1.00 022924 022924 220224	022924 022924 174.33 BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	4	
	T1662140	RECIPIENT ID.: 530001612310 I1662140		0.00	0.00
POS P 81 81	PROC CD MODIFIERS 85045 90 86140 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052924 052924 220224 1.00 052924 052924 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324		
	2024152026539 T1658256	RECIPIENT ID.: 530000857026 I1658256	050223 050223 582.72	0.00	0.00
POS P 81	PROC CD MODIFIERS 81225	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050223 050223 220224	BILLED AMOUNT COPAY DETAIL EOBS 582.72 0.00 0555 4021		
	COLVIN ELLIS 2024150023861 I1653552 EOBS: 0513 9990	RECIPIENT ID.: 530002186970 I1653552		0.00	0.00
81 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87640 59 87581 59 87633 87641 59 87651 59 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 8.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 42.00 0.00 9990 318.05 0.00 9990 37.07 0.00 9990 49.86 0.00 9990 336.00 0.00 9990		
NAME: D	DANNY ELMORE 2024157011033 I1663208	RECIPIENT ID.: 500000663376 I1663208	MRN: 050924 050924 29.34	0.00	19.16
	PROC CD MODIFIERS 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502		

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 559

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 36415 85049	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 3323 9.00 0.00 2502	- 1 - 1 - 0 - 1 - 1
NAME:	DANNY ELMORE 2024157011054 I1663209	I1663209	RECIPIENT ID.: 500000663376		13.12
POS 81 81	PROC CD MODIFIERS 82150 59 90 83690 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324 14.00 0.00 3324	
NAME:	TERESA ERVIN 2024150023894 I1656418		RECIPIENT ID.: 530000632976		29.01
POS 81	PROC CD MODIFIERS 82306	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042924 042924 220224	BILLED AMOUNT COPAY DETAIL EOBS 44.00 0.00 2502 4021 4244	
	I1658274		RECIPIENT ID.: 530000869694		0.00
POS 81 81	PROC CD MODIFIERS 86038 84443	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 40.00 0.00 5000 27.89 0.00 5000	
NAME:	BETSY EZELL 2024150023951 I1653575	I1653575	RECIPIENT ID.: 500001276106	MRN: 031224 031224 93.34 0.00	62.26
HEADE:	R EOBS: 1081 1091			D.T. I. D.D.	
POS 81 81 81 81	PROC CD MODIFIERS 80053 82306 80061 36415 85049	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 9990 44.00 0.00 9990 20.00 0.00 9990 4.50 0.00 3323 9.00 0.00 9990	
NAME:	GARY FOREMAN 2024150023954 I1656431	I1656431	RECIPIENT ID.: 530002260383	MRN: 050124 050124 174.33 0.00	170.85

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

RA#:

		ICN	PAT ACCT	NO.		CE DATES THRU	BILLED AMOUNT	COI	DAV	TPL
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224	PROM	BILLED AMOUNT 174	COPAY33 0.00	DETAIL EOBS 2502 4021 4244		AMOONI
NAME:	ANGELA 202 I1664	FOSTER 4158029314 456		RECIPIENT ID.: 530001839978			174	.33	0.00	170.84
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502 4021 4244	1	
	202 I1665	4159022321 735	I1665735		05202	4 052024		.33	0.00	33.09
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502 4021 4244	1	
	I1658	299		RECIPIENT ID.: 530001392748				.01	0.00	0.00
HEADE	R EOBS:	0513 9990		CEDITICE DATEC DENDEDING		חתוו בח				
POS 81 81 81 81 81 81 81 81 81 81 81	PROC CD 80053 84443 84439 36415 85049 82306 83540 83550 83002 83001 82670 82728 84403 83036 80061	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224		38 14	COPAY .84 0.00 .20 0.00 .00 0.00 .50 0.00 .00 0.00 .71 0.00 .71 0.00 .78 0.00 .87 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990 3323 9990 9990 9990 9990		
	I1658	4152026738	I1658300	RECIPIENT ID.: 530001392748	MRN: 05012	4 050124	56	.00	0.00	0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

		ICN	PAT ACCT		FROM	E DATES THRU	BILLED AMOUNT	CO	PAY	TPL AMOUNT
POS 81 81 81	PROC CD 82627 85045 86140	MODIFIERS 90 90 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224 050124 050124 220224]	BILLED AMOUNT 33 8 15	COPAY .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 3324 3324 3324		
	I16583	FRITZ 4152026741 301 0513 9990		RECIPIENT ID.: 530001392748				.02	0.00	0.00
		MODIFIERS	UNITS 3.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224 052024 052024 220224 052024 052024 220224 052024 052024 220224 052024 052024 220224 052024 052024 220224	1	BILLED AMOUNT 126 49 42 49 42 32	COPAY .00 0.00 .86 0.00 .00 0.00 .86 0.00 .00 0.00 .30 0.00	DETAIL EOBS 9990 9990 9990 9990 9990		
	T1661(1 3 9		RECIPIENT ID.: 530001775585				.00	0.00	112.15
POS 81	PROC CD G0480	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224	1 2	BILLED AMOUNT 125	COPAY	DETAIL EOBS 2502 4021 424	4	
		ARDNER 4158029380		RECIPIENT ID.: 530001770251	MRN: 030624	030624	394	.26	0.00	302.21
POS 81 81 81 81 81 81 81 81	PROC CD	MODIFIERS 59 QW	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224 030624 030624 220224		7 15 14 20 25 4	COPAY .00 0.00 .00 0.00 .00 0.00 .58 0.00 .84 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831 1831 183		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

		ICN			SERVIC FROM	E DATES	BILLED	CO	7D X V	TPL
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING	FROM	BILLED AMOUNT 83	COPAY .81 0.00 .33 0.00	DETAIL EOBS 1831 2502 4021 424	44	AMOUNT
	BRI LIYA 2024	AH GARRETT 4152026804	I1658315	RECIPIENT ID.: 530000703222	MRN: 042324	042324	2	3.00		0.00
POS 81 81	PROC CD 85045 86140	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042324 042324 220224 042324 042324 220224		BILLED AMOUNT 8 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324		
	T166E'	740						7.58	0.00	0.00
POS 81 81 81 81 81	PROC CD 83069 82010 82945 82247 81007 82043	MODIFIERS 59 QW	UNITS 1.00 1.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052124 052124 220224 052124 052124 220224 052124 052124 220224 052124 052124 220224 052124 052124 220224 052124 052124 220224		BILLED AMOUNT 8 16 8 120 7	COPAY .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831		
NAME:	LISA GII 202	LMORE 4159022364	I1665750	RECIPIENT ID.: 530000871628	MRN: 052224	052224	4	9.34	0.00	0.00
POS 81 81 81	PROC CD 80053 80061 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224		BILLED AMOUNT 15 20 4 9	COPAY .84 0.00 .00 0.00 .50 0.00	DETAIL EOBS 1831 1831 3323 1831		
	LISA GI	LMORE 4159022366	I1665751	RECIPIENT ID.: 530000871628	MRN:	052124		8.14	0.00	0.00
POS 81 81	PROC CD 80307 G0482		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052124 052124 220224 052124 052124 220224			COPAY .81 0.00 .33 0.00	DETAIL EOBS 1831 2003		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPA	AY	TPL AMOUNT
POS P 81 81 81 81 81	80053 82607 82746 82306 84443 36415	-1 (- (1 1 -	RECIPIENT ID.: 530001751422 SERVICE DATES RENDERING FROM THRU PROVIDER 050724 050724 220224 050724 050724 220224 050724 050724 220224 050724 050724 220224 050724 050724 220224 050724 050724 220224 050724 050724 220224	050504 050504 140 54	0.00	93.83
	OOROTHY GLADNEY 2024150024069 I1653697	I1653697	RECIPIENT ID.: 530000085769	020824 020824 258.14	0.00	231.74
POS P 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224	AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244		
NAME: A	ANTONIO GLASCO 2024150024094 I1653699	I1653699	RECIPIENT ID.: 500002835119	MRN: 022624 022624 5.00	0.00	0.00
POS P 81	PROC CD MODIFIERS 81001 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022624 022624 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 3324		
NAME: A	ANTONIO GLASCO 2024150024100 I1653701	I1653701	RECIPIENT ID.: 500002835119	032724 032724 16.00	0.00	0.00
81	PROC CD MODIFIERS 82570 90 84156 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224 032724 032724 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 8.00 0.00 3324		
NAME: S	SOPHIA GODINEZ 2024152026830 I1658325	I1658325	RECIPIENT ID.: 530002341791	MRN: 121523 121523 319.55	0.00	0.00
	PROC CD MODIFIERS 87507	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 121523 121523 220224	BILLED AMOUNT COPAY DETAIL EOBS 319.55 0.00 5912		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAS	TPL Y AMOUNT
	OPHIA GODINEZ 2024156025744	I1662203	RECIPIENT ID.: 530002341791 SERVICE DATES RENDERING	121523 121523 319.55 (0.00
POS P 81	ROC CD MODIFIERS 87507 59	UNITS 1.00	FROM THRU PROVIDER 121523 121523 220224	BILLED AMOUNT COPAY DETAIL EOBS 319.55 0.00 5930	
NAME: R	ONALD GORE 2024150024138 I1656458		RECIPIENT ID.: 500000772216		0.00 99.00
81 81 81 81 81 81	PROC CD MODIFIERS 80053 82607 82746 84481 80061 84443 84439 36415	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042924 042924 220224 042924 042924 220224 042924 042924 220224 042924 042924 220224 042924 042924 220224 042924 042924 220224 042924 042924 220224 042924 042924 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 22.00 0.00 2502 22.00 0.00 2502 24.00 0.00 2502 24.00 0.00 2502 20.00 0.00 2502 25.20 0.00 2502 13.00 0.00 2502 4.50 0.00 3323	
NAME: D	DEBRA GORMAN 2024156025760 I1662211	I1662211	RECIPIENT ID.: 530001823506	MRN: 022724 022724 174.33	0.00 170.84
		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	
NAME: D	I1665754		RECIPIENT ID.: 530001823506		0.00 170.84
	ROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032524 032524 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	
	MMA GOVER 2024159022379 11665756		RECIPIENT ID.: 533401832029	MRN: 013124 013124 153.21	0.00 48.07
POS P	EOBS: 0823 2001 99 PROC CD MODIFIERS 87640 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 013124 013124 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 9990	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

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	ICN-			SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81	PROC CD MODIF: 87641 59 87653 59 87481 59	IERS UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING	BILLED AMOUNT COPAY 37.07 0.00 37.07 0.00 42.00 0.00	DETAIL EOBS 9990 9990 9990	
NAME:	TONYA GOWENS 2024150024 11656461	153	RECIPIENT ID.: 530001792905	MRN: 050124 050124 17	4.33 0	.00 170.85
POS 81	PROC CD MODIF	IERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224	AMOUNT COPAY	DETAIL EOBS 2003	
NAME:	TAMMY GOZA 2024156025 11662212	775 I1662212		053124 053124 11	4.16 0	.00 0.00
POS 81 81 81 81 81 81	PROC CD MODIF: 80053 82746 83540 83550 82728 36415 85049	IERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053124 053124 220224 053124 053124 220224 053124 053124 220224 053124 053124 220224 053124 053124 220224 053124 053124 220224 053124 053124 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 3323 1831	
NAME:	TAMMY GOZA 2024157011 11663247	121 11663247	RECIPIENT ID.: 530000664355	MRN: 053124 053124 4	8.00 0	.00 0.00
POS 81 81	PROC CD MODIF	IERS UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053124 053124 220224 053124 053124 220224	AMOUNT COPAY	DETAIL EOBS 1831 1831	
NAME:	WESLEY GRANT 2024156025 I1661052	780 I1661052	RECIPIENT ID.: 530001996000		8.14 0	.00 231.74
POS 81 81	PROC CD MODIF 80307 G0482	IERS UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224	BILLED AMOUNT COPAY 83.81 0.00 174.33 0.00	DETAIL EOBS 2502 2502	
NAME:	GEORGE GREEN 2024150024 I1653762	217	RECIPIENT ID.: 530001791070	MRN: 031424 031424 19	9.54 0	.00 132.37

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

			PAT ACCT			CE DATES THRU	BILLED AMOUNT	C	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81	PROC CD MO 80053 82607 82746 82306 84481 80061 84443 84439 36415 85049	DIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224 031424 031424 220224		BILLED AMOUNT 15 22 22 44 24 20 25 13 4	COPAY .84 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .20 0.00 .50 0.00 .00 0.00	DETAIL EOBS 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 2502 4021 42 3323 2502 4021 42	244 244 244 244 244 244 244	
	GEORGE GREE 2024150 I1653763	IN 024228	I1653763	RECIPIENT ID.: 530001791070	MRN: 031424	031424	40	.00	0.00	12.98
				SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224			COPAY .00 0.00	DETAIL EOBS 2502 4021 42	244	
	11053/04			RECIPIENT ID.: 530001791070				.19		12.70
				SERVICE DATES RENDERING FROM THRU PROVIDER 032924 032924 220224 032924 032924 220224		BILLED AMOUNT 12 4	COPAY .69 0.00 .50 0.00	DETAIL EOBS 2502 4021 42 3323	244	
	T1659728			RECIPIENT ID.: 530001943931				. 47		0.00
POS 81 81 81 81 81 81 81	PROC CD MO 84153 80061 84443 84439 36415 85049 80053 82607 82746	DIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224		13 4 9 15 22	COPAY .00 0.00 .00 0.00 .20 0.00 .00 0.00 .50 0.00 .00 0.00 .84 0.00 .00 0.00	DETAIL EOBS 1831 1831 1831 1831 3323 1831 1831 1831		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083149459

06/07/2024

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

CHECK/EFT NUMBER

BIRMINGHAM, AL 35235-2718

ISSUE DATE

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81	PROC CD 82306 83540 83550 82728 84403 83036 83735	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224	BILLED AMOUNT COPAY 44.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 38.00 0.00 14.00 0.00 13.11 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831	
NAME:	JEFFERY 202 I1661	GREEN 4156025844 055			052924 052924 48	.00 0.00	0.00
POS 81 81	PROC CD	MODIFIERS	UNITS 1.00 1.00		BILLED AMOUNT COPAY 40.00 0.00 8.00 0.00	DETAIL EOBS 1831 1831	
NAME:	NAKIA G 202 I1664		I1664512	RECIPIENT ID.: 530001970032		.21 0.00	618.99
POS 81 81 81 81	PROC CD 87481 87640 87653 87798 87641	59 59	UNITS 4.00 1.00 1.00 11.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031524 031524 220224 031524 031524 220224 031524 031524 220224 031524 031524 220224 031524 031524 220224	BILLED AMOUNT COPAY 168.00 0.00 37.07 0.00 37.07 0.00 462.00 0.00 37.07 0.00	DETAIL EOBS 2502 2502 2502 2502 2502	
NAME:	CHERYL 202 I1659				MRN: 081623 081623 101	.69 0.00	10.60
POS 81 81 81 81 81 81	PROC CD 80048 85049 84156 82570 83069 84311 82010 82945	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 081623 081623 220224 081623 081623 220224 081623 081623 220224 081623 081623 220224 081623 081623 220224 081623 081623 220224 081623 081623 220224 081623 081623 220224	BILLED AMOUNT COPAY 12.69 0.00 9.00 0.00 8.00 0.00 8.00 0.00 8.00 0.00 32.00 0.00 16.00 0.00 8.00 0.00	DETAIL EOBS 2502 2502 2502 2502 2502 2502 4524 2502	

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CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
NAME:	TAMMY HAGAN 2024156025929	I1661066	RECIPIENT ID.: 530000029841 SERVICE DATES RENDERING		1.33 0	.00 170.85
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224	AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502	
	T1653792		RECIPIENT ID.: 500002557016			.00 170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
	T1664534		RECIPIENT ID.: 530001941975			.00 0.00
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053124 053124 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 5912	
NAME:	AUBREY HANNIBLE 2024149019989	I1652012	RECIPIENT ID.: 530001189964	MRN: 022224 022224 23	3.00 0	.00 0.00
POS 81 81	PROC CD MODIFIERS 85045 90 86140 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022224 022224 220224 022224 022224 220224	BILLED AMOUNT COPAY 8.00 0.00 15.00 0.00	DETAIL EOBS 3324 3324	
			RECIPIENT ID.: 530000397959			.00 0.00
	PROC CD MODIFIERS 85049	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224 060324 060324 220224	BILLED AMOUNT COPAY 9.00 0.00 18.53 0.00	DETAIL EOBS 4021 4244 4021 4244	
NAME:	ERICA HARBIN 2024159022459 I1665772	I1665772	RECIPIENT ID.: 530000397959	MRN: 060324 060324 122	2.00 0	.00 0.00
POS 81	PROC CD MODIFIERS 86592	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224	BILLED AMOUNT COPAY 7.00 0.00	DETAIL EOBS 4244 4524 4580	

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CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED TPL FROM THRU AMOUNT COPAY AMOUNT
POS 81	PROC CD MODIFIERS 86480	UNITS 1.00	FROM THRU PROVIDER	BILLED AMOUNT COPAY DETAIL EOBS 115.00 0.00 4021 4244
	DARRELL HARRIS 2024157011195 I1663266	I1663266	RECIPIENT ID.: 530001756224	MRN: 051424 051424 258.14 0.00 231.75
POS 81 81	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224 051424 051424 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244
	GERALDINE HARRIS 2024158029627 I1664548	I1664548	RECIPIENT ID.: 530001727980	MRN: 022824 022824 258.14 0.00 231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022824 022824 220224 022824 022824 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244
	JAYDEN HARRIS 2024157011217 I1663267 R EOBS: 0689 9990	I1663267	RECIPIENT ID.: 530001280802	MRN: 041124 041124 5.00 0.00 0.00
		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 9990
	LASHAWDRA HASKINS 2024150024403 I1653885	I1653885	RECIPIENT ID.: 500000289130	MRN: 100323 100323 99.72 0.00 68.78
POS 81	PROC CD MODIFIERS 87529	UNITS 2.00	SERVICE DATES RENDERING FROM THRU PROVIDER 100323 100323 220224	BILLED AMOUNT COPAY DETAIL EOBS 99.72 0.00 2502
NAME:	JESSICA HATCHER 2024152026937 I1658377	I1658377	RECIPIENT ID.: 530001362897	MRN: 052424 052424 164.66 0.00 0.00
POS 81 81	PROC CD MODIFIERS 87389 36415	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224 052424 052424 220224	BILLED AMOUNT COPAY DETAIL EOBS 36.00 0.00 4244 4.50 0.00 3323

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 06/07/2024 BIRMINGHAM, AL 35235-2718 ISSUE DATE

REPORT:

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		ICN				CE DATES	BILLED	COD:	ΔΥ	TPL AMOUNT
POS 81 81 81	PROC CD 87491 87591 87661	MODIFIERS 59 59	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224 052424 052424 220224 052424 052424 220224	ricori	BILLED AMOUNT 4	COPAY 49.86 0.00 42.00 0.00 52.30 0.00	DETAIL EOBS 4244 4524 4580 4244 4524 4580 4244		ANOUNT
NAME:	JESSICA 2024 11659	HATCHER 4155017988 770	I1659770	RECIPIENT ID.: 530001362897	MRN: 05242	4 05242	24	7.00		0.00
POS 81	PROC CD 86592	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224		BILLED AMOUNT	COPAY 7.00 0.00	DETAIL EOBS 4244 4524 4580		
	T1659'	771						71.00	0.00	0.00
POS 81	PROC CD 80074	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224		BILLED AMOUNT 7	COPAY 1.00 0.00	DETAIL EOBS 4021 4244		
NAME:	-1660	0.77						35.66	0.00	0.00
POS 81 81 81 81 81	PROC CD 87389 36415 87491 87591 87661 80074	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224		BILLED AMOUNT 3 4 4 3 7	COPAY 66.00 0.00 4.50 0.00 9.86 0.00 2.00 0.00 2.30 0.00 71.00 0.00	DETAIL EOBS 4244 3323 4244 4524 4580 4244 4524 4580 4244 4021 4244		
NAME:		HATCHER 4156026074		RECIPIENT ID.: 530001362897				7.00	0.00	0.00
POS 81	PROC CD 86592	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224		BILLED	COPAY 7.00 0.00			
NAME:		HATCHER 4157011260 271	I1663271	RECIPIENT ID.: 530001362897	MRN: 05242	4 05242	24 2	35.66	0.00	0.00

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CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
POS 81 81 81 81 81	PROC CD MODIFIERS 87389 36415 87491 59 87591 59 87661 80074	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224 052424 052424 220224	BILLED AMOUNT COPAY DET 36.00 0.00 424 4.50 0.00 332 49.86 0.00 424 42.00 0.00 424 32.30 0.00 424	TAIL EOBS 44 23 44 4524 4580 44 4524 4580
NAME:	JESSICA HATCHER 2024157011275 I1663272	I1663272	RECIPIENT ID.: 530001362897	MRN: 052424 052424 123.09	0.00 0.00
81 81 81	PROC CD MODIFIERS 86592 88175 87624		052424 052424 220224 052424 052424 220224 052424 052424 220224	AMOUNT COPAY DET 7.00 0.00 424 81.00 0.00 424 35.09 0.00 424	TAIL EOBS 44 4524 4580 44 4524 4580 44 4524 4580
NAME:	PAMELA HATCHETT 2024150024434 I1653889	I1653889	RECIPIENT ID.: 530001970134	040424 040424 16.00	0.00 0.00
POS 81 81	PROC CD MODIFIERS 82570 90 84156 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040424 040424 220224 040424 040424 220224	BILLED AMOUNT COPAY DET 8.00 0.00 332 8.00 0.00 332	
NAME:	PAMELA HATCHETT 2024150024443 I1653891	I1653891	RECIPIENT ID.: 530001970134	050124 050124 107.00	0.00 0.00
POS 81 81	PROC CD MODIFIERS 85610 90 85730 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224	BILLED AMOUNT COPAY DET 7.00 0.00 332	
NAME:	JAMES R HAWKINS 2024150024447 I1656509	I1656509	RECIPIENT ID.: 530001755419	MRN: 050624 050624 12.69	0.00 8.30
	PROC CD MODIFIERS 80048	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224		TAIL EOBS 02 4021 4244
	JUANITA HAWKINS 2024156026076 I1662277 R EOBS: 0513 9990	I1662277	RECIPIENT ID.: 530002122632	MRN: 053024 053024 843.74	0.00 0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

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3551548

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COP.	λV	TPL AMOUNT
POS 81 81 81 81 81	PROC CD MODIFIE 87481 59 87640 59 87653 59 87798 87641 59 87798 87086	RS UNITS 4.00 1.00 1.00 11.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224	BILLED AMOUNT COPAY 168.00 0.00 37.07 0.00 37.07 0.00 462.00 0.00 37.07 0.00 84.00 0.00 18.53 0.00	DETAIL EOBS 9990 9990 9990 9990	AI	AMOONI
NAME:	GLENDA HELMS 202414902002 I1652034	3 I1652034		050824 050824 1		0.00	62.25
POS 81 81 81 81 81	PROC CD MODIFIE 80053 82306 84443 84439 36415 85049	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224	BILLED AMOUNT COPAY 15.84 0.00 44.00 0.00 25.20 0.00 13.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 3323 2502 4021 4244		
NAME:	SHERRY HERNANDEZ 202415002449 11656519	3 11656519		050224 050224 2		0.00	231.75
	PROC CD MODIFIE	RS UNITS 1.00 1.00		BILLED AMOUNT COPAY 83.81 0.00 174.33 0.00	DETAIL EOBS 2502 2502		
NAME:	EMILY HERNANDEZ- 202415802972 I1664560		RECIPIENT ID.: 530002222654	MRN: 042224 042224	41.00	0.00	0.00
POS 81 81 81	PROC CD MODIFIE 85045 90 86140 90 83655 90	RS UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042224 042224 220224 042224 042224 220224 042224 042224 220224	BILLED AMOUNT COPAY 8.00 0.00 15.00 0.00 18.00 0.00			
NAME:	PATSY HESTER 202415002451 I1656524	8 I1656524	RECIPIENT ID.: 530001941391	MRN: 050924 050924	40.12	0.00	24.32

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

ISSUE DATE

			PAT ACCT		FROM	E DATES	BILLED AMOUNT	C	OPAY	TPL AMOUNT
POS 81 81 81	PROC CD 87186 87088 87086	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224 050924 050924 220224 050924 050924 220224	THOM	BILLED AMOUNT 13 8	COPAY .50 0.00 .09 0.00 .53 0.00	DETAIL EOBS 2502 2502 2502	01111	THIOUNT
NAME:	LADONNA 2024 I16539	HOLLOWAY 1150024572 979	I1653979	RECIPIENT ID.: 500002954868	MRN: 030124	030124	7	4.54	0.00	49.46
HEADEI	R EOBS:	1081 1091 9	990							
POS 81 81 81 81	PROC CD 80053 80061 84443 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030124 030124 220224 030124 030124 220224 030124 030124 220224 030124 030124 220224 030124 030124 220224		BILLED AMOUNT 15 20 25 4	COPAY .84 0.00 .00 0.00 .20 0.00 .50 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990 3323 9990		
	TIASA	~ 7 9		RECIPIENT ID.: 500000135739				4.33	0.00	170.85
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502		
	ELIJAH F 2024 116623	HORN 4156026302	I1662312	RECIPIENT ID.: 530001589497	MRN: 042224	042224	4	1.00	0.00	0.00
POS 81 81 81	PROC CD 85045 86140 83655	MODIFIERS 90 90 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042224 042224 220224 042224 042224 220224 042224 042224 220224		BILLED AMOUNT 8 15 18	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324 3324		
NAME:	AMYIAH H	HUGHES 4156026363	I1662331	RECIPIENT ID.: 530000905736	MRN: 051424	051424		3.00	0.00	0.00
POS 81 81 81	PROC CD 85045 86140 86038	MODIFIERS 90 90 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224 051424 051424 220224 051424 051424 220224		8 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324 3324		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL DPAY AMOUNT
81 87633 81 87640 81 87641 59	I1665802 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224	050104 050104 560 10	0.00 239.10
NAME: LILY HUNTER 2024159022685 I1665803		042624 042624 713.12	0.00 264.45
81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59		AMOUNT COPAY DETAIL EOBS 150.00 0.00 2003 42.00 0.00 2003 37.07 0.00 2003 42.00 0.00 2003 318.05 0.00 2003 37.07 0.00 2003 37.07 0.00 2003 37.07 0.00 2003 49.86 0.00 2003	
NAME: MAIYUS HUNTER 2024159022691 I1665804 HEADER EOBS: 0513 9990	RECIPIENT ID.: 530002220812 I1665804	040424 040424 285.07	0.00 0.00
POS PROC CD MODIFIERS 81 87529 81 87640 59 81 87641 59 81 87653 59 81 87801	1.00 040424 040424 220224 1.00 040424 040424 220224 2.00 040424 040424 220224	AMOUNT COPAY DETAIL EOBS 99.72 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 74.14 0.00 9990	
NAME: REBECCA INGRAM 2024150024638 I1654057	RECIPIENT ID.: 530001804604 I1654057	MRN: 022224 022224 174.33	0.00 170.84

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
	PROC CD MODIFIERS G0482	SERVICE DATES RENDERING	BILLED AMOUNT COPAY DETAIL EOBS	
	BRI ELLE JACKSON 2024156026461 I1661121		040824 040824 60.00	0.00 0.00
POS 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		
NAME:	HALI JACKSON 2024159022724 I1665815	RECIPIENT ID.: 530000420575 I1665815		0.00 0.00
POS 81 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060424 060424 220224 1.00 060424 060424 220224	BILLED AMOUNT COPAY DETAIL EOBS 44.00 0.00 4021 4244 4.50 0.00 3323	
	KAIDEN JACKSON 2024158029906 I1664630	RECIPIENT ID.: 530001257594 I1664630	MRN: 051324 051324 5.00	0.00 0.00
POS 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051324 051324 220224		
NAME:	MARGARET JACKSON 2024157011357 I1663299		112023 112023 55.00	0.00 28.07
POS 81 81 81	84156 59 82570 59 84311 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 112023 112023 220224 1.00 112023 112023 220224 2.00 112023 112023 220224 1.00 112023 112023 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 2502 8.00 0.00 2502 32.00 0.00 2502 7.00 0.00 2502	
NAME:	ZAYDEN JACKSON 2024156026535 I1662348	RECIPIENT ID.: 530001854684 I1662348	MRN: 052124 052124 41.00	0.00 0.00
	PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

		ICN	PAT ACCT	NO.	SERVIC: FROM	E DATES	BILLED AMOUNT		CODAV	TPL
POS 81 81	PROC CD 86140 83655	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052124 052124 220224 052124 052124 220224	r Kori	BILLED AMOUNT 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324		AMOUNT
NAME:	KYLER J. 202 I1665		I1665820	RECIPIENT ID.: 530000183537	MRN: 032124	032124	100	.00	0.00	0.00
POS 81 81	PROC CD 86665 86664	MODIFIERS 90 90	UNITS 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032124 032124 220224 032124 032124 220224	<u>;</u>	BILLED AMOUNT 70 30	COPAY .00 0.00 .00 0.00	DETAIL EOB: 3324 3324	S	
NAME:	DOROTHY 202 I1663	JEFFERSON 4157011382 300	I1663300	RECIPIENT ID.: 530001609597	MRN: 031924	031924	174	.33	0.00	170.84
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224]	BILLED AMOUNT 174	COPAY	DETAIL EOBS	S	
	202 T1665	4159022774	I1665823		051324	051324		.12		24.32
POS 81 81 81	PROC CD 87086 87186 87088	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224 051324 051324 220224	<u>.</u>	BILLED AMOUNT 18 13	COPAY .53 0.00 .50 0.00 .09 0.00	DETAIL EOB: 2502 2502 2502	S	
NAME:		NNINGS 4149020135		RECIPIENT ID.: 530001701150				.00		0.00
			UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224 020724 020724 220224 020724 020724 220224	;	AMOUNT 8 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 3324 3324 3324	S	
	202 I1658	JOHNSON 4152027040 429 0513 9990	I1658429	RECIPIENT ID.: 530002200643	MRN: 052824	052824	899	.12	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224	BILLED AMOUNT COPAY DETAIL 42.00 0.00 9990 37.07 0.00 9990 42.00 0.00 9990 318.05 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 49.86 0.00 9990 336.00 0.00 9990	
NAME:	JACQUELINE JOHNSON 2024158029958 I1664647	11664647	RECIPIENT ID.: 530001746246	MRN: 031524 031524 319.55	0.00 313.16
	PROC CD MODIFIERS 87507	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031524 031524 220224	BILLED AMOUNT COPAY DETAIL 319.55 0.00 2502 4	_ EOBS 1021 4244
NAME:	MARY JOHNSON 2024158030010 I1664654			041224 041224 168.00	0.00 151.40
POS 81	PROC CD MODIFIERS 87481 59	UNITS 4.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041224 041224 220224	BILLED AMOUNT COPAY DETAIL 168.00 0.00 2003	EOBS
NAME:	DASIA JONES 2024149020181 I1652088	I1652088		041524 041524 4.50	0.00 0.00
	PROC CD MODIFIERS 81015	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224	BILLED AMOUNT COPAY DETAIL 4.50 0.00 2504	. EOBS
NAME:	DASIA JONES 2024149020189 I1652089	I1652089	RECIPIENT ID.: 530000804652	MRN: 041524 041524 174.33	0.00 0.00
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224	BILLED AMOUNT COPAY DETAIL 174.33 0.00 2504	. EOBS
NAME:	DASIA JONES 2024150021571 I1654160	I1654160	RECIPIENT ID.: 530000804652	MRN: 041524 041524 172.16	0.00 0.00

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220224

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

PAYEE ID CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT		SERVICE FROM	DATES THRU	BILLED AMOUNT	COF	PAY	TPL AMOUNT
POS 81 81 81 81	PROC CD 87491 87591 87661 87389 85027		1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224	BI AM	TLLED MOUNT 49. 42. 32. 36. 12.	COPAY 86 0.00 00 0.00 30 0.00 00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504		
NAME:	DASIA JO 2024 I16613	ONES 4156026563 133	I1661133	RECIPIENT ID.: 530000804652				20.00	0.00	0.00
POS 81 81 81 81 81	PROC CD 85660 86850 86901 86900 86592 86762 87340	MODIFIERS 90 90 90 90 90	1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224	BI AM	TLLED MOUNT 8. 30. 9. 7. 42.	COPAY 00 0.00 00 0.00 00 0.00 00 0.00 00 0.00	DETAIL EOBS 3324 3324 3324 3324 3324 3324 3324		
NAME:	DASIA JO 2024 I1661	ONES 4156026570 134	I1661134	RECIPIENT ID.: 530000804652	MRN: 041524	041524		83.81	0.00	0.00
	PROC CD		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224	BI AM	LLED MOUNT 83.	COPAY 81 0.00	DETAIL EOBS 2504		
NAME:	DOROTHY 2024 I1661	4156026576	I1661132	RECIPIENT ID.: 530002197027	121823	121823		99.72	0.00	0.00
	PROC CD 87529	MODIFIERS	UNITS				COPAY 72 0.00	DETAIL EOBS 2502 4021 4244	1	
	I16543	4150021584	I1654161	RECIPIENT ID.: 500002553770	MRN: 100323	100323		49.86	0.00	0.00
	PROC CD 87651		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 100323 100323 220224		LLED MOUNT 49.	COPAY 86 0.00			

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
NAME:	LATREKIA JONES 2024155018179		5 MRN: 101623 101623 1,049.12 BILLED	0.00 0.00
POS	PROC CD MODIFIERS	TINITHO EDOM HUDII DDOMEDED		3S
81	87635	1.00 101623 101623 220224	150.00 0.00 2504 42.00 0.00 2504 37.07 0.00 2504 42.00 0.00 2504 318.05 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 49.86 0.00 2504	
81	87486 59	1.00 101623 101623 220224	42.00 0.00 2504	
81	87498 59	1.00 101623 101623 220224	37.07 0.00 2504	
81	87581 59	1.00 101623 101623 220224	42.00 0.00 2504	
81	87633	1.00 101623 101623 220224	318.05 0.00 2504	
81	87640	1.00 101623 101623 220224	37.07 0.00 2504	
81	87641 59	1.00 101623 101623 220224	37.07 0.00 2504	
81		1.00 101623 101623 220224	49.86 0.00 2504	
81		8.00 101023 101023 220224	336.00 0.00 2504	
NAME:	LATREKIA JONES 2024155018199	RECIPIENT ID.: 53000013666	5 MRN:	
	2024155018199 I1659869		121923 121923 1,049.12	0.00 0.00
		SERVICE DATES RENDERING		
POS	PROC CD MODIFIERS	S UNITS FROM THRU PROVIDER	AMOUNT COPAY DETAIL EOF	BS
81	87635	1.00 121923 121923 220224	150.00 0.00 2504 42.00 0.00 2504 37.07 0.00 2504 42.00 0.00 2504 318.05 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 49.86 0.00 2504	
81	87486 59	1.00 121923 121923 220224	42.00 0.00 2504	
81	87498 59	1.00 121923 121923 220224	37.07 0.00 2504	
81	87581 59	1.00 121923 121923 220224	42.00 0.00 2504	
81	87633	1.00 121923 121923 220224	318.05 0.00 2504	
81	87640	1.00 121923 121923 220224	37.07 0.00 2504	
81	87641 59	1.00 121923 121923 220224	37.07 0.00 2504	
81	87651 59	1.00 121923 121923 220224	49.86 0.00 2504	
81	87798	8.00 121923 121923 220224	336.00 0.00 2504	
NAME:	LATREKIA JONES 2024157011433	RECIPIENT ID.: 53000013666		
	2024157011433 I1663311	I1663311	121923 121923 1,049.12	0.00 0.00
		SERVICE DATES RENDERING	BILLED	
POS	PROC CD MODIFIERS	S UNITS FROM THRU PROVIDER	AMOUNT COPAY DETAIL EOR	BS
81	87635	1.00 121923 121923 220224	150.00 0.00 2504	
81	87486 59	1.00 121923 121923 220224	42.00 0.00 2504	
81	87498 59	1.00 121923 121923 220224	37.07 0.00 2504	
81	87581 59	1.00 121923 121923 220224	42.00 0.00 2504	
81	87633	1.00 121923 121923 220224	318.05 0.00 2504	
81	87640	1.00 121923 121923 220224	37.07 0.00 2504	
81	87641 59	1.00 121923 121923 220224	37.07 0.00 2504	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

CRA-PRDN-R

3551548

REPORT:

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN			SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 87651 59 87798	UNITS 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 121923 121923 220224 121923 121923 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504 336.00 0.00 2504	
NAME:	LENORA JONES 2024150021621 11656575	I1656575	RECIPIENT ID.: 500002927085	MRN: 010924 010924 60.00 0	.00 29.39
POS 81	PROC CD MODIFIERS 81007	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010924 010924 220224	BILLED AMOUNT COPAY DETAIL EOBS 60.00 0.00 2502	
NAME:	MARY JONES 2024159022885 I1665841	I1665841	RECIPIENT ID.: 530000942200	MRN: 051424 051424 21.00 0	.00 0.00
POS 81	PROC CD MODIFIERS 80178 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224	BILLED AMOUNT COPAY DETAIL EOBS 21.00 0.00 3324	
	T1665842				.00 15.82
POS 81 81 81	PROC CD MODIFIERS 80048 36415 85049	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032224 032224 220224 032224 032224 220224 032224 032224 220224	BILLED AMOUNT COPAY DETAIL EOBS 12.69 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
		I1654186	RECIPIENT ID.: 530002052312	MRN: 021224 021224 174.33 0	.00 170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
NAME:	JOHN KENNEDY 2024158030075 I1664678	I1664678	RECIPIENT ID.: 530001808908	MRN: 052224 052224 174.33 0	.00 170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
NAME:	KRYSTAL KENNEDY 2024150021728 I1656586	I1656586	RECIPIENT ID.: 530000215615	MRN: 051424 051424 881.59 0	.00 685.04

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

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3551548

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT BILLED	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81	PROC CD MODIFIER 87798 59 87481 59 87491 59 87511 59 87529 59 87591 59 87653 59 87661 59 87563 87640 59	S UNITS 9.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 1	SERVICE DATES RENDERING	BILLED AMOUNT COPAY 378.00 0.00 84.00 0.00 49.86 0.00 42.00 0.00 99.72 0.00 42.00 0.00 74.14 0.00 32.30 0.00 42.50 0.00 37.07 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 4021 2502 4021 4244	
NAME:	SAMMIE KENNEDY 2024156026671 I1661139	I1661139	PECIDIENT ID : 500003982079			0.00 12.71
POS 81 81	PROC CD MODIFIER 80048 36415	S UNITS 1.00 1.00	FROM THRU PROVIDER 050624 050624 050624 220224 050624 220224	AMOUNT COPAY 12.69 0.00 4.50 0.00	DETAIL EOBS 2502 3323	
NAME:	JOHN KING 2024150021747 I1654240	I1654240	RECIPIENT ID.: 500001310776	MRN: 021524 021524 1	8.53	7.91
POS 81	PROC CD MODIFIER 87086	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224	BILLED AMOUNT COPAY 18.53 0.00	DETAIL EOBS 2502	
NAME:	SHARON KNIGHT 2024150021884 I1654264	I1654264	RECIPIENT ID.: 530001746792	MRN: 050924 050924 17	4.33	170.84
POS	PROC CD MODIFIER	S UNITS	SERVICE DATES RENDERING	BILLED AMOUNT COPAY	DETAIL EOBS	
NAME:	SHARON KNIGHT 2024150021896 I1654265	I1654265	RECIPIENT ID.: 530001746792	MRN: 011824 011824 17	4.33	170.84
POS 81	PROC CD MODIFIER G0482	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011824 011824 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	SHARON KNIGHT 2024150021902 I1654266	I1654266	RECIPIENT ID.: 530001746792	MRN: 021524 021524 17	4.33	170.84

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

3551548

REPORT: CRA-PRDN-R

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

IC	CN P	PAT ACCT N			BILLED	COD	ΔV	TPL AMOUNT
PROC CD MOD G0482	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224	BILLED AMOUNT	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 4244		ANOUNT
SHARON KNIGH 20241500 I1654267	IT)21903 I			031424 03142	24 17	4.33	0.00	170.84
PROC CD MOD G0482	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224	BILLED AMOUNT 17	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 4244		
SHARON KNIGH 20241500 I1654268	IT)21906 I			041124 04112	24 17	4.33	0.00	170.84
PROC CD MOD G0482	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT 17	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 4244		
		1665860	RECIPIENT ID.: 530001746792	MRN: 062923 06292				170.84
PROC CD MOD G0482	OIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 062923 062923 220224	BILLED AMOUNT 17	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 4244		
			RECIPIENT ID.: 530001746792	MRN:				170.84
PROC CD MOD G0482	OIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224	BILLED AMOUNT 17	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 4244		
NAVAEH KRONH 20241490 I1652126	IOLM)20295 I						0.00	0.00
R EOBS: 0513	3 9990		SERVICE DATES RENDERING	BILLED				
PROC CD MOD 87635	OIFIERS		FROM THRU PROVIDER 052224 052224 220224	AMOUNT	COPAY 50.00 0.00	DETAIL EOBS 9990		
87486 59		1.00	052224 052224 220224	4	12.00 0.00	9990 9990		
87581 59		1.00	052224 052224 220224			9990		
	PROC CD MOD G0482 SHARON KNIGH 20241500 11654267 PROC CD MOD G0482 SHARON KNIGH 20241500 11654268 PROC CD MOD G0482 SHARON KNIGH 20241590 11665860 PROC CD MOD G0482 SHARON KNIGH 20241590 11665861 PROC CD MOD G0482 SHARON KNIGH 20241590 11665861 PROC CD MOD G0482 NAVAEH KRONH 20241490 11652126 ER EOBS: 0513 PROC CD MOD 87635 87486 59 87498 59	PROC CD MODIFIERS G0482 SHARON KNIGHT 2024150021903 11654267 PROC CD MODIFIERS G0482 SHARON KNIGHT 2024150021906 11654268 PROC CD MODIFIERS G0482 SHARON KNIGHT 2024159023041 11665860 PROC CD MODIFIERS G0482 SHARON KNIGHT 2024159023060 11665861 PROC CD MODIFIERS G0482 SHARON KNIGHT 2024159023060 11665861 PROC CD MODIFIERS G0482 NAVAEH KRONHOLM 2024149020295 11652126 CR EOBS: 0513 9990 PROC CD MODIFIERS 87635 87486 59 87498 59	PROC CD MODIFIERS UNITS G0482 1.00 SHARON KNIGHT 2024150021903 11654267 11654267 PROC CD MODIFIERS UNITS G0482 1.00 SHARON KNIGHT 2024150021906 11654268 11654268 PROC CD MODIFIERS UNITS G0482 1.00 SHARON KNIGHT 2024159023041 11665860 11665860 PROC CD MODIFIERS UNITS G0482 1.00 SHARON KNIGHT 2024159023041 11665861 11665861 PROC CD MODIFIERS UNITS G0482 1.00 SHARON KNIGHT 2024159023060 11665861 11665861 PROC CD MODIFIERS UNITS G0482 1.00 NAVAEH KRONHOLM 2024149020295 11652126 I1652126 I1652126 IR EOBS: 0513 9990 PROC CD MODIFIERS UNITS 87635 1.00 87486 59 1.00 87498 59 1.00	PROC CD MODIFIERS 1.00 SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224 SHARON KNIGHT 2024150021903 I1654267 I1654267 PROC CD MODIFIERS UNITS G0482 1.00 SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224 SHARON KNIGHT 2024150021906 I1654268 PROC CD MODIFIERS UNITS G0482 1.00 SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 SHARON KNIGHT 2024159023041 I1665860 I1665860 PROC CD MODIFIERS UNITS G0482 1.00 SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 SHARON KNIGHT 2024159023041 I1665860 SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 SHARON KNIGHT 2024159023060 I1665861 SERVICE DATES RENDERING FROM THRU PROVIDER 062923 062923 220224 SHARON KNIGHT 2024159023060 I1665861 SERVICE DATES RENDERING FROM THRU PROVIDER 062923 062923 220224 SHARON KNIGHT 2024159023060 I1665861 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SHARON KNOHOLM 2024149020295 I1652126 RE EOBS: 0513 9990 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 PROC CD MODIFIERS UNITS SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224 SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 220224 052224 220224 052224 220224	PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT 17 17 17 17 17 17 17 1	PROC CD MODIFIERS UNITS FROM THEU PROVIDER AMOUNT COPAY G0482 1.00 O21524 O21524 O22024 174.33 0.00	PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS COPAY DETAIL EOBS COPAY COPAY DETAIL EOBS COPAY CO	FROM

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT	NO.		E DATES	BILLED	COPA	7. 3.7	TPL
POS 81 81 81 81	PROC CD MODIFIERS 87633 87640 87641 59 87651 59 87798	UNITS 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224	FROM I	THRU BILLED AMOUNT 318 37 49 336	COPAY .05 0.00 .07 0.00 .07 0.00 .86 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990 9990	ΑΥ	AMOUNT
NAME:	ARABELLA KYLE 2024156026779 I1662407		RECIPIENT ID.: 530002286054			71	.72	0.00	0.00
POS 81	PROC CD MODIFIERS 86008	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224] 2	BILLED AMOUNT 71	COPAY .72 0.00	DETAIL EOBS 4021		
NAME:	DEBORAH LANG 2024150021916 I1654303	I1654303	RECIPIENT ID.: 530001798888			125	.00	0.00	112.14
POS 81	PROC CD MODIFIERS G0480	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224] 2	BILLED AMOUNT 125	COPAY .00 0.00	DETAIL EOBS 2502 4021 4244		
	I1656606		RECIPIENT ID.: 500002095792				.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224 050824 050824 220224] 2	BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244		
NAME:	KEZIAH LEWIS 2024158030242 I1664710	I1664710	RECIPIENT ID.: 530000482967	MRN: 041524		741	.21	0.00	618.99
POS 81 81 81 81 NAME:	PROC CD MODIFIERS 87481 59 87640 59 87653 59 87798 87641 59	UNITS 4.00 1.00 1.00 11.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 041524 041524 220224 RECIPIENT ID.: 530002186999	MRN:	168 37 37 462	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244		
	2024156026917 I1662441	I1662441		052024	052024	40	.34	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

RA#:

			PAT ACCT		SERVICE DATES BILL FROM THRU AMOU	ED NT	COPAY	TPL AMOUNT
POS 1 81 81 81	PROC CD 80053 80061 36415	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING	BILLED AMOUNT CO 15.84 0 20.00 0 4.50 0	PAY DE .00 25 .00 25 .00 33	ETAIL EOBS 502 4021 4244 502 4021 4244	
NAME: S	STEVE L 202 11652	ITTLE 4149020354 150	I1652150	RECIPIENT ID.: 8EH7 GT8 WA3	MRN: 052024 052024	40.34	0.00	0.00
HEADER	EOBS:	0823 2001 9	990					
POS 1 81 81 81	PROC CD 80053 80061 36415	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224 052024 052024 220224 052024 052024 220224	BILLED AMOUNT CO 15.84 0 20.00 0 4.50 0	PAY DE .00 99 .00 99	ETAIL EOBS 990 990 323	
	T1656	622		RECIPIENT ID.: 530001732961				231.74
POS 1 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042224 042224 220224 042224 042224 220224	BILLED AMOUNT CO 83.81 0 174.33 0	PAY DE .00 25	ETAIL EOBS 502 4021 4244 502 4021 4244	
NAME: I	KASHTON 202	LOLLAR 4158030382	I1664723	RECIPIENT ID.: 530002211400	MRN: 041824 041824	41.00	0.00	0.00
POS 1 81 81 81	PROC CD 85045 86140 83655	MODIFIERS 90 90 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041824 041824 220224 041824 041824 220224 041824 041824 220224	BILLED AMOUNT CO 8.00 0 15.00 0 18.00 0	PAY DE .00 33 .00 33 .00	ETAIL EOBS 324 324 324	
	JACK LO	VELACE 4150022112		RECIPIENT ID.: 530001943283				37.38
POS 1 81 81 81	PROC CD 80053 83036 80061 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224 021424 021424 220224 021424 021424 220224 021424 021424 220224	BILLED AMOUNT CO 15.84 0 14.00 0 20.00 0 9.00 0	.00 25 .00 25	ETAIL EOBS 502 502 502 502	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
POS 81 81 81 81	JACK LOVELACE 2024155013767 PROC CD MODIFIERS 80053 80061 36415 85049	I1659936 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224	052124 052124 49.34 BILLED	0.00 32.37
NAME:	LINDA LOVELACE 2024150022121 I1654387	I1654387 SERVICE DATES RENDERING	021424 021424 58.84	0.00 37.38
POS 81 81 81 81	PROC CD MODIFIERS 80053 83036 80061 85049	UNITS FROM THRU PROVIDER 1.00 021424 021424 220224 1.00 021424 021424 220224 1.00 021424 021424 220224	AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 14.00 0.00 2502 20.00 0.00 2502 9.00 0.00 2502	
NAME:	LINDA LOVELACE 2024155013792 I1659937	RECIPIENT ID.: 530002030089	052124 052124 63.34	0.00 41.79
POS 81 81 81 81	PROC CD MODIFIERS 80053 83036 80061 36415 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224 1.00 052124 052124 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 14.00 0.00 2502 20.00 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
NAME:	GLORIA LOVELLE 2024156026948 I1662449	RECIPIENT ID.: 530002015739	MRN: 051024 051024 125.00	0.00 112.14
POS 81	PROC CD MODIFIERS G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051024 051024 220224	BILLED AMOUNT COPAY DETAIL EOBS 125.00 0.00 2502	
NAME:	TRUDY LUIS 2024159023102 I1665889	RECIPIENT ID.: 530000448160	MRN: 032124 032124 174.33	0.00 170.84
POS 81	PROC CD MODIFIERS G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
NAME:	ADDISON MAHONE 2024152027159	I1658518	RECIPIENT ID.: 530000469733 SERVICE DATES RENDERING	MRN: 082321 082321 65.00 0.	00 0.00
	PROC CD MODIFIERS G2023		FROM THRU PROVIDER	AMOUNT COPAY DETAIL EOBS 65.00 0.00 0555	
NAME:	TORYANNA MANNING 2024156026977 I1662456			053024 053024 23.00 0.	0.00
POS 81 81	PROC CD MODIFIERS 85045 90 86140 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	BELLA MARIN-TEPOLE 2024158030461 I1664737			060324 060324 23.00 0.	0.00
POS 81 81		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224 060324 060324 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	CAMILA MARTINEZ-CHA 2024158030486 I1664741			050924 050924 18.00 0.	00 0.00
	PROC CD MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324	
	HARPER MAVERICK 2024150022256 I1654457	I1654457	RECIPIENT ID.: 530002362816		00 0.00
HEADE:	R EOBS: 0513 9990		SERVICE DATES RENDERING	BILLED	
			FROM THRU PROVIDER 052324 052324 220224	AMOUNT COPAY DETAIL EOBS 319.55 0.00 9990	
NAME:	CARLA MAYHALL 2024155014022 I1659973		RECIPIENT ID.: 530001999067		0.00
	PROC CD MODIFIERS 80053		SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

CRA-PRDN-R

BIRMINGHAM, AL 35235-2718

3551548

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

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DATE: 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81 81 81	PROC CD MODIFIERS 84439 36415 85049 82607 82746 82306 83540 83550 82728 83036 83735 80061 84443	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224	BILLED AMOUNT COPAY 13.00 0.00 4.50 0.00 9.00 0.00 22.00 0.00 22.00 0.00 44.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 14.00 0.00 13.11 0.00 20.00 0.00 25.20 0.00	DETAIL EOBS 1831 3323 1831 1831 1831 1831 1831 1831	
NAME:	CARLA MAYHALL 2024156027035 I1661174	I1661174	RECIPIENT ID.: 530001999067	MRN: 052924 052924 4	8.00 0.	0.00
POS 81 81	PROC CD MODIFIERS 84466 85045	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224 052924 052924 220224	BILLED AMOUNT COPAY 40.00 0.00 8.00 0.00	DETAIL EOBS 1831 1831	
NAME:	ROOSEVELT MAYS 2024150022275 I1654470	I1654470		022924 022924 4		0.00
POS 81 81	PROC CD MODIFIERS 84155 90 84165 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224	AMOUNT COPAY 12.00 0.00 35.00 0.00	DETAIL EOBS 3324 3324	
NAME:	ROOSEVELT MAYS 2024150022293 I1654472	I1654472		032824 032824 6	2.58 0.	0.00
POS 81 81 81	PROC CD MODIFIERS 84156 90 82043 QW 90 84155 90 84165 90	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224	BILLED AMOUNT COPAY 8.00 0.00 7.58 0.00 12.00 0.00 35.00 0.00	DETAIL EOBS 3324 3324 3324 3324	
NAME:	EDLA MCAFEE 2024156027055 I1662464	I1662464	RECIPIENT ID.: 530002156793	MRN: 032824 032824 2	6.84 0.	00 14.81

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 82951 90 82952 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032824 032824 220224 1.00 032824 032824 220224	BILLED AMOUNT COPAY DETAIL EOBS 19.00 0.00 1831 3324 7.84 0.00 1831 3324	
NAME:	JOYCE MCALPINE 2024156027060 I1662465	RECIPIENT ID.: 530001960793 I1662465	MRN: 051724 051724 1,049.12 0.00	843.42
POS 81 81 81 81 81 81 81	PROC CD MODIFIERS 87635 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 1.00 051724 051724 220224 8.00 051724 051724 220224	BILLED AMOUNT COPAY DETAIL EOBS 150.00 0.00 2502 42.00 0.00 2502 37.07 0.00 2502 42.00 0.00 2502 318.05 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 336.00 0.00 2502	
NAME:	VIRGINIA MCCLAIN 2024149020460 I1652184		040324 040324 258.14 0.00	0.00
POS 81 81	PROC CD MODIFIERS 80307 G0482		BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2504 174.33 0.00 2504	
NAME:	DENNIS MCCONAGHY 2024157011582 I1663346	RECIPIENT ID.: 500002119283 I1663346	MRN: 042324 042324 111.21 0.00	0.00
POS 81 81 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 042324 042324 220224 1.00 042324 042324 220224 1.00 042324 042324 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 2502 4021 4244 37.07 0.00 2502 4021 4244 37.07 0.00 2502 4021 4244	
NAME:	BRITTANY MCDONALD 2024150022351 I1654506	RECIPIENT ID.: 530001558018 I1654506	MRN: 052324 052324 320.47 0.00	0.00
POS 81	PROC CD MODIFIERS 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

PAGE:

DATE: 06/07/2024

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COP.	AY	TPL AMOUNT
POS 81 81 81 81 81 81 81 81 81 81 81	PROC CD 80061 86376 84443 84439 84436 36415 85049 82607 82746 82306 83550 82728 84481 83036 83735		UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 052324 052324 220224	BILLED AMOUNT COPAY 20.00 0.00 21.00 0.00 25.20 0.00 13.00 0.00 10.00 0.00 4.50 0.00 9.00 0.00 22.00 0.00 22.00 0.00 44.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 24.00 0.00 14.00 0.00 13.11 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831 1831 183		
NAME:	BRITTANY 2024 I16566	150022363	I1656668	RECIPIENT ID.: 530001558018	MRN: 052324 052324 48	3.00	0.00	0.00
POS 81 81	PROC CD 84466 85045	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052324 052324 220224 052324 052324 220224	BILLED AMOUNT COPAY 40.00 0.00 8.00 0.00	DETAIL EOBS 1831 1831		
NAME:	FREEDA M 2024 I16611	156027139	I1661184		050824 050824 174		0.00	170.85
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244		
NAME:		LAURIN 149020493 101	I1652201	RECIPIENT ID.: 530000393801	022024 022024 117	7.00	0.00	0.00
POS 81 81	PROC CD 84146 82672	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022024 022024 220224 022024 022024 220224		DETAIL EOBS 3324 3324		
NAME:	CRYSTAL 2024 I16585	152027229	I1658556	RECIPIENT ID.: 530000083579	MRN: 100323 100323	7.00	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT	NO. SERVICE DATES RENDERING	SERVICE DATES BILLED FROM THRU AMOUNT	COL	D 7/ 3/2	TPL
POS 81	PROC CD 82947	MODIFIERS	UNITS 1.00	BERVICE BITTED RENDERLING	BILLED AMOUNT COPAY 7.00 0.00	DETAIL EOBS 5930	PAY	AMOUNI
NAME:	CRYSTAL 2024 I16624	189				7.00	0.00	0.00
POS 81	PROC CD 82947	MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 100323 100323 220224	BILLED AMOUNT COPAY 7.00 0.00	DETAIL EOBS 5930		
	TT0242) / 0	I1654578	RECIPIENT ID.: 530001147702	MRN: 022924 022924 95	3.22	0.00	0.00
HEADE:	R EOBS:	0843 9990						
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER	BILLED AMOUNT COPAY	DETAIL EOBS		
81	80069		1.00	022924 022924 220224	13.00 0.00	9990		
81	36415		1.00	022924 022924 220224	4.50 0.00	3323		
81	85049		1.00	022924 022924 220224	9.00 0.00	9990		
81	84156		1.00	022924 022924 220224	8.00 0.00	9990		
81	82570		1.00	022924 022924 220224	8.00 0.00	9990		
81	83069		1.00	022924 022924 220224	8.00 0.00	9990		
81	84311		2.00	022924 022924 220224	32.00 0.00	9990		
81	82010		1.00	022924 022924 220224	16.00 0.00	9990		
81	82945	59	1.00	022924 022924 220224	8.00 0.00	9990		
81	82247	59	1.00	022924 022924 220224	8.00 0.00	9990		
81	83986		1.00	022924 022924 220224	7.00 0.00	9990		
81	81007		2.00	022924 022924 220224	120.00 0.00	9990		
81	82043	QW	1.00	022924 022924 220224	7.58 0.00	9990		
81	87481	QW 59	4.00	022924 022924 220224	168.00 0.00	9990		
81	87640	59	1.00	022924 022924 220224	37.07 0.00	9990		
81	87653	59	1.00	022924 022924 220224	37.07 0.00	9990		
81	87798		11.00	FROM THRU PROVIDER 022924 022924 220224	462.00 0.00	9990		
NAME:	HILDA MI	IGUEL 1156027320	I1661199	RECIPIENT ID.: 530001147702	MRN:	3.22	0.00	0.00
תה צ טה.	I16611		,					
IIIAUE.	V FODO.	0040 2220		SERVICE DATES RENDERING	סדוום			
POS 81	PROC CD 80069	MODIFIERS	UNITS 1.00	FROM THRU PROVIDER 022924 022924 220224	BILLED AMOUNT COPAY 13.00 0.00	DETAIL EOBS 9990		
0 1			1.00	_I _I _Z__I _Z_\Z_I	13.00 0.00			

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 591

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81	PROC CD 36415 85049		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224	BILLED AMOUNT COPAY 4.50 0.00 9.00 0.00	DETAIL EOBS 3323 9990	
81 81 81	84156 82570 83069 84311	59	1.00 1.00 1.00 2.00	022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	8.00 0.00 8.00 0.00 8.00 0.00 32.00 0.00	9990 9990 9990 9990	
81 81 81	82010 82945 82247 83986	59	1.00 1.00 1.00 1.00	022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	16.00 0.00 8.00 0.00 8.00 0.00 7.00 0.00	9990 9990 9990 9990	
81 81 81	81007 82043 87481 87640	QW 59 59	2.00 1.00 4.00 1.00	022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	120.00 0.00 7.58 0.00 168.00 0.00 37 07 0.00	9990 9990 9990 9990	
81 81	87653 87798	59	1.00	022924 022924 220224 022924 022924 220224	37.07 0.00 462.00 0.00	9990 9990	
NAME:	2024	MITCHELL 4158030715 301		RECIPIENT ID.: 530001360856 SERVICE DATES RENDERING	052024 052024 2	3.00 0.	0.00
POS 81 81	PROC CD 85045 86140	90	UNITS 1.00 1.00		AMOUNT COPAY 8.00 0.00 15.00 0.00	DETAIL EOBS 3324 3324	
NAME:		1149020510		RECIPIENT ID.: 530000946813 SERVICE DATES RENDERING	122823 122823 8	4.00 0.	0.00
POS 81 81		MODIFIERS 59	1.00		AMOUNT COPAY 42.00 0.00 42.00 0.00	DETAIL EOBS 4244 4244 4524 4580	
NAME:	SHANNON 2024 I16648	1158030719	I1664802	RECIPIENT ID.: 530001370476		5.47 0.	0.00
POS 81 81	PROC CD 80053 84439	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224 060324 060324 220224	BILLED AMOUNT COPAY 15.84 0.00 13.00 0.00	DETAIL EOBS 1831 1831	

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 592

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81 81 81	PROC CD MODIFIERS 36415 85049 82607 82746 82306 83540 83550 82728 83036 83735 80061 84443	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224 060324 060324 220224	BILLED AMOUNT COPAY 4.50 0.00 9.00 0.00 22.00 0.00 22.00 0.00 44.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 14.00 0.00 13.11 0.00 20.00 0.00 25.20 0.00	DETAIL EOBS 3323 1831 1831 1831 1831 1831 1831 1831	
NAME:	SHANNON MOLES 2024158030731 I1664803		RECIPIENT ID.: 530001370476	MRN: 060324 060324 48		0.00
POS 81 81	PROC CD MODIFIERS 84466 85045	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 060324 060324 220224 060324 060324 220224	BILLED AMOUNT COPAY 40.00 0.00 8.00 0.00	DETAIL EOBS 1831 1831	
NAME:	JUSTIN MONCRIEF 2024158030733 I1664804	I1664804	RECIPIENT ID.: 530001976011	052224 052224 342	.02 0.0	272.37
POS 81 81 81 81 81	PROC CD MODIFIERS 87798 87491 59 87511 59 87529 59 87591 59 87661 59	UNITS 3.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224	BILLED AMOUNT COPAY 126.00 0.00 49.86 0.00 42.00 0.00 49.86 0.00 42.00 0.00 32.30 0.00	DETAIL EOBS 2502 2502 2502 2502 2502 2502	
NAME:	SANDRA MOONEY 2024150022509 I1656698	I1656698	RECIPIENT ID.: 530001845430	MRN: 042524 042524 116	.09 0.0	00 60.47
POS 81 81	PROC CD MODIFIERS 88175 90 87624 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042524 042524 220224 042524 042524 220224	BILLED AMOUNT COPAY 81.00 0.00 35.09 0.00	DETAIL EOBS 3324 2502 4021 4244	

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 06/07/2024 BIRMINGHAM, AL 35235-2718 ISSUE DATE

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT C	TPL OPAY AMOUNT
NAME:	EMORY MOORE 2024156027436	CEDITAL DAMES DESIDED TOS	053024 053024 4.50	0.00 0.00
POS 81	PROC CD MODIFIERS 81015	UNITS FROM THRU PROVIDER	AMOUNT COPAY DETAIL EOBS 4.50 0.00 5911	
NAME:	GARY MOORE 2024157011648 I1663382		052224 052224 243.04	0.00 0.00
POS 81 81 81 81 81 81 81 81	PROC CD MODIFIERS 80053 82607 82306 83036 84481 80061 86376 84443 84436 84436 59 86800 84432	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224 1.00 052224 052224 220224	AMOUNT COPAY DETAIL EOBS 15.84 0.00 2504 22.00 0.00 2504 44.00 0.00 2504 14.00 0.00 2504 24.00 0.00 2504 20.00 0.00 2504 21.00 0.00 2504 25.20 0.00 2504 10.00 0.00 2504 23.00 0.00 2504 24.00 0.00 2504	
NAME:	KHYLEY MOORE 2024156027452 I1662531	RECIPIENT ID.: 530001156051 I1662531 SERVICE DATES RENDERING	052824 052824 90.00	0.00 0.00
POS 81 81	PROC CD MODIFIERS 82627 90 84146 90	UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224	AMOUNT COPAY DETAIL EOBS 33.00 0.00 3324 57.00 0.00 3324	
NAME:	VICKI MORGAN 2024150022535 I1654647	RECIPIENT ID.: 530002000459 I1654647	MRN: 022724 022724 174.33	0.00 170.84
POS 81	PROC CD MODIFIERS G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
NAME:	VICKI MORGAN 2024150022549 I1656710	RECIPIENT ID.: 530002000459 I1656710	MRN: 051324 051324 174.33	0.00 170.84

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT	NO. SERVICE DATES RENDERING	SERVICE DATES BILLED FROM THRU AMOUNT COP	AY	TPL AMOUNT
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502		
	T1664824		RECIPIENT ID.: 530002127322		0.00	0.00
POS 81	PROC CD MODIFIERS 83655 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042324 042324 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324		
NAME:				MRN: 052424 052424 74.54	0.00	0.00
81 81 81 81				BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831 25.20 0.00 1831 20.00 0.00 1831 4.50 0.00 3323 9.00 0.00 1831		
NAME:	CLARA MURPHY 2024156027487 I1662542	I1662542	RECIPIENT ID.: 530002232183	MRN: 010424 010424 49.34	0.00	32.29
POS 81 81 81	PROC CD MODIFIERS 80053 80061 36415 85049	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010424 010424 220224 010424 010424 220224 010424 010424 220224 010424 010424 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 4021 4244 20.00 0.00 2502 4021 4244 4.50 0.00 3323 9.00 0.00 2502 4021 4244		
			RECIPIENT ID.: 530002276326			139.78
POS 81	PROC CD MODIFIERS 87631	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041724 041724 220224	BILLED AMOUNT COPAY DETAIL EOBS 330.00 0.00 2502 4021 4244		
NAME:	LASHANDA MURPHY 2024149020544 I1652237	I1652237	RECIPIENT ID.: 530001472406	MRN: 052124 052124 4.50	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.		SERVICE DATES BILLED FROM THRU AMOUNT	COPA	Y.	TPL AMOUNT
POS 81	PROC CD MODIFIERS 36415	SERVI UNITS FROM 1.00 0521	CE DATES RENDERING THRU PROVIDER 24 052124 220224	BILLED AMOUNT COPAY 4.50 0.00	DETAIL EOBS 3323		
	MURRIL NAIL 2024156024426 I1661228	RECIP 11661228	IENT ID.: 530001804117	MRN: 050624 050624 17	4.33	0.00	170.85
POS 81		SERVI UNITS FROM 1.00 0506	CE DATES RENDERING THRU PROVIDER 24 050624 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244		
NAME:	MARLON NANCE 2024150022598 I1654699	RECIP 11654699	IENT ID.: 530001991548	MRN: 052324 052324 2	29.34	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 80053 36415 85049	SERVI UNITS FROM 1.00 0523 1.00 0523 1.00 0523	CE DATES RENDERING THRU PROVIDER 24 052324 220224 24 052324 220224 24 052324 220224	BILLED AMOUNT COPAY 15.84 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 1831 3323 1831		
NAME:	MARLON NANCE 2024150022604 I1656722	RECIP 11656722	IENT ID.: 530001991548	MRN: 052324 052324 5	59.46	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 82150 59 83690 80197	SERVI UNITS FROM 1.00 0523 1.00 0523 1.00 0523	CE DATES RENDERING THRU PROVIDER 24 052324 220224 24 052324 220224 24 052324 220224	BILLED AMOUNT COPAY 18.00 0.00 14.00 0.00 27.46 0.00	DETAIL EOBS 1831 1831 1831		
	MYKOLA NEMCHENKO 2024157011756 I1663399	I1663399	IENT ID.: 500003001552	053024 053024 11	.5.00	0.00	0.00
	PROC CD MODIFIERS 86480	SERVI UNITS FROM 1.00 0530	CE DATES RENDERING THRU PROVIDER 24 053024 220224	BILLED AMOUNT COPAY 115.00 0.00	DETAIL EOBS 1831		
NAME:	LEESA NEYMAN 2024150022623 I1654719	RECIP 11654719	IENT ID.: 530001821690	MRN: 021324 021324 17	74.33	0.00	170.84
	PROC CD MODIFIERS G0482	UNITS FROM	CE DATES RENDERING THRU PROVIDER 24 021324 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT:

RA#:

ICN	PAT ACCT NO	0.	SERVICE DATES BILLED FROM THRU AMOUNT C	OPAY	TPL AMOUNT
	990	RECIPIENT ID.: 530002164315		0.00	10.51
POS PROC CD MODIFIERS 81 82746	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224	BILLED AMOUNT COPAY DETAIL EOBS 22.00 0.00 9990		
NAME: SHAQUAN NIXON 2024150022673	I I1654725	RECIPIENT ID.: 530002126622	MRN: 020924 020924 342.02		272.37
POS PROC CD MODIFIERS 81 87798 81 87491 59 81 87511 59 81 87529 59 81 87591 59 81 87661 59	UNITS 3.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224	BILLED AMOUNT COPAY DETAIL EOBS 126.00 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 49.86 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 32.30 0.00 2502		
NAME: NANCY OLIVER 2024150022752 I1656735	I1656735	RECIPIENT ID.: 530001805435	MRN: 022924 022924 4.50		4.41
POS PROC CD MODIFIERS 81 36415	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 3323		
NAME: E MARIYAH PARHAM 2024149020675 I1652259 HEADER EOBS: 0513 9990	I1652259	RECIPIENT ID.: 530001166167	MRN: 052224 052224 764.98	0.00	0.00
POS PROC CD MODIFIERS 81 87635 81 87651 81 87498 59 81 87581 59 81 87633 81 87798	1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224	BILLED AMOUNT COPAY DETAIL EOBS 150.00 0.00 9990 49.86 0.00 9990 37.07 0.00 9990 42.00 0.00 9990 318.05 0.00 9990 168.00 0.00 9990		
NAME: E MARIYAH PARHAM 2024156024510 I1661246 HEADER EOBS: 0513 9990	I1661246	RECIPIENT ID.: 530001166167	MRN: 052224 052224 764.98	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT		SERVICE DATES BILLED			TPL
POS 81 81 81 81 81	PROC CD MODIFI 87635 87651 87498 59 87581 59 87633 87798	1.00 1.00 1.00 1.00 1.00 4.00	FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224	AMOUNT COPA 150.00 0.0 49.86 0.0 37.07 0.0 42.00 0.0 318.05 0.0 168.00 0.0	Y DETAIL EOBS 0 9990 0 9990 0 9990 0 9990 0 9990 0 9990	COPAY	AMOUNT
NAME:	CHRISTY PARKER 20241590233 11665959	71 I1665959	RECIPIENT ID.: 530001293445	MRN: 041124 041124	366.43	0.00	240.40
POS 81 81 81 81 81 81 81 81 81 81 81 81	PROC CD MODIFI 82044 QW 84550 86376 84443 84439 36415 86800 84432 85049 80053 82607 82306 85652 84481 83036 83735 80061 80074	ERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT COPA 12.00 0.0 6.78 0.0 21.00 0.0 21.00 0.0 25.20 0.0 13.00 0.0 4.50 0.0 23.00 0.0 24.00 0.0 9.00 0.0 15.84 0.0 22.00 0.0 4.00 0.0 4.00 0.0 24.00 0.0 14.00 0.0 13.11 0.0 20.00 0.0	Y DETAIL EOBS 0 2502 0 2502 0 2502 0 2502 0 2502 0 3323 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502 0 2502		
NAME:	CHRISTY PARKER 20241590233 I1665960		RECIPIENT ID.: 530001293445	MRN: 041124 041124	55.00	0.00	16.93
POS 81 81	PROC CD MODIFI 86140 90 86038 90	ERS UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 041124 041124 220224	BILLED AMOUNT COPA 15.00 0.0 40.00 0.0	0 3324		
NAME:	AMIR PATRICK 20241520273 I1658634	65 11658634	RECIPIENT ID.: 530001130528	MRN: 052024 052024	41.00	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

RA#:

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL
POS 81 81 81	85045 90 86140 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052024 052024 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324	FAT AMOUNT
	BRIDGETT PATRICK 2024152027366 I1658635	RECIPIENT ID.: 530001291919 I1658635	MRN: 052824 052824 245.47	0.00 0.00
POS 81 81 81 81 81 81 81 81 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831 4.50 0.00 3323 9.00 0.00 1831 22.00 0.00 1831 22.00 0.00 1831 44.00 0.00 1831 9.71 0.00 1831 13.11 0.00 1831 40.00 0.00 1831 14.00 0.00 1831 13.11 0.00 1831 13.11 0.00 1831 13.11 0.00 1831 13.11 0.00 1831	
	BRIDGETT PATRICK 2024155014246 I1660114	RECIPIENT ID.: 530001291919	MRN:	0.00 0.00
POS	PROC CD MODIFIERS 84466 85045	UNITS FROM THRU PROVIDER	BILLED AMOUNT COPAY DETAIL EOBS 40.00 0.00 1831 8.00 0.00 1831	
NAME:	JAYDEN PATTON 2024156024566 I1662578	RECIPIENT ID.: 530001364508 I1662578	MRN: 041524 041524 33.00	0.00 0.00
POS 81	PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	BILLED AMOUNT COPAY DETAIL EOBS 33.00 0.00 3324	
NAME:	MICHAEL PAYNE 2024150022804 I1654828		MRN: 032824 032824 15.58	0.00 0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COF) N V	TPL AMOUNT
POS 81 81	PROC CD 82570 82043	MODIFIERS 90 QW 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224	BILLED AMOUNT COPAY 8.00 0.00 7.58 0.00	DETAIL EOBS 3324 3324	PAI	AMOUNT
NAME:	ELIZABET 2024 I16601	TH PEARCE 155014270 .21	I1660121	RECIPIENT ID.: 530001951102	MRN: 032124 032124 12	5.00	0.00	112.14
	PROC CD G0480	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032124 032124 220224	BILLED AMOUNT COPAY 125.00 0.00	DETAIL EOBS 2502		
NAME:		IN 157011759		RECIPIENT ID.: 530001799079		5.00	0.00	25.25
POS 81 81 81	PROC CD 84156 82570 84311 83986	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 100523 100523 220224 100523 100523 220224 100523 100523 220224 100523 100523 220224	AMOUNT COPAY 8.00 0.00 8.00 0.00	DETAIL EOBS 2003 2003 2003 2003		
NAME:	CHASE PE 2024 116659	159023436	I1665971	RECIPIENT ID.: 530000088474	MRN: 053124 053124 19	9.00	0.00	0.00
POS 81 81			UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053124 053124 220224 053124 053124 220224	BILLED AMOUNT COPAY 10.00 0.00 9.00 0.00	DETAIL EOBS 3324 3324		
NAME:	SHEILA F 2024 I16567	PETTYJOHN 150022871					0.00	170.85
POS 81			UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502		
NAME:	A MARA F 2024 I16586	152027403	I1658650	RECIPIENT ID.: 530001689612	MRN: 101623 101623 319	9.55	0.00	0.00
HEADE!	R EOBS:	0513 1081 1	091 9990					
POS 81	PROC CD 87507	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 101623 101623 220224	BILLED AMOUNT COPAY 319.55 0.00	DETAIL EOBS 9990		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COI	PAY	TPL AMOUNT
	JUDY POLLARD 2024157011782 PROC CD MODIFIERS 83735 36415 85049	I1663423 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 012524 012524 220224 1.00 012524 012524 220224	012524 012524 26.61 BILLED AMOUNT COPAY DETAIL EOBS	4	15.37
NAME:	KEMYA POWELL 2024156024666 I1662612	RECIPIENT ID.: 530001197807 I1662612		0.00	0.00
POS 81	PROC CD MODIFIERS 84146 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 043024 043024 220224	BILLED AMOUNT COPAY DETAIL EOBS 57.00 0.00 3324		
NAME:	KADEN PRATT 2024155014359 I1660158	RECIPIENT ID.: 530000764530 I1660158		0.00	2.04
	PROC CD MODIFIERS 85652	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.00 0.00 2003		
NAME:	KADEN PRATT 2024155014370 I1660159	RECIPIENT ID.: 530000764530 I1660159	MRN: 051624 051624 90.00	0.00	24.39
POS 81 81 81	PROC CD MODIFIERS 86255 90 83516 90 82784 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 051624 051624 220224 1.00 051624 051624 220224 1.00 051624 051624 220224	BILLED AMOUNT COPAY DETAIL EOBS 35.00 0.00 3324 36.00 0.00 3324 19.00 0.00 3324		
NAME:	NAOMI PRENTICE 2024158031050 I1664903	RECIPIENT ID.: 530001194962 I1664903	MRN: 050824 050824 5.00	0.00	0.00
POS 81	PROC CD MODIFIERS 81001 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 050824 050824 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 3324		
NAME:	MIYONNA PRICE 2024152027406 I1658660	RECIPIENT ID.: 530000019782 I1658660	MRN: 081321 081321 65.00	0.00	0.00

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220224

1598266421

083149459

06/07/2024

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID CHECK/EFT NUMBER SUITE 138 BIRMINGHAM, AL 35235-2718 ISSUE DATE

RA#:

I	CN PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS PROC CD MO 81 G2023	DIFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 081321 081321 220224	BILLED AMOUNT COPAY	DETAIL EOBS 0555	TH-OON I
NAME: MIYONNA PRI 2024152 I1658661		RECIPIENT ID.: 530000019782		.00 0.00	0.00
POS PROC CD MO 81 G2023	DIFIERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 082621 082621 220224	AMOUNT COPAY	DETAIL EOBS 0555	
NAME: ETHEL PRINC 2024158 I1664908		RECIPIENT ID.: 530002048486		.14 0.00	231.74
POS PROC CD MO 81 80307 81 G0482	DIFIERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224	AMOUNT COPAY	DETAIL EOBS 2502 2502	
NAME: MACK PRINCE 2024158 I1664909 HEADER EOBS: 051		RECIPIENT ID.: 530001780645	MRN: 022824 022824 258	.14 0.00	231.74
POS PROC CD MO	DIFIERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 022824 022824 220224 022824 022824 220224	AMOUNT COPAY	DETAIL EOBS 9990 9990	
NAME: NANCY PRIVE 2024157 I1663426		RECIPIENT ID.: 500002022815		.33 0.00	170.85
POS PROC CD MO 81 G0482	DIFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2502 4021 4244	
NAME: D KARIAN PU 2024150 I1654904	022952 I1654904	RECIPIENT ID.: 530001326203		.14 0.00	0.00
POS PROC CD MO 81 87481 59	DIFIERS UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 052324 052324 220224	BILLED AMOUNT COPAY 168.00 0.00	DETAIL EOBS 9990	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

CRA-PRDN-R

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL
POS PROC CD MODIFIERS 81 87640 59 81 87653 59 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 11.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 9990 37.07 0.00 9990 462.00 0.00 9990	OPAY AMOUNT
NAME: D KARIAN PUGH 2024150022955 I1656768 HEADER EOBS: 0513 9990	RECIPIENT ID.: 530001326203 I1656768	MRN: 052324 052324 18.53	0.00 0.00
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 9990	
11661271	RECIPIENT ID.: 530001326203 I1661271	MRN: 052324 052324 722.67	0.00 0.00
HEADER EOBS: 0513 9990 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224 11.00 052324 052324 220224 11.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 168.00 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 462.00 0.00 9990 18.53 0.00 9990	
11660166	RECIPIENT ID.: 500001052930 I1660166	MRN: 040324 040324 133.65	0.00 87.34
POS PROC CD MODIFIERS 81 80053 81 82746 81 82306 81 83735 81 84443 81 36415 81 85049 NAME: DIANE PURSE	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 RECIPIENT ID.: 530001830520	13.11 0.00 9990 25.20 0.00 9990 4.50 0.00 3323 9.00 0.00 9990 MRN:	0.00
2024158031134 I1664918	I1664918	031224 031224 258.14	0.00 231.74

DATE: 06/07/2024 ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

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220224

1598266421

083149459

06/07/2024

PAYEE ID

ISSUE DATE

CHECK/EFT NUMBER

NPI ID

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

CRA-PRDN-R

3551548

REPORT:

RA#:

	IC	N	PAT ACCT	NO.	SERVIO	CE DATES	BILLED	CC		TPL
POS 81 81	PROC CD MOD 80307 G0482	IFIERS	UNITS 1.00 1.00	SERVICE DAIES RENDERING	FROM	BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2502 4021 424 2502 4021 424	14	AMOUNT
NAME:	STEPHANIE RA 20241520 I1658670	GLAND 27429		RECIPIENT ID.: 530001985601				2.58	0.00	0.00
POS 81 81 81 81 81 81 81	PROC CD MOD 84156 82570 83069 84311 82010 82945 82247 59 83986 81007 82043 QW	IFIERS	UNITS 1.00 1.00 1.00 2.00 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224		BILLED AMOUNT 8 8 8 8 32 16 8 7 120 7	COPAY .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831 1831 183		
	STEPHANIE RA	.GLAND		RECIPIENT ID.: 530001985601	MRN:			5.21	0.00	0.00
POS 81 81 81 81 81	PROC CD MOD 87481 59 87640 59 87653 59 87798 87641 59 87798	IFIERS	UNITS 4.00 1.00 1.00 11.00 2.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224		BILLED AMOUNT 168 37 37 462 37 84	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .07 0.00	DETAIL EOBS 1831 1831 1831 1831 1831		
NAME:		.GLAND		RECIPIENT ID.: 530001985601	MRN:	1 052824		0.12	0.00	0.00
POS 81 81 81	PROC CD MOD 87086 87186 87088	IFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224 052824 052824 220224 052824 052824 220224		13	COPAY .53 0.00 .50 0.00 .09 0.00	DETAIL EOBS 1831 1831 1831		
NAME:	JAMES RANDOL 20241580 I1664926		I1664926	RECIPIENT ID.: 530002009319	MRN: 052024	1 052024	17	4.33	0.00	170.84

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

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		ICN	PAT ACCT	NO.		CE DATES	BILLED	Co		TPL
	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224			AMOUNT COPAY .33 0.00	DETAIL EOBS 2502	JPAY	AMOUNT
	I1665	999		RECIPIENT ID.: 530000318950				15.17	0.00	0.00
POS 81	PROC CD 87081	MODIFIERS 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224		BILLED AMOUNT 15	COPAY .17 0.00	DETAIL EOBS 3324		
	I1656	791		RECIPIENT ID.: 530002017113				24.50	0.00	17.55
POS 81 81	PROC CD 80061 36415	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224 051624 051624 220224		AMOUNT 20	COPAY .00 0.00 .50 0.00	DETAIL EOBS 2502 3323		
	I1664	939		RECIPIENT ID.: 530002017113				58.14	0.00	231.74
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051624 051624 220224 051624 051624 220224		AMOUNT 83	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2502 2502		
NAME:	DONNA R 202 I1656	4150023116	I1656794	RECIPIENT ID.: 530002043253	05012		11	16.34	0.00	77.35
POS 81 81 81 81 81 81		MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224		AMOUNT 15 22 22 14 20 9	COPAY .84 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	2502 2502 2502 3323		
NAME:	DONNA R 202 11656	4150023141	I1656795	RECIPIENT ID.: 530002043253	MRN: 01032	4 010324	13	11.84	0.00	72.94

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD
SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	-	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81	80053 82607 82746 83036 80061 83540	MODIFIERS	1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010324 010324 220224 010324 010324 220224 010324 010324 220224 010324 010324 220224 010324 010324 220224 010324 010324 220224 010324 010324 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00 22.00 0.00 14.00 0.00 20.00 0.00 9.00 0.00 9.00 0.00	DETAIL EOBS 2502 2502 2502 2502 2502 2502 2502	
NAME:	SANDRA RI 20241 I165497	CHARD 150023148 76	I1654976	RECIPIENT ID.: 530001934095			231.74
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224 021424 021424 220224	BILLED AMOUNT COPAY 83.81 0.00 174.33 0.00	DETAIL EOBS 2502 2502	
NAME:	SANDRA RI 20241 I165680	0 (RECIPIENT ID.: 530001934095		3.14 0.00	231.74
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224 051424 051424 220224	BILLED AMOUNT COPAY 83.81 0.00 174.33 0.00	DETAIL EOBS 2502 2502	
NAME:	CAMRON RI 20241 I166019	L55014492	I1660196	RECIPIENT ID.: 530001256893	MRN: 040224 040224 1,119	0.00	9.00
POS 81 81 81 81 81 81 81	87798 84156 82570 83069 84311 82010 82945 82247 83986 81007	MODIFIERS 59 QW	UNITS 11.00 1.00 1.00 2.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224 040224 040224 220224	BILLED AMOUNT COPAY 462.00 0.00 8.00 0.00 8.00 0.00 8.00 0.00 32.00 0.00 16.00 0.00 8.00 0.00 7.00 0.00 120.00 0.00 7.58 0.00	DETAIL EOBS 5000 5000 5000 5000 5000 4524 5000 5472 5000 5900 5000	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

		-ICN	PAT ACCT	NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		COPAY	TPL AMOUNT
POS 81 81 81	80053 84443 84439	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224 040224 040224 220224 040224 040224 220224	BILLED AMOUNT 15 25 13	COPAY .84 0.00 .20 0.00 .00 0.00	DETAIL EOBS 5000 5486 5000 5000 5000		
81 81 81 81 81 81 81 81 81 81	82550 83721 86800 84432 85049 82306 82670 87389 84481 84403 83036 80061 86376 87086	59	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224	10 10 15 23 24 9 44 41 36 24 38 14 20 21	.00 0.00 .00 0.00	5930 5000 5930 5000 5000 5000 5000 5000		
81 NAME:	86695 CAMRON RII 202415 I1660197	55014578	I1660197	RECIPIENT ID.: 530001256893	MRN: 040224 040224	31			0.00
81	PROC CD M 82172	MODIFIERS		FROM THRU PROVIDER 040224 040224	BILLED AMOUNT 31	COPAY .00 0.00	DETAIL EOBS		
NAME:	CAMRON RIL 202415 I1660198	5014584	I1660198		043024 043024	49	.86	0.00	0.00
POS 81	PROC CD M 87491 5	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 043024 043024 220224	BILLED AMOUNT 49	COPAY .86 0.00	DETAIL EOBS 5490		
NAME:	CAMRON RII 202415 I1663441	7011832	I1663441	RECIPIENT ID.: 530001256893	043024 043024	49	.86	0.00	0.00
POS 81	PROC CD M 87491 5	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 043024 043024 220224	BILLED AMOUNT 49	COPAY .86 0.00	DETAIL EOBS 5490		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COP.	AY	TPL AMOUNT
		SERVICE DATES RENDERING	RTLLED	0.00	0.00
POS 81 81	PROC CD MODIFIERS 85045 90 86140 90	UNITS FROM THRU PROVIDER 1.00 050624 050624 220224 1.00 050624 050624 220224	AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324		
	MARY ROBINSON 2024155014606 I1660207		013124 013124 136.12	0.00	20.70
POS 81 81 81 81 81 81 81 81	PROC CD MODIFIERS 80053 83036 84443 80061 36415 85049 83069 82010 82945 82247 59 82043 QW	1.00 013124 013124 220224 1.00 013124 013124 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 4021 4244 14.00 0.00 2502 4021 4244 25.20 0.00 2502 4021 4244 20.00 0.00 2502 4021 4244 4.50 0.00 3323 9.00 0.00 2502 4021 4244 8.00 0.00 2502 4021 4244 16.00 0.00 4524 8.00 0.00 2502 4021 4244 8.00 0.00 2502 4021 4244 8.00 0.00 2502 4021 4244 7.58 0.00 2502 4021 4244		
NAME:	NEAL ROBINSON 2024150023271 I1655009	RECIPIENT ID.: 53000196686 I1655009	5 MRN: 030724 030724 21.00	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 81001 90 82570 90 84156 90	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030724 030724 220224 1.00 030724 030724 220224 1.00 030724 030724 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 3324 8.00 0.00 3324 8.00 0.00 3324		
NAME:	BARBARA ROEBUCK 2024152027560 I1658700		052824 052824 160.65	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 80053 82607 82306	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831 22.00 0.00 1831 44.00 0.00 1831		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

			PAT ACCT		ED OM	CE DATES	BILLED AMOUNT	COP	ΔΥ	TPL AMOUNT
POS 81 81 81 81 81	PROC CD 83036 83735 84443 84439 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224 052824 052824 220224		BILLED AMOUNT 14 13 25 13	COPAY .00 0.00 .11 0.00 .20 0.00 .00 0.00 .50 0.00	DETAIL EOBS 1831 1831 1831 1831 3323		
NAME:	DEBORAH 2024 116550		I1655013	RECIPIENT ID.: 530001961540	MRN: 022624	1 022624	174	.33	0.00	170.84
POS 81			UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022624 022624 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502		
	I16612	286		RECIPIENT ID.: 530001961540				.33	0.00	170.84
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2502		
	I16550)54		RECIPIENT ID.: 530001811022				.53		7.91
POS 81	PROC CD 87086	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021624 021624 220224		BILLED AMOUNT 18	COPAY .53 0.00	DETAIL EOBS 2502 4021 4244		
NAME:	VICKIE S 2024 I16550	SAINT 1150023340)55	I1655055	RECIPIENT ID.: 530001811022	MRN: 040424	1 040424	199	. 54	0.00	132.37
POS 81 81 81 81 81	PROC CD 80053 82607 82746 82306 84481 80061 84443	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224		AMOUNT 15 22 22 44 24 20	COPAY .84 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT NO.		SERVICE	DATES	BILLED	CO	D 7/37	TPL
POS 81 81 81	PROC CD MODIFIERS 84439 36415 85049	SERVICE I UNITS FROM 5 1.00 040424 (1.00 040424 (1.00 040424 (DATES RENDERING PHRU PROVIDER 040424 220224 040424 220224 040424 220224	FROM BI AM	THRU TLLED MOUNT 13. 4. 9.	COPAY 00 0.00 50 0.00 00 0.00	DETAIL EOBS 2502 4021 424- 3323 2502 4021 424-	4	AMOUNT
	A KERIA SANDERS 2024149020807 I1652330 R EOBS: 0513 9990	RECIPIENT	Г ID.: 530001648240	MRN: 052224	052224	150	.00	0.00	0.00
POS 81	PROC CD MODIFIERS 87635	SERVICE I UNITS FROM T 1.00 052224 (DATES RENDERING THRU PROVIDER D52224 220224	BI AM	LLED OUNT 150.	COPAY 00 0.00	DETAIL EOBS 9990		
	A KERIA SANDERS 2024150023351 I1655061 R EOBS: 0513 9990	RECIPIENT 11655061	Г ID.: 530001648240	MRN: 052224	052224	565	.12	0.00	0.00
пвары		SERVICE I	DATES RENDERING	BT	TTED				
POS 81 81 81	PROC CD MODIFIERS 87498 59 87581 59 87633 87798	UNITS FROM 1.00 052224 (1.00 052224 (1.00 052224 (4.00 052224 (THRU PROVIDER 052224 220224 052224 220224 052224 220224 052224 220224	AM	OUNT 37. 42. 318. 168.	COPAY 07 0.00 00 0.00 05 0.00 00 0.00	DETAIL EOBS 9990 9990 9990 9990		
		RECIPIENT	Г ID.: 530001648240	MRN:			.12	0.00	0.00
		SERVICE I UNITS FROM 5 1.00 052224 (1.00 052224 (1.00 052224 (1.00 052224 (4.00 052224 (DATES RENDERING THRU PROVIDER 052224 220224 052224 220224 052224 220224 052224 220224	BI AM	OUNT 150. 37. 42. 318.	COPAY 00 0.00 07 0.00 00 0.00 05 0.00 00 0.00	DETAIL EOBS 9990 9990 9990 9990		
	A KERIA SANDERS 2024158031267 I1664973 R EOBS: 0513 9990	RECIPIENT	г ID.: 530001648240	MRN: 060324	060324	49	.86	0.00	0.00
	PROC CD MODIFIERS 87651		DATES RENDERING THRU PROVIDER 060324 220224		LLED MOUNT 49.	COPAY 86 0.00	DETAIL EOBS 9990		

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

T1666026		ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CC	TPL DPAY AMOUNT
NAME: MEGAN SCARBOR 2024159023600 11666026 11666026 11666026 11666026 2024159023600 11666026 2024159023600 11666026 2024159023600 11666026 2024159023600 11.00 201924 2020204 202024 202024 202024 202024 202024 202024 202024 202024 2020204 202024 202024 202024 202024 202024 202024 202024 202024 2020204 202024 202024 202024 202024 202024 202024 202024 202024 2020204 202024 202024 202024 202024 202024 202024 202024 202024 2020204 202024 202024 202024 202024 202024 202024 202024 202024 2020204 202024 202024 202024 202024 202024 202024 202024 202024 20202	NAME:		T1656006	051324 051324 062 05	0.00 758.75
Ti666026	81 81 81 81 81 81	87486 59 87498 59 87581 59 87633 87641 59 87651 59			
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS 3224 021924 220224 40.00 0.00 3324	NAME:				0.00 0.00
2024158031300	POS 81	PROC CD MODIFIERS 86038 90	UNITS FROM THRU PROVIDER 1.00 021924 021924 220224	AMOUNT COPAY DETAIL EOBS 40.00 0.00 3324	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS 81 82570	NAME:	2024158031300	RECIPIENT ID.: 53000202920 I1664993	MRN: 052324 052324 23.58	0.00 0.00
2024157011865	81 81	82570 82043 QW	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052324 052324 220224 1.00 052324 052324 220224 1.00 052324 052324 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 5000 7.58 0.00 5000 8.00 0.00 5000	
SERVICE DATES RENDERING BILLED		2024157011865	RECIPIENT ID.: 53000233031 I1663455	MRN: 040924 040924 285.07	0.00 0.00
2024159023690 11666040 052224 052224 80.00 0.00 0.00	POS 81 81 81 81	PROC CD MODIFIERS 87529 59 87640 59 87641 59 87653 59 87801 TIMOTHY SIMON	UNITS FROM THRU PROVIDER 2.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 2.00 040924 040924 220224 RECIPIENT ID.: 53000201170	AMOUNT COPAY DETAIL EOBS 99.72 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 37.07 0.00 9990 74.14 0.00 9990	0.00 0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81	PROC CD MODIFIER 84156 82570 83069 84311 82010 82945	S UNITS 1.00 1.00 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224	BILLED AMOUNT COPAY 8.00 0.00 8.00 0.00 8.00 0.00 32.00 0.00 16.00 0.00 8.00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831	
NAME:	TIMOTHY SIMON 2024159023697 I1666041	I1666041	RECIPIENT ID.: 530002011706	MRN: 052224 052224 63.	62 0.00	0.00
POS 81 81 81 81	PROC CD MODIFIER 82247 59 83986 82043 QW 80053 84443	1.00 1.00 1.00 1.00	052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224 052224 052224 220224		DETAIL EOBS 1831 1831 1831 1831	
NAME:	TIMOTHY SIMON 2024159023700 I1666042	I1666042	RECIPIENT ID.: 530002011706		50 0.00	0.00
POS 81 81 81	PROC CD MODIFIER 81007 36415 85049	S UNITS 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224 052224 052224 220224	BILLED AMOUNT COPAY 120.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 1831 3323 1831	
NAME:	AMANDA SIMPSON 2024150023470 I1656857	I1656857	RECIPIENT ID.: 530002192350	MRN: 042924 042924 125.	0.00	112.15
POS 81	PROC CD MODIFIER G0480	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042924 042924 220224	BILLED AMOUNT COPAY 125.00 0.00	DETAIL EOBS 2502 4021 4244	
NAME:	LORINA SISIANU 2024156025125 I1661316	I1661316	RECIPIENT ID.: 530001877802	MRN: 053024 053024 899.	12 0.00	0.00
POS 81	PROC CD MODIFIER 87486 59	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224		DETAIL EOBS 1831	

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT CO)PAY	TPL AMOUNT
POS 81 81 81 81 81	87651 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224 053024 053024 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 1831 42.00 0.00 1831 318.05 0.00 1831 37.07 0.00 1831 37.07 0.00 1831 49.86 0.00 1831 49.86 0.00 1831 336.00 0.00 1831) AI	ANOUNI
NAME:	STEVEN SMART 2024158031409 I1665015	I1665015	RECIPIENT ID.: 530002359457	MRN: 060324 060324 51.50	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 84403 36415 85049	UNITS 1.00 1.00 1.00		BILLED AMOUNT COPAY DETAIL EOBS 38.00 0.00 1831 4.50 0.00 3323 9.00 0.00 1831		
NAME:	DEMARIO SMITH 2024158031433 I1665023	I1665023	RECIPIENT ID.: 530001534599	MRN: 050924 050924 23.00	0.00	0.00
POS 81 81		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224 050924 050924 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324		
NAME:	JAYDEN SMITH 2024157011869 I1663465	I1663465	RECIPIENT ID.: 530001193619	MRN: 053024 053024 47.00	0.00	0.00
POS 81	PROC CD MODIFIERS 85060 LC	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 053024 053024 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021		
NAME:	JOHNNY SMITH 2024158031443 I1665025	I1665025	RECIPIENT ID.: 530001933974	MRN: 051524 051524 258.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 174.33 0.00 2502		
NAME:	LOUIS SMITH 2024150023573 I1655185	I1655185	RECIPIENT ID.: 530001960116	MRN: 042324 042324 143.58	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT: CRA-PRDN-R

RA#:

3551548

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED TPL FROM THRU AMOUNT COPAY AMOUNT
POS 81 81 81	PROC CD MODIFIERS 83970 90 81001 90 82570 90 82043 QW 90	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042324 042324 220224 042324 042324 220224 042324 042324 220224 042324 042324 220224	BILLED AMOUNT COPAY DETAIL EOBS 123.00 0.00 3324 5.00 0.00 3324 8.00 0.00 3324 7.58 0.00 3324
	I1665038			MRN: 050624 050624 18.00 0.00 0.00
POS 81	PROC CD MODIFIERS 83655 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324
	T1661330		RECIPIENT ID.: 530000606641	
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051024 051024 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502
NAME:	LAURA SPENCE 2024150023681 11656886	I1656886	RECIPIENT ID.: 530002059879	MRN: 050124 050124 174.33 0.00 170.85
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502
NAME:	JOURNEE STABLER 2024158031531 I1665053	I1665053	RECIPIENT ID.: 530002186401	050724 050724 41.00 0.00 0.00
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	UNITS 1.00 1.00 1.00		BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324
NAME:		I1660312	RECIPIENT ID.: 530002025745	MRN: 052924 052924 218.65 0.00 0.00
POS 81	PROC CD MODIFIERS 80053	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 1831

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 614

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
POS 81 81 81 81 81 81 81	PROC CD MODIFIERS 85049 82607 82306 84403 83036 83735 80061 84443 84443 84439 36415	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224 052924 052924 220224	BILLED AMOUNT COPAY DETAIN 9.00 0.00 1831 22.00 0.00 1831 44.00 0.00 1831 38.00 0.00 1831 14.00 0.00 1831 13.11 0.00 1831 20.00 0.00 1831 25.20 0.00 1831 13.00 0.00 1831 4.50 0.00 3323	L EOBS
NAME:	GROVER STERLING 2024158031550 I1665060	I1665060	RECIPIENT ID.: 530002016233	MRN: 040524 040524 258.14	0.00 231.74
POS 81 81	PROC CD MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224	BILLED AMOUNT COPAY DETAI 83.81 0.00 2502 174.33 0.00 2502	L EOBS
NAME:	ANGELA STOOKSBERRY 2024150023735 I1656900		RECIPIENT ID.: 530001791994	MRN: 101223 101223 258.14	0.00 231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 101223 101223 220224 101223 101223 220224	BILLED AMOUNT COPAY DETAI: 83.81 0.00 2502 174.33 0.00 2502	L EOBS 4021 4244 4021 4244
NAME:	ANGELA STOOKSBERRY 2024150023745 I1656901	I1656901	RECIPIENT ID.: 530001791994	MRN: 110923 110923 258.14	0.00 231.74
	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 110923 110923 220224 110923 110923 220224	BILLED AMOUNT COPAY DETAI 83.81 0.00 2502 174.33 0.00 2502	L EOBS 4021 4244 4021 4244
NAME:	ANGELA STOOKSBERRY 2024150023749 I1656902	I1656902	RECIPIENT ID.: 530001791994	MRN: 012324 012324 258.14	0.00 231.74
POS 81	PROC CD MODIFIERS 80307	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012324 012324 220224		L EOBS 4021 4244

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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220224

1598266421 083149459

06/07/2024

PAYEE ID NPI ID

ISSUE DATE

CHECK/EFT NUMBER

CORE D	DIAGNOSTIC LABORATORIES LLC	
1930 E	EDWARDS LAKE ROAD	
SUITE	E 138	
BIRMIN	INGHAM, AL 35235-2718	

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COP	PAY	TPL AMOUNT
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012324 012324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	ł	
NAME:	ANGELA STOOKSBERRY 2024150023753 I1656903		RECIPIENT ID.: 530001791994	030424 030424 258.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030424 030424 220224 030424 030424 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	<u>l</u> l	
NAME:	ANGELA STOOKSBERRY 2024150023756 I1656904	I1656904		040124 040124 258.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	<u>l</u> l	
	ANGELA STOOKSBERRY 2024150023760 I1656905	I1656905		050624 050624 258.14	0.00	231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050624 050624 220224 050624 050624 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	<u>l</u> l	
NAME:		I1661357	RECIPIENT ID.: 530002004515	MRN: 050824 050824 174.33	0.00	170.85
POS 81		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224	AMOUNT COPAY DETAIL EOBS		
NAME:	THERESA TAYLOR 2024156025381 I1662769	I1662769	RECIPIENT ID.: 530001992709	MRN: 051324 051324 174.33	0.00	170.85
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502		
NAME:	MALICK THIAM 2024158031704 I1665095	I1665095	RECIPIENT ID.: 530002130677	MRN: 050224 050224 41.00	0.00	0.00

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 06/07/2024 BIRMINGHAM, AL 35235-2718 ISSUE DATE

	ICN	PAT ACCT		FROM THRII AMOIINT COPAY A	TPL MOUNT
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050224 050224 220224 050224 050224 220224 050224 050224 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324	
	MAKHYA THOMAS 2024149020946 I1652410	I1652410	RECIPIENT ID.: 530001669890	MRN: 020224 020224 18.53 0.00	0.00
POS 81	PROC CD MODIFIERS 87086	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020224 020224 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 4021 4244	
NAME:	MAKHYA THOMAS 2024156025448 I1661367		RECIPIENT ID.: 530001669890		0.00
POS 81	PROC CD MODIFIERS 87086	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020224 020224 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 4021 4244	
	MARIE THOMAS 2024158031727 I1665099	I1665099	RECIPIENT ID.: 530002066156	MRN: 032124 032124 258.14 0.00	231.74
		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032124 032124 220224 032124 032124 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 174.33 0.00 2502	
	WESOLENE THOMAS 2024150023868 I1656926	I1656926	RECIPIENT ID.: 530001808101	050124 050124 105.00 0.00	48.56
POS 81 81 81 81	PROC CD MODIFIERS 87046 90 87427 90 87045 90 89055 90 87338 90	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224 050124 050124 220224	BILLED AMOUNT COPAY DETAIL EOBS 19.00 0.00 3324 24.00 0.00 3324 27.00 0.00 3324 6.00 0.00 3324 29.00 0.00 3324	
NAME:	MARIA THORNE 2024150023876 I1655364	I1655364	RECIPIENT ID.: 530002367116	MRN: 041024 041024 20.34 0.00	0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COE	TPL AY AMOUNT	
POS 81 81	PROC CD MODIFIERS 80053 36415	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224 041024 041024 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2003 4.50 0.00 3323	THE THROUGH	
	I1666095		RECIPIENT ID.: 530000641992		0.00 0.	. 00
POS 81	PROC CD MODIFIERS 36415	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052124 052124 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 3323		
	T1656930		RECIPIENT ID.: 530002049328		0.00 0.	.00
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224 052224 052224 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 5912 174.33 0.00 5912		
	I1658814		RECIPIENT ID.: 530001248949		0.00 0.	.00
POS 81	PROC CD MODIFIERS G2023	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 090121 090121 220224	BILLED AMOUNT COPAY DETAIL EOBS 65.00 0.00 0555		
	T1660384		RECIPIENT ID.: 530000848366		0.00 60.	. 47
POS 81 81	PROC CD MODIFIERS 88175 90 87624 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051424 051424 220224 051424 051424 220224	BILLED AMOUNT COPAY DETAIL EOBS 81.00 0.00 3324 35.09 0.00 2502		
NAME:	MARY TOSH 2024150023955 I1656935	I1656935	RECIPIENT ID.: 530002027100	MRN: 051324 051324 174.33	0.00 170.	. 84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502		
NAME:	DORIS TRAINER 2024150023977 I1656938	I1656938	RECIPIENT ID.: 530001955308	MRN: 010824 010824 60.00	0.00 29.	. 39

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

PAYEE ID 220224 CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

RA#:

			PAT ACCT		SERVICE DATES FROM THRU	AMOUNT	(COPAY	TPL AMOUNT
	PROC CD MO 81007	ODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010824 010824 220224	BILLED AMOUNT 60	COPAY	DETAIL EOBS 2502		
	I1652424			RECIPIENT ID.: 530001642205	MRN: 050824 050824	176	.69	0.00	0.00
HEADE!	R EOBS: 108	31 1091 99	90	SERVICE DATES RENDERING	RTI.I.FD				
POS 81 81 81 81 81 81			UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224 050824 050824 220224	AMOUNT 15 27 27 38 20 25	COPAY 5.84 0.00 7.78 0.00 7.87 0.00 8.00 0.00 0.00 0.00 6.20 0.00 8.00 0.00 0.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990		
	I1666105		I1666105	RECIPIENT ID.: 530001642205				0.00	0.00
	R EOBS: 108 PROC CD MG 82672 90			SERVICE DATES RENDERING FROM THRU PROVIDER 050824 050824 220224	BILLED AMOUNT 60	COPAY 0.00 0.00	DETAIL EOBS 3324		
NAME:	CHARLES TUP 2024150 11655398	0024038	I1655398	RECIPIENT ID.: 530002202644	MRN: 050924 050924	174	.33	0.00	170.84
POS 81			UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 050924 050924 220224	BILLED AMOUNT 174	COPAY 1.33 0.00	DETAIL EOBS 2502		
	I1661386	5025540	I1661386	RECIPIENT ID.: 530002060198	MRN: 031824 031824	81	.54	0.00	54.46
HEADE	R EOBS: 108	BI 1091 99	190	SERVICE DATES RENDERING	BILLED				
POS 81 81	PROC CD MG 80053 83036	DDIFIERS	UNITS 1.00 1.00	FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224	AMOUNT 15	COPAY 5.84 0.00 4.00 0.00	DETAIL EOBS 9990 9990		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 619

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	CC	DPAY	TPL AMOUNT
POS 81 81 81	PROC CD 84443 84439 36415 85049		UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224 031824 031824 220224 031824 031824 220224	BILLED AMOUNT COPAY 25.20 0.00 13.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 9990 9990 3323 9990		
	202 I1661	4156025551 387	I1661387	RECIPIENT ID.: 530002060198	MRN: 031824 031824 15	5.58	0.00	10.74
HEADE	R EOBS.	1081 1091 9	990	SERVICE DATES DENDERING	RTI.I.FD			
POS 81 81	PROC CD 82570 82043	MODIFIERS 90 QW 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224	AMOUNT COPAY 8.00 0.00 7.58 0.00	DETAIL EOBS 3324 3324		
NAME:	LYRIC W.	ADE		RECIPIENT ID.: 500000866530	MRN:			
	202 I1652	4149020994 440		RECIPIENT ID.: 500000866530			0.00	0.00
				SERVICE DATES RENDERING	BILLED			
POS	PROC CD		UNITS	FROM THRU PROVIDER	AMOUNT COPAY	DETAIL EOBS		
81	87486		1.00	031124 031124 220224	42.00 0.00	4021 4244		
81	87498	59	1.00	031124 031124 220224	37.07 0.00	4021 4244		
81	87581 87633	59	1.00	031124 031124 220224	42.00 0.00	4021 4244 4021 4244		
81 81	87640		1.00	031124 031124 220224	310.05 0.00	4021 4244		
81	87641	59	1.00	031124 031124 220224	37.07 0.00	4021 4244		
81	87651	59	1.00	031121 031121 220221	49.86 0.00	4021 4244		
81	87798	3,5	8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	336.00 0.00	4244		
NAME:	LYRIC W.	ADE		RECIPIENT ID.: 500000866530	MRN:			
	202 11661	4156025564 392	11661392			.12	0.00	0.00
DOG	DDOG GD	мортштпрс	IINITOO	SERVICE DATES RENDERING FROM THRU PROVIDER	BILLED			
81	87486	MODIFIERS 59	1.00	031124 031124 220224	AMOUNT COPAY 42.00 0.00	DETAIL EOBS 4021 4244		
81	87498	59 59	1.00	031124 031124 220224	37.07 0.00	4021 4244		
81	87581	59	1.00	031124 031124 220224	42.00 0.00	4021 4244		
81	87633		1.00	031124 031124 220224	318.05 0.00	4021 4244		
81	87640		1.00	031124 031124 220224	37.07 0.00	4021 4244		
81	87641	59	1.00	031124 031124 220224	37.07 0.00	4021 4244		
81	87651	59	1.00	031124 031124 220224	49.86 0.00	4021 4244		

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

REPORT: CRA-PRDN-R

RA#:

3551548

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL DPAY AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 031124 031124 220224	BILLED AMOUNT COPAY DETAIL EOBS 336.00 0.00 4244	JPAI AMOUNI
NAME: EMMA WAKEFIELD 2024156025597 I1662818	RECIPIENT ID.: 530001117500		0.00 0.00
81 82627 90 81 84146 90 81 85045 90 81 86140 90 81 86255 90 81 83516 90 81 82784 90			
I1662821	RECIPIENT ID.: 500000992746		0.00 170.85
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 051324 051324 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502	
NAME: RYLEIGH WALKER 2024159024008 I1666128 HEADER EOBS: 0823 9990	RECIPIENT ID.: 53000192277	7 MRN: 060424 060424 222.58	0.00 0.00
POS PROC CD MODIFIERS 81 84156 81 82570 81 83069 81 84311 81 82010 81 82945 81 82247 59 81 83986 81 81007 81 82043 QW NAME: TAYLYN WARREN	1.00 060424 060424 220224 1.00 060424 060424 220224 1.00 060424 060424 220224 2.00 060424 060424 220224 1.00 060424 060424 220224 RECIPIENT ID.: 530000707828	AMOUNT COPAY DETAIL EOBS 8.00 0.00 9990 8.00 0.00 9990 8.00 0.00 9990 32.00 0.00 9990 16.00 0.00 9990 8.00 0.00 9990 8.00 0.00 9990 7.00 0.00 9990 120.00 0.00 9990 7.58 0.00 9990	
2024150024120 I1655471	I1655471	052224 052224 18.53	0.00 0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 621

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
POS 81	PROC CD MODIFIERS 87086	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052224 052224 220224	BILLED AMOUNT COPAY DETAIL E	OBS
NAME:	PAISLEY WATKINS 2024158031988 I1665151	I1665151	RECIPIENT ID.: 530002212941		0.00 0.00
POS 81 81 81	PROC CD MODIFIERS 85045 90 86140 90 83655 90	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 043024 043024 220224 043024 043024 220224 043024 043024 220224	BILLED AMOUNT COPAY DETAIL E 8.00 0.00 3324 15.00 0.00 3324 18.00 0.00 3324	OBS
NAME:	LEANNA WATTS 2024149021026 I1652447				0.00 29.39
POS 81	PROC CD MODIFIERS 81007	S UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 022824 022824 220224	BILLED AMOUNT COPAY DETAIL E 60.00 0.00 2502	OBS
NAME:	BERTHA WELCH 2024150024148 I1656966		RECIPIENT ID.: 530002009722		0.00 231.74
POS 81 81	PROC CD MODIFIERS 80307 G0482	S UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 040924 040924 220224 040924 040924 220224	BILLED AMOUNT COPAY DETAIL E 83.81 0.00 2502 174.33 0.00 2502	OBS
NAME:	JACQUELINE WELLS 2024155015057 I1660438		RECIPIENT ID.: 530001119937		0.00 0.00
POS 81	PROC CD MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051724 051724 220224	BILLED AMOUNT COPAY DETAIL E 174.33 0.00 2003	OBS
NAME:	KAY WHITE 2024156025750 I1661410	I1661410	RECIPIENT ID.: 530001726264	032224 032224 68.00	0.00 0.00
POS 81 81	PROC CD MODIFIERS 82746 84481	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032224 032224 220224 032224 032224 220224	BILLED AMOUNT COPAY DETAIL E 22.00 0.00 2502 402 24.00 0.00 2502 402	1 4244

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

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PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024

REPORT: CRA-PRDN-R

RA#:

3551548

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COI	TPL PAY AMOUNT
	PROC CD MODIFIERS 84439 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED AMOUNT COPAY DETAIL EOBS 13.00 0.00 2502 4021 4244 9.00 0.00 2502 4021 4244	4
NAME:	ALICE WICKS 2024159024070 I1666151	RECIPIENT ID.: 530001159635 I1666151	MRN: 060324 060324 4.50	0.00 0.00
POS 81		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 060324 060324 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 5911	
	2024158032030 I1665187	RECIPIENT ID.: 530001708744 I1665187	MRN: 050724 050724 638.46	0.00 0.00
POS 81 81 81 81 81 81 81	R EOBS: 0513 9990 PROC CD MODIFIERS 87498 59 87581 59 87633 87798 80053 82306 36415 85049	1.00 050724 050724 220224 4.00 050724 050724 220224 1.00 050724 050724 220224 1.00 050724 050724 220224 1.00 050724 050724 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 9990 42.00 0.00 9990 318.05 0.00 9990 168.00 0.00 9990 15.84 0.00 9990 44.00 0.00 9990 4.50 0.00 3323 9.00 0.00 9990	
NAME:		RECIPIENT ID.: 530001697296 I1666157	MRN: 052824 052824 563.12	0.00 298.81
POS 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224 1.00 052824 052824 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 2003 37.07 0.00 2003 42.00 0.00 2003 318.05 0.00 2003 37.07 0.00 2003 37.07 0.00 2003 49.86 0.00 2003	
NAME:	GILLESPIE WILLIAMS 2024150024216 I1656988	RECIPIENT ID.: 500000656898 I1656988	MRN: 051324 051324 292.16	0.00 237.98

ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 623

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

REPORT: CRA-PRDN-R

RA#:

3551548

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED TPL FROM THRU AMOUNT COPAY AMOUNT
POS 81 81 81 81	PROC CD MODIFIERS 87798 87511 59 87529 59 87591 59 87661 59	UNITS 3.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224 051324 051324 220224	FROM THRU AMOUNT COPAY AMOUNT BILLED AMOUNT COPAY DETAIL EOBS 126.00 0.00 2502 42.00 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 32.30 0.00 2502
NAME:	STEPHANIE WILLIAMS 2024150024277 I1655560	I1655560		040124 040124 174.33 0.00 170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244
NAME:	STEPHANIE WILLIAMS 2024150024302 I1655561	I1655561	RECIPIENT ID.: 500000145921	042924 042924 174.33 0.00 170.84
POS 81	PROC CD MODIFIERS G0482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 042924 042924 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244
	I1662872		RECIPIENT ID.: 530000115926	
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022224 022224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000
NAME:			RECIPIENT ID.: 530001065506	
81 81 81 81	PROC CD MODIFIERS 87798 87491 59 87511 59 87529 59 87591 59 87661 59	UNITS 3.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224	AMOUNT COPAY DETAIL EOBS 126.00 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 32.30 0.00 2502
NAME:	SILVIA WIMBLEY 2024150024345 I1655576	I1655576	RECIPIENT ID.: 500001053146	MRN: 022924 022924 116.09 0.00 60.47

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 624

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

		ICN			SERVICE DATES BILLEI FROM THRU AMOUNT	7	'ODAV	TPL
POS 81 81	PROC CD 88175 87624	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224	BILLED AMOUNT COPA 81.00 0.0 35.09 0.0	AY DETAIL EOBS 00 3324 00 2502 4021 42	444	74.40 0141
NAME:	KALIYAH 2024	WISE 149021106	I1652483	RECIPIENT ID.: 530001194561	MRN: 020724 020724	23.00	0.00	0.00
POS 81 81	PROC CD 85045 86140	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224 020724 020724 220224	BILLED AMOUNT COPA 8.00 0.0 15.00 0.0	DETAIL EOBS 3324 3324		
NAME:	T16620	0.7		RECIPIENT ID.: 500001151657				55.33
POS 81 81 81 81 81	PROC CD 80053 83735 80061 84443 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPA 15.84 0.0 13.11 0.0 20.00 0.0 25.20 0.0 4.50 0.0 9.00 0.0	DETAIL EOBS 00 2502 00 2502 00 2502 00 2502 00 3323 00 2502		
NAME:	HANNAH W	OOLBRIGHT 149021123		RECIPIENT ID.: 530001937630				0.00
POS 81	PROC CD 87507	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 052024 052024 220224	BILLED AMOUNT COPA 319.55 0.0	AY DETAIL EOBS 00 2502		
NAME:	JEREMY W 2024 I16570	OOTEN 150024366 08	I1657008	RECIPIENT ID.: 530001698335		221.93	0.00	129.53
POS 81 81 81 81	PROC CD 84550 85049 80053 82607 82746	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPA 6.78 0.0 9.00 0.0 15.84 0.0 22.00 0.0 22.00 0.0	2502 00 2502 00 2502 00 2502		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
POS 81 81 81 81 81	PROC CD 82306 85652 82728 83735 80061 84443		UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPAY DETAIL EORS	
NAME:	JEREMY V 2024 I16570	WOOTEN 4150024382 009	I1657009	RECIPIENT ID.: 530001698335	MRN: 051524 051524 55.00 0.00	16.93
POS 81 81	PROC CD 86140 86038	MODIFIERS 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	JEREMY V 2024 I16605	NOOTEN 4155015188 505	I1660505	RECIPIENT ID.: 530001698335	051524 051524 32.00 0.00	13.10
POS 81 81	PROC CD 82150 83690	MODIFIERS 59 90 90	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 051524 051524 220224 051524 051524 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 3324 14.00 0.00 3324	
NAME:	DRAYDEN 2024 116652	WRIGHT 4158032124 216	I1665216	RECIPIENT ID.: 530002099334	MRN: 041724 041724 23.00 0.00	0.00
POS 81 81			UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041724 041724 220224 041724 041724 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 3324 15.00 0.00 3324	
NAME:	JOSEPH W 2024 I16570	4150024391	I1657013	RECIPIENT ID.: 530001647100	MRN: 122823 122823 1,154.42 0.00	0.00
POS 81 81 81	PROC CD 87635 87486 87498 87581	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224	BILLED AMOUNT COPAY DETAIL EOBS 150.00 0.00 2504 42.00 0.00 2504 37.07 0.00 2504 42.00 0.00 2504	

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 626

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT COP	PAY	TPL AMOUNT
POS 81 81 81 81 81	PROC CD MODIFIERS 87633 87634 59 87640 87641 59 87651 59 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 122823 122823 220224 1.00 122823 122823 220224 1.00 122823 122823 220224 1.00 122823 122823 220224 1.00 122823 122823 220224 8.00 122823 122823 220224	BILLED		
NAME:	SHERRI WYATT 2024150024431 I1657017	I1657017	041024 041024 8.00	0.00	5.08
POS 81	PROC CD MODIFIERS 82570 59 90				
NAME:	DEBBIE YOUNG 2024150024481 I1657020	RECIPIENT ID.: 530001749481 I1657020	MRN: 041124 041124 174.33	0.00	170.84
POS 81	PROC CD MODIFIERS G0482	UNITS FROM THRU PROVIDER	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244	1	
NAME:	DEBBIE YOUNG 2024150024499 I1657021	RECIPIENT ID.: 530001749481 I1657021	MRN: 051324 051324 174.33	0.00	170.84
POS 81	PROC CD MODIFIERS G0482		BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502 4021 4244 79,430.52	1 0.00	32,770.17

REPORT: CRA-PRSU-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS IN PROCESS 627

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

	-	ICN	PAT ACCT	NO.		SERVI FROM	CE DATES THRU	BILI AMOU	LED JNT COP	AY	TPL AMOUNT
NAME:	SUTTON LA 2024:	AMBORN 158030164	I1664691	RECIPIEN SERVICE	DATES RENDERING THRU PROVIDER 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224 052224 220224	8 MRN: 05222	4 052224 BILLED	1,04	19.12	0.00	0.00
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87635		1.00	052224	052224 220224		150.00	0.00	5001 9918		
81	87486	59	1.00	052224	052224 220224		42.00	0.00	9918		
81	87498	59	1.00	052224	052224 220224		37.07	0.00	9918		
81	87581	59	1.00	052224	052224 220224		42.00	0.00	9918		
81	87633		1.00	052224	052224 220224		318.05	0.00	9918		
81	87640		1.00	052224	052224 220224		37.07	0.00	9918		
81	87641	59	1.00	052224	052224 220224		37.07	0.00	9918		
81	87651	59	1.00	052224	052224 220224		49.86	0.00	9918		
81	87798		8.00	052224	052224 220224		336.00	0.00	9918		
NAME:					NT ID.: 5300020294						
							4 052124			0.00	0.00
				SERVICE	DATES RENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87635		1.00	052124	052124 220224		150.00	0.00	5001 9918		
81	87486	59	1.00	052124	052124 220224		42.00	0.00	9918		
81	87498	59	1.00	052124	052124 220224		37.07	0.00	9918		
81	87581	59	1.00	052124	052124 220224		42.00	0.00	9918		
81	87633		1.00	052124	052124 220224		318.05	0.00	9918		
81	87640		1.00	052124	052124 220224		37.07	0.00	9918		
81	87641	59	1.00	052124	052124 220224		37.07	0.00	9918		
81	87651	59	1.00	052124	052124 220224		49.86	0.00	9918		
81	87798		8.00	052124	DATES RENDERING THRU PROVIDER 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224 052124 220224		336.00	0.00	9918		
NAME:	EUGENE ST	WARTZ	_1.55=0.01	RECIPIE	NT ID.: 5300005846	66 MRN:					
	20241 1166508	158031616 31	I1665081			05232	4 052324	1,04	19.12	0.00	0.00
				SERVICE	DATES RENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87635		1.00	052324	052324 220224		150.00	0.00	5001 9918		
81	87486	59	1.00	052324	052324 220224		42.00	0.00	9918		
81	87498	59	1.00	052324	052324 220224		37.07	0.00	9918		
81	87581	59	1.00	052324	052324 220224		42.00	0.00	9918		
81	87633		1.00	052324	052324 220224		318.05	0.00	9918		
81	87640		1.00	052324	052324 220224		37.07	0.00	9918		
81	87641	59	1.00	052324	052324 220224		37.07	0.00	9918		

REPORT: CRA-PRSU-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 628

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS IN PROCESS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

		ICN	PAT ACCT	NO.			SERVICE	DATES	BILL	ED		TPL
POS 81 81	PROC CD 87651 87798	MODIFIERS 59	UNITS 1.00 8.00	SERVICE FROM 052324 052324	THRU PI 052324	ENDERING ROVIDER 220224 220224		THRU BILLED AMOUNT 49.86 336.00	AMOU COPAY 0.00 0.00	NT DETAIL E 9918 9918	COPAY	AMOUNT
NAME:		TUBERVILLE		RECIPIEN	T ID.: 5	530000853114		110000	1 0 4	0 10	0.00	0.00
	2024 116661	159023933 .07	I1666107				112823	112823	1,04	9.12	0.00	0.00
				SERVICE	DATES RI	ENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU PI	ROVIDER		AMOUNT	COPAY	DETAIL E	OBS	
81	87486	59	1.00	112823	112823	220224		42.00	0.00	9918		
81	87498	59	1.00	112823	112823	220224		37.07	0.00	9918		
81	87640	59	1.00	112823	112823	220224		37.07	0.00	9918		
81	87581	59	1.00	112823	112823	220224		42.00	0.00	9918		
81	87633		1.00	112823		220224		318.05	0.00	9918		
81	87641	59	1.00	112823		220224		37.07	0.00	9918		
81	87651	59	1.00	112823	112823			49.86	0.00	9918		
81	87798		8.00	112823		220224		336.00	0.00	9918		
81	87635		1.00	112823	112823	-		150.00	0.00	5001 991	.8	
			TOTAL CMS	1500 CLA	AIMS IN I	PROCESS:			4,19	6.48	0.00	0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NO. AMOUNT ALL	N OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JENNIFER ABERCROMB 2023243001966 5224154002986 HEADER EOBS: 8169	RECIPIENT ID.: 530000303989 I1405701 I1405701	MRN: 082423 082423 (258.14) 082423 082423 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082423 082423 220224		PAY PL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 082423 082423 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMENT			116.22		
NAME: JESSICA ACREMAN 2023221001587 5224154002253 HEADER EOBS: 8169	RECIPIENT ID.: 530001048426 I1383950 I1383950	MRN: 080323 080323 (258.14) 080323 080323 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080323 080323 220224		PAY PL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 080323 080323 220224	174.33 116.22	0.00 116.22 58.11		116.00		
		ADDITIONAL PAYMENT			116.22		
NAME: JENNIFER AL NAJJAR 2023254001356 5224154003198 HEADER EOBS: 8169	RECIPIENT ID.: 530001996980 I1411897 I1411897	MRN: 083123 083123 (258.14) 083123 083123 258.14	172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083123 083123 220224		PPAY PL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 083123 083123 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMENT			116.22		
NAME: JACOB ANDERSON 2023262001421 5224154003365 HEADER EOBS: 8169	RECIPIENT ID.: 530002060491 I1423436 I1423436	MRN: 091223 091223 (258.14) 091223 091223 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224		PAY PL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS DATE: 06/07/2024

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220224

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PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

ICN	PAT ACCT NO.		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 174.33 116.22 0.00 116.22				
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
				110.22		
NAME: REBECCA RENEE ANDER 2023262001430	RSON RECIPIENT ID.: 530000138243 11423441	MRN: 091223	(86.05)	(0.00)	(0.00)	(55.87)
5224154003366	11423441		86.05	0.00	0.00	172.09
HEADER EOBS: 8169						
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID	DETAIL EOBS			
81 80307	1.00 091223 091223 220224	83.81 55.87 0.00 55.87	9918			
01 00400	1 00 001003 001003 000004	27.94				
81 G0482	1.00 091223 091223 220224	174.33 116.22 0.00 116.22 58.11	0.00			
		ADDITIONAL PAYMENT	0.00	116.22		
NAME: ANNA ARD	RECIPIENT ID.: 530001460051	MRN:				
2023247001093	I1408409		(86.05)	(0.00)	(0.00)	(55.87)
5224154003068	I1408409	082823 082823 258.14 172.09	86.05	0.00	0.00	172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID	DETAIL EOBS			
81 80307	1.00 082823 082823 220224	83.81 55.87 0.00 55.87 27.94				
81 G0482	1.00 082823 082823 220224	174.33 116.22 0.00 116.22				
		58.11	0.00			
		ADDITIONAL PAYMENT		116.22		
NAME: ANTHONY ARNOLD	RECIPIENT ID.: 530001961758	MRN:				
2023265004327	I1427819		(86.05)	(0.00)	(0.00)	(55.87)
5224154003433 HEADER EOBS: 8169	I1427819	090523 090523 258.14 172.09	86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 090523 090523 220224	AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87	DETAIL EOBS 9918			
01 00307	1.00 090323 090323 220224	27.94	0.00			
81 G0482	1.00 090523 090523 220224	174.33 116.22 0.00 116.22				
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
						
NAME: KAYLA ARNOLD 2023262001450	RECIPIENT ID.: 530000943591 I1423454	MRN: 091223 091223 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLE FROM THRU AMOUN		NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KAYLA ARNOLD 5224154003367 HEADER EOBS: 8169	RECIPIENT ID.: 530000943591 I1423454	MRN: 091223 091223 258	.14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8		DETAIL EOBS 87 9918 0.00			
81 G0482	1.00 091223 091223 220224	174.33 116.2		22 9918 0.00			
		ADDITIONAL PA	YMENT		116.22		
NAME: ELLIS BALLENGER 2023247001133 5224154003069 HEADER EOBS: 8169	RECIPIENT ID.: 530002282550 I1408424 I1408424	MRN: 082323 082323 (258 082323 082323 258		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082323 082323 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8		DETAIL EOBS 87 9918 0.00			
81 G0482	1.00 082323 082323 220224	174.33 116.2	2 0.00 116. 58.11	22 9918 0.00			
		ADDITIONAL PA			116.22		
NAME: DOROTHY BANKS 2023221001774 5224154002254 HEADER EOBS: 8169	RECIPIENT ID.: 530001977757 I1383993 I1383993	MRN: 073123 073123 (258 073123 073123 258		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224	BILLED ALLOWED AMOUNT NON-AlloWE 83.81 55.8		DETAIL EOBS 87 9918 0.00			
81 G0482	1.00 073123 073123 220224	174.33 116.2	2 0.00 116. 58.11	22 9918 0.00			
		ADDITIONAL PA	YMENT		116.22		
NAME: FALLON BARNES 2023202001675 5224154001374 HEADER EOBS: 8169	RECIPIENT ID.: 530000081735 I1369448 I1369448	MRN: 071323 071323 (258 071323 071323 258		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071323 071323 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8		DETAIL EOBS 87 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

DATE: 06/07/2024

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220224

1598266421

083149459

06/07/2024

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CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

CHECK/EFT NUMBER
BIRMINGHAM, AL 35235-2718

ISSUE DATE

ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071323 071323 220224	174.33 116.22 0.00 116.22	DWED DETAIL EOBS 9918 0.00	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: FALLON BARNES 2023254001548 5224154003200 HEADER EOBS: 8169	RECIPIENT ID.: 530000081735 I1411962 I1411962 SERVICE DATES RENDERING	MRN: 082923 082923 (258.14) (172.09) 082923 082923 258.14 172.09 BILLED ALLOWED COPAY		(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	UNITS FROM THRU PROVIDER 1.00 082923 082923 220224 1.00 082923 082923 220224	83.81 55.87 0.00 55.87 27.94 174.33 116.22 0.00 116.22	0.00 9918			
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
NAME: KAYLA BARNES 2023220001552 5224154002153 HEADER EOBS: 8169	RECIPIENT ID.: 530000778666 I1382989 I1382989	MRN: 080123 080123 (258.14) (172.09) 080123 080123 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080123 080123 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 080123 080123 220224	174.33 116.22 0.00 116.22 58.11	0.00			
		ADDITIONAL PAYMENT		116.22		
NAME: SHERRY BARNETT 2023219001336 5224154002058 HEADER EOBS: 8169	RECIPIENT ID.: 530001951153 I1381285 I1381285			(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 073123 073123 220224	174.33 116.22 0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMENT		116.22		
NAME: ANGELA BARRON 2023255001514	RECIPIENT ID.: 530000407131 I1414547	MRN: 090123 090123 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ANGELA BARRON 5224154003250 HEADER EOBS: 8169	RECIPIENT ID.: 530000407131 I1414547	MRN: 090123 090123 258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090123 090123 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090123 090123 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMEN	IT		116.22		
NAME: CHARLES BEVILLE 2023262001612 5224154003368 HEADER EOBS: 8169	RECIPIENT ID.: 530001960367 I1423518 I1423518	MRN: 091223 091223 (258.14) 091223 091223 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 091223 091223 220224	174.33 116.22	0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMEN			116.22		
NAME: DONALD BISHOP 2023227003927 5224154002535 HEADER EOBS: 8169	RECIPIENT ID.: 530002048897 I1388873 I1388873	MRN: 073123 073123 (258.14) 073123 073123 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 073123 073123 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMEN		0.00	116.22		
NAME: BONITA BLACKBURN 2023257002165 5224154003314 HEADER EOBS: 8169	RECIPIENT ID.: 530002042984 I1416893 I1416893	MRN: 090723 090723 (258.14) 090723 090723 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

CRA-PRAD-R ALABAMA MEDICAID AGENCY REPORT: 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS DATE: 06/07/2024

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LA SUITE 138

BIRMINGHAM, AL

IC LABORATORIES LLC	PAYEE ID	220224
LAKE ROAD	NPI ID	1598266421
L 35235-2718	CHECK/EFT NUMBER	083149459
L 35235-2718	ISSUE DATE	06/07/2024

ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AlloweD TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00	COPAY AMOUNT	TPL PAID AMOUNT AMOUNT
		ADDITIONAL PAYMENT	116.22	
NAME: JOANN BLAND 2023228001720 5224154002597 HEADER EOBS: 8169	RECIPIENT ID.: 530002049713 I1390168 I1390168	MRN: 080923 080923 (258.14) (172.09) (86.05) 080923 080923 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080923 080923 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 080923 080923 220224	174.33 116.22 0.00 116.22 9918		
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: TOSHA BOLDIN 2023269001658 5224154003460 HEADER EOBS: 8169	RECIPIENT ID.: 530000592623 I1429601 I1429601	MRN: 091823 091823 (258.14) (172.09) (86.05) 091823 091823 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091823 091823 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloweD TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 091823 091823 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: JACOREYA BOOKER 2023200002176 5224154001301 HEADER EOBS: 8169	RECIPIENT ID.: 530001292872 I1367398 I1367398	MRN: 071223 071223 (649.38) (323.50) (325.88) 071223 071223 649.38 323.50 325.88	(0.00)	(0.00) (148.28) 0.00 264.50
POS PROC CD MODIFIERS 81 87491 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071223 071223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 49.86 28.00 0.00 0.00 5490		
81 87591 59	1.00 071223 071223 220224	21.86 0.00 42.00 28.00 0.00 28.00 9918		
81 87661	1.00 071223 071223 220224	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		

REPORT: CRA-PRAD-R ALABAMA MEDICAID AGENCY 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

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		ICN	PAT ACC	T NO.			SERVICE DATES			OWED	NC		COPAY	TPL AMOUNT	PAID AMOUNT
				SERVICE	. DATES	RENDERING	FROM THRU BILLED	AMOUNT ALLOWED	COPAY	OUNT	ALL	OWED	AMOUNT	AMOUNT	AMOUNI
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	NON-Allowed	TPL	PA]	ID	DETAIL EOBS			
81	87389			071223		220224	36.00		0.00		23.88				
										12.12		0.00			
81	85027		1.00	071223	071223	220224	12.00	0 5.00	0.00			9918			
										7.00		0.00			
81	36415		1.00	071223	071223	220224	4.50	0.00	0.00			3323			
0.1	0.41 5 6		1 00	071000	071000	220224	0 0	0 4 00	0 00	4.50		0.00			
81	84156		1.00	071223	0/1223	220224	8.00	0 4.00	0.00	4.00		5910 0.00			
81	82570		1 00	071223	071223	220224	8.00	0 6.00	0.00			5910			
01	02370		1.00	071223	071223	220221	0.0	0.00	0.00	2.00		0.00			
81	83069		1.00	071223	071223	220224	8.00	0 4.00	0.00			9918			
										4.00		0.00			
81	84311		2.00	071223	071223	220224	32.00	0 14.00	0.00			5910			
0.4	00010									18.00		0.00			
81	82010		1.00	071223	071223	220224	16.00	0.00	0.00			4524			
81	82945		1 00	071223	071222	220224	8.00	0 4.00	0.00	16.00		0.00 9918			
0.1	02943		1.00	0/1223	0/1223	220224	0.00	4.00	0.00	4.00		0.00			
81	83986		1.00	071223	071223	220224	7.00	0 3.00	0.00			5910			
										4.00		0.00			
81	81007		2.00	071223	071223	220224	120.00	0 4.00	0.00			5900			
										116.00		0.00			
81	82043	QW	1.00	071223	071223	220224	7.58	6.00	0.00			9918			
0.1	00000		1 00	0.11.000	0.000	000004	00.0	1 55 05	0.00	1.58		0.00			
81	80307		1.00	071223	071223	220224	83.83	1 55.87	0.00		55.87				
81	G0482		1 00	071223	071223	220224	174.33	3 116.22	0.00	27.94	116.22	0.00			
01	G0402		1.00	0/1223	0/1223	22022 1	1/4.5	3 110.22	0.00	58.11		0.00			
							7	ADDITIONAL PAYN	MENT	30.11		0.00	116.22		
NAME:	LISA BR				PIENT ID	.: 530002116312	MRN:								
		.95001499	I136485				071023 07102			172.09		(86.05)	(0.00)	(0.00)	(55.87)
		.54001116	I136485	2			071023 07102	23 258.1	14	172.09		86.05	0.00	0.00	172.09
HEADE	R EOBS:	8169		CEDVITCE	י האידיני	RENDERING	חים דודם	ALLOWED	COPAY						
POS	PROC CD	MODIFIERS	UNITS			PROVIDER		NON-AllowED	TDI.	DΔ	TD	DETAIL EOBS			
	80307	PIODII IERO		071023			83.83		0.00	1111	55.87	9918			
					0 _ 0		22.0.					0.00			
81	G0482		1.00	071023	071023	220224	174.33	3 116.22	0.00		116.22				
										58.11		0.00			
							Ī	ADDITIONAL PAYN	IENT				116.22		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: LISA BRANUM 2023229002515 5224154002626 HEADER EOBS: 8169	RECIPIENT ID.: 530002116312 I1392341 I1392341	MRN: 080723 080723 080723 080723	3 (258.14)	(172.09) 172.09			(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080723 080723 220224	BILLED AMOUNT 83.81	NON-AllowED	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 080723 080723 220224	174.33		0.00 116.22 58.11		116.00		
		AI	DDITIONAL PAYMENT			116.22		
NAME: KATHY BRITT 2023234001823 5224154002775 HEADER EOBS: 8169	RECIPIENT ID.: 530001944859 I1396175 I1396175	MRN: 081523 081523 081523 081523		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081523 081523 220224	BILLED AMOUNT 83.81	NON-AllowED	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 081523 081523 220224	174.33		0.00 116.22 58.11				
		AI	DDITIONAL PAYMENT			116.22		
NAME: BRITTNEY BRITTEN 2023221001926 5224154002255 HEADER EOBS: 8169	RECIPIENT ID.: 530002002131 11384050 11384050	MRN: 080123 080123 080123 080123		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
	SERVICE DATES RENDERING	BILLED		COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 080123 080123 220224	AMOUNT 83.81		TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 080123 080123 220224	174.33	116.22	0.00 116.22 58.11				
		AI	DDITIONAL PAYMENT			116.22		
NAME: KACI BRYANT 2023215002640 5224154001894 HEADER EOBS: 8169	RECIPIENT ID.: 530000155633 I1380051 I1380051	MRN: 071023 071023 071023 071023		(389.62) 389.62	(210.54) 210.54	(0.00)	(0.00)	(245.40) 361.62
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 071023 071023 220224	BILLED AMOUNT 126.00	NON-AllowED	COPAY TPL PAID 0.00 84.00 42.00	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN-		SERVICE DATES BILLED FROM THRU AMOUNT	AMOUNT AL:	ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFI	SERVICE DATES RENDERING ERS UNITS FROM THRU PROVIDER	BILLED ALLOWED AMOUNT NON-AllowED	COPAY TPL PAID	DETAIL EOBS			
81 87491 59	1.00 071023 071023 220224	49.86 28.00		5490			
01 07511 50	1 00 051002 051002 000004	40.00	21.86	0.00			
81 87511 59	1.00 071023 071023 220224	42.00 28.00	0.00 28.00 14.00	9918 0.00			
81 87529 59	1.00 071023 071023 220224	49.86 28.00	0.00 28.00	9918			
01 07501 50	1 00 071022 071022 220224	42.00 29.00	21.86	0.00			
81 87591 59	1.00 071023 071023 220224	42.00 28.00	0.00 28.00 14.00	9918 0.00			
81 87661 59	1.00 071023 071023 220224	32.30 21.53	0.00 21.53	9918			
81 80307	1.00 071023 071023 220224	83.81 55.87	10.77 0.00 55.87	0.00 9918			
81 80307	1.00 0/1023 0/1023 220224	03.01 55.07	27.94	0.00			
81 G0482	1.00 071023 071023 220224	174.33 116.22	0.00 116.22	9918			
		ADDITIONAL PAY	58.11	0.00	116.22		
		ADDITIONAL PAI	MENI		110.22		
NAME: LIA BUTLER	RECIPIENT ID.: 53000206080			(05.05)	(0.00)	(0.00)	(== 0=)
202319901692 522415400128		071123 071123 (258. 071123 258.		(86.05) 86.05	(0.00) 0.00	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	11300310	071125 071125 250.	172.05	00.03	0.00	0.00	172.00
	SERVICE DATES RENDERING	BILLED ALLOWED	COPAY				
POS PROC CD MODIFI 81 80307	ERS UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	AMOUNT NON-AlloWED 83.81 55.87		DETAIL EOBS 9918			
01 00307	1.00 071123 071123 220221	03.01	27.94	0.00			
81 G0482	1.00 071123 071123 220224	174.33 116.22					
		ADDITIONAL PAY	58.11 MENT	0.00	116.22		
					110.22		
NAME: LIA BUTLER	RECIPIENT ID.: 53000206080		14) (172 00)	(06.05)	(0.00)	(0.00)	/55 07)
202326300237 522415400337		091123 091123 (258. 091123 091123 258.		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169		070					_/_
DOG DDOG GD MODIET	SERVICE DATES RENDERING	BILLED ALLOWED	COPAY				
POS PROC CD MODIFI 81 80307	ERS UNITS FROM THRU PROVIDER 1.00 091123 091123 220224	AMOUNT NON-AlloWED 83.81 55.87		DETAIL EOBS 9918			
			27.94	0.00			
81 G0482	1.00 091123 091123 220224	174.33 116.22					
		ADDITIONAL PAY	58.11 MENT	0.00	116.22		
NAME: MEGAN CLARK	RECIPIENT ID.: 53000077116		14) (172 00)	(06 OF)	(0.00)	(0.00)	(EE 07)
202326900191	9 I1429830	091823 091823 (258.	14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MEGAN CLARK 5224154003462 HEADER EOBS: 8169	RECIPIENT ID.: 530000771168 I1429830		172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091823 091823 220224		COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 091823 091823 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMEN	T		116.22		
NAME: MINNIE COLLINS 2023256002065 5224154003300 HEADER EOBS: 8169	RECIPIENT ID.: 530002061572 I1415989 I1415989		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090623 090623 220224		COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 090623 090623 220224	174.33 116.22	0.00 116.22				
		ADDITIONAL PAYMEN		0.00	116.22		
NAME: CLARK COMBS 2023254002459 5224154003201 HEADER EOBS: 8169	RECIPIENT ID.: 530002171211 11412307 11412307	MRN: 083123 083123 (258.14) 083123 083123 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083123 083123 220224		COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 083123 083123 220224	174.33 116.22	0.00 116.22	9918			
		ADDITIONAL PAYMEN		0.00	116.22		
NAME: SIDNEY COTHRON 2023227004204 5224154002536 HEADER EOBS: 8169	RECIPIENT ID.: 530000739679 I1389003 I1389003	MRN: 080823 080823 (258.14) 080823 080823 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080823 080823 220224		COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080823 080823 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	
NAME: ANNA CROUCH 2023214002186 5224154001842 HEADER EOBS: 8169	RECIPIENT ID.: 530001460051 I1378570 I1378570	MRN: 072523 072523 (258.14) (172.09) (86.09) 072523 072523 258.14 172.09 86.09	
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072523 072523 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloWED TPL PAID DETAIL 83.81 55.87 0.00 55.87 9918 27.94 0.00	
81 G0482	1.00 072523 072523 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00	
		ADDITIONAL PAYMENT	116.22
NAME: KISHA CROWDEN 2023256002105 5224154003301 HEADER EOBS: 8169	RECIPIENT ID.: 530001858229 I1416012 I1416012	MRN: 090623 090623 (258.14) (172.09) (86.09090623 090623 258.14 172.09 86.09090623	
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090623 090623 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL 83.81 55.87 0.00 55.87 9918 27.94 0.00	
81 G0482	1.00 090623 090623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00	
		ADDITIONAL PAYMENT	116.22
NAME: DANNY CRUISE 2023202002162 5224154001375 HEADER EOBS: 8169	RECIPIENT ID.: 530001930561 I1369627 I1369627	MRN: 071323 071323 (258.14) (172.09) (86.09) 071323 071323 258.14 172.09 86.09	
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071323 071323 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL 83.81 55.87 0.00 55.87 9918 27.94 0.00	
81 G0482	1.00 071323 071323 220224	174.33 116.22 0.00 116.22 9918	
		58.11 0.00 ADDITIONAL PAYMENT	116.22
NAME: DANNY CRUISE	RECIPIENT ID.: 530001930561	MRN:	
2023229003053	I1392511	081023 081023 (258.14) (172.09) (86.09)	5) (0.00) (0.00) (55.87)

PROVIDER REMITTANCE ADVICE

DATE: 06/07/2024

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CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LA SUITE 138 BIRMINGHAM, AL

IC LABORATORIES LLC LAKE ROAD	PAYEE ID NPI ID	220224 1598266421
L 35235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: DANNY CRUISE 5224154002627 HEADER EOBS: 8169	RECIPIENT ID.: 530001930561 I1392511	MRN: 081023 081023	258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081023 081023 220224			OPAY TPL PAID 0.00 55.87				
81 G0482	1.00 081023 081023 220224	174.33	116.22	27.94 0.00 116.22 58.11		116 00		
		ADD1.	CIONAL PAYMENT			116.22		
NAME: JAMES CUMMINGS 2023229003108 5224154002628 HEADER EOBS: 8169	RECIPIENT ID.: 530002123629 I1392515 I1392515	MRN: 081123 081123 081123 081123		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
	SERVICE DATES RENDERING			OPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 081123 081123 220224	AMOUNT NO	ON-AllOWED 55.87	TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 081123 081123 220224	174.33	116.22	0.00 116.22	9918			
		ADDIT	TIONAL PAYMENT	58.11	0.00	116.22		
NAME: EDWARD DAAR 2023199017072 5224154001281 HEADER EOBS: 8169	RECIPIENT ID.: 530002044784 I1366386 I1366386	MRN: 071123 071123 071123 071123	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EODS: 0109	SERVICE DATES RENDERING	BILLED A	ALLOWED C	OPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 071123 071123 220224			TPL PAID 55.87				
81 G0482	1.00 071123 071123 220224	174.33	116.22	27.94 0.00 116.22	9918			
		ADDIT	TIONAL PAYMENT	58.11	0.00	116.22		
NAME: EDWADD DAAD	RECIPIENT ID.: 530002044784	MDM •						
2023229003152 5224154002629	I1392523 I1392523	081023 081023		(172.09) 172.09			(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307		BILLED A AMOUNT NO	N-AllOWED	OPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

REPORT: CRA-PRAD-R RA#: 3551548 MEDICA

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081023 081023 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED COPAY AMOUNT NON-Allowed TPL PAID 174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	OWED DETAIL EOBS 9918 0.00			PAID MOUNT
NAME: GRACIE DENTON 2023229003241 5224154002630 HEADER EOBS: 8169	RECIPIENT ID.: 530002035195 11392549 11392549 SERVICE DATES RENDERING	MRN: 081123 081123 (258.14) (172.09) 081123 081123 258.14 172.09 BILLED ALLOWED COPAY		(0.00)		(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	UNITS FROM THRU PROVIDER 1.00 081123 081123 220224 1.00 081123 081123 220224	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.00 9918			
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
NAME: PENNY DICKINSON 2023194003569 5224154001059 HEADER EOBS: 8169	RECIPIENT ID.: 530000934944 I1361191 I1361191	MRN: 070623 070623 (258.14) (172.09) 070623 070623 258.14 172.09		(0.00)		(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070623 070623 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 070623 070623 220224	174.33 116.22 0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMENT	-	116.22		
NAME: PENNY DICKINSON 2023247001430 5224154003070 HEADER EOBS: 8169	RECIPIENT ID.: 530000934944 I1408653 I1408653		(86.05) 86.05	(0.00)		(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 082823 082823 220224	174.33 116.22 0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMENT	=	116.22		
NAME: SHEILA ELLARD 2023229003370	RECIPIENT ID.: 530001960248 I1392586	MRN: 081123 081123 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

ALABAMA MEDICAID AGENCY REPORT: CRA-PRAD-R 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

DRIES LLC	PAYEE ID NPI ID	220224 1598266421
.8	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.		LLED ALLOWED OUNT AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: SHEILA ELLARD 5224154002631 HEADER EOBS: 8169	RECIPIENT ID.: 530001960248 I1392586	MRN: 081123 081123	258.14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081123 081123 220224	BILLED ALLOWER AMOUNT NON-Allo	OWED TPL PAID	DETAIL EOBS 87 9918 0.00			
81 G0482	1.00 081123 081123 220224		6.22 0.00 116.5 58.11	0.00 22 9918 0.00			
		ADDITIONAL	PAYMENT		116.22		
NAME: SHEILA ELLARD 2023242001849 5224154002946 HEADER EOBS: 8169	RECIPIENT ID.: 530001960248 I1405072 I1405072		258.14) (172.09) 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	BILLED ALLOWER AMOUNT NON-Allo	OWED TPL PAID 5.87 0.00 55.8	DETAIL EOBS 87 9918			
81 G0482	1.00 072623 072623 220224	174.33	27.94 6.22 0.00 116.3 58.11	0.00 22 9918 0.00			
		ADDITIONAL			116.22		
NAME: JIMMY ELLINGTON 2023222002413 5224154002324 HEADER EOBS: 8169	RECIPIENT ID.: 530000048930 I1385494 I1385494	080323 080323 (:	258.14) (172.09) 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080323 080323 220224	BILLED ALLOWER AMOUNT NON-Allows 83.81	OWED TPL PAID	DETAIL EOBS 87 9918 0.00			
81 G0482	1.00 080323 080323 220224		6.22 0.00 116.5 58.11	22 9918 0.00			
		ADDITIONAL	PAYMENT		116.22		
NAME: VICTORIA FERGUSON 2023262001793 5224154003369 HEADER EOBS: 8169	RECIPIENT ID.: 530000498569 I1423883 I1423883		258.14) (172.09) 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-Allo 83.81 5	OWED TPL PAID	DETAIL EOBS 87 9918 0.00			

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	COPAY TPL AMOUNT AMOU	
NAME: JOHNNY FINCHER 2023199017176 5224154001282 HEADER EOBS: 8169	RECIPIENT ID.: 530002010919 I1366469 I1366469 SERVICE DATES RENDERING	MRN: 071223 071223 (258.14) (172.09) (86.05) 071223 071223 258.14 172.09 86.05 BILLED ALLOWED COPAY	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	UNITS FROM THRU PROVIDER 1.00 071223 071223 220224 1.00 071223 071223 220224	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00 174.33 116.22 0.00 116.22 9918		
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: JOHNNY FINCHER 2023233001713 5224154002752 HEADER EOBS: 8169	RECIPIENT ID.: 530002010919 I1395194 I1395194	MRN: 081423 081423 (258.14) (172.09) (86.05) 081423 081423 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081423 081423 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 081423 081423 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: JOHNNY FINCHER 2023263002534 5224154003379 HEADER EOBS: 8169	RECIPIENT ID.: 530002010919 I1425184 I1425184	MRN: 091123 091123 (258.14) (172.09) (86.05) 091123 091123 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091123 091123 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 091123 091123 220224	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	116.00	
		ADDITIONAL PAYMENT	116.22	
NAME: AMIRIA FRANKLIN 2023220002033	RECIPIENT ID.: 530001382185 I1383247	MRN: 080123 080123 (284.76) (190.18) (94.58)	(0.00)	(0.00) (18.09)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AMIRIA FRANKLIN 5224154002154 HEADER EOBS: 8169	RECIPIENT ID.: 530001382185 I1383247	MRN: 080123 080123	284.76	190.18	94.58	0.00	0.00	18.09
	SERVICE DATES RENDERING			COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		ON-AllowED	TPL PAID	DETAIL EOBS			
81 80307	1.00 080123 080123 220224	83.81	55.87	0.00 0.00 27.94	5912 0.00			
81 G0482	1.00 080123 080123 220224	174.33	116.22		5912			
				58.11	0.00			
81 87086	1.00 080123 080123 220224	18.53	10.00	0.00 10.00 8.53	9918 0.00			
81 87088	1.00 080123 080123 220224	8.09	8.09	0.00 8.09				
0_ 0,000				0.00	0.00			
NAME: NATALIE FULLER 2023206002542 5224154001466	RECIPIENT ID.: 530000133765 I1372170	MRN: 071823 071823 071823 071823	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		ON-Allowed	TPL PAID	DETAIL EOBS			
81 80307	1.00 071823 071823 220224	83.81	55.87	0.00 55.87				
81 G0482	1.00 071823 071823 220224	174.33	116.22	27.94 0.00 116.22	0.00			
01 G0402	1.00 0/1023 0/1023 220224	174.33	110.22	58.11	0.00			
		ADDI	TIONAL PAYMEN			116.22		
NAME . NAMAT TO DUTT OF	DEGITATION ID . 520000122765	MIDAT						
NAME: NATALIE FULLER 2023234002147	RECIPIENT ID.: 530000133765 I1396449	MRN: 081523 081523	(258.14)	(172.09)	(86.05)	(0.00)	(0.00)	(55.87)
5224154002776	I1396449	081523 081523	258.14	172.09	86.05	0.00	0.00	172.09
HEADER EOBS: 8169				00				
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		ALLOWED ON-AllowED	COPAY TPL PAID	DETAIL EOBS			
81 80307	1.00 081523 081523 220224	83.81	55.87	0.00 55.87				
				27.94				
81 G0482	1.00 081523 081523 220224	174.33	116.22	0.00 116.22				
		ADDI	TIONAL PAYMEN	58.11 T	0.00	116.22		
				_				
NAME: NATALIE FULLER 2023263002539 5224154003380 HEADER EOBS: 8169	RECIPIENT ID.: 530000133765 I1425198 I1425198	MRN: 091223 091223 091223 091223	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CRA-PRAD-R

3551548

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED	COPAY TPL PAID AMOUNT AMOUNT AMOUNT
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DET 83.81 55.87 0.00 55.87 991	AIL EOBS
81 G0482	1.00 091223 091223 220224	174.33 116.22 0.00 116.22 991	
		ADDITIONAL PAYMENT	116.22
2023199017224 5224154001283	RECIPIENT ID.: 530001967156 I1366492 I1366492	MRN: 071123 071123 (258.14) (172.09) (86 071123 071123 258.14 172.09 86	
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	83.81 55.87 0.00 55.87 991	AIL EOBS 8 .00
81 G0482	1.00 071123 071123 220224	174.33 116.22 0.00 116.22 991	
		ADDITIONAL PAYMENT	116.22
	RECIPIENT ID.: 530001967156		
2023235002201 5224154002796 HEADER EOBS: 8169	I1397956 I1397956	081523 081523 (258.14) (172.09) (86 081523 081523 258.14 172.09 86	
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 081523 081523 220224	83.81 55.87 0.00 55.87 991	AIL EOBS 8 .00
81 G0482	1.00 081523 081523 220224	174.33 116.22 0.00 116.22 991 58.11 0	8 .00
		ADDITIONAL PAYMENT	116.22
2023264003879	RECIPIENT ID.: 530001967156 I1426369	091223 091223 (258.14) (172.09) (86	
5224154003409 HEADER EOBS: 8169	I1426369	091223 091223 258.14 172.09 86	.05 0.00 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	83.81 55.87 0.00 55.87 991	
81 G0482	1.00 091223 091223 220224	27.94 0 174.33 116.22 0.00 116.22 991 58.11 0	
		ADDITIONAL PAYMENT	116.22

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.		LOWED NON MOUNT ALLOWED	COPAY AMOUNT	TPL PAID AMOUNT AMOUNT
NAME: MARY GILL 2023250004201 5224154003159 HEADER EOBS: 8169	RECIPIENT ID.: 530000611318 I1410916 I1410916	072623 072623 (258.14)	(172.09) (86.05) 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224		PAID DETAIL EOBS 55.87 9918 27.94 0.00		
81 G0482	1.00 072623 072623 220224	174.33 116.22 0.00) 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT		116.22	
NAME: PRISCILLA GLADNEY 2023242001888 5224154002947 HEADER EOBS: 8169	RECIPIENT ID.: 530001957035 I1405118 I1405118	082223 082223 (258.14)	(172.09) (86.05) 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082223 082223 220224		PAID DETAIL EOBS 55.87 9918 27.94 0.00		
81 G0482	1.00 082223 082223 220224	174.33 116.22 0.00) 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	33.11	116.22	
NAME: GODFREY GOLSTON 2023275001817 5224154003497 HEADER EOBS: 8169	RECIPIENT ID.: 530002286481 I1436523 I1436523	MRN: 092523 092523 (298.26) 092523 092523 298.26	(199.18) (99.08) 199.18 99.08	(0.00)	(0.00) 0.00 (27.09) 27.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 092523 092523 220224		PAID DETAIL EOBS 0.00 5912 27.94 0.00		
81 G0482	1.00 092523 092523 220224	174.33 116.22 0.00	0.00 5912 58.11 0.00		
81 87086	1.00 092523 092523 220224	18.53 10.00 0.00			
81 87186	1.00 092523 092523 220224	13.50 9.00 0.00			
81 87088	1.00 092523 092523 220224	8.09 8.09 0.00			
NAME: STEVEN GREER 2023236004947	RECIPIENT ID.: 530001411005 I1399399	MRN: 081723 081723 (258.14)	(172.09) (86.05)	(0.00)	(0.00) (55.87)

PROVIDER REMITTANCE ADVICE

DATE: 06/07/2024

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CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAK SUITE 138 BIRMINGHAM, AL

C LABORATORIES LLC	PAYEE ID	220224
AKE ROAD	NPI ID	1598266421
35235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: STEVEN GREER 5224154002821 HEADER EOBS: 8169	RECIPIENT ID.: 530001411005 I1399399	MRN: 081723 081723	258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081723 081723 220224	BILLED AMOUNT 83.81		COPAY TPL PAID 0.00 55.87	9918			
81 G0482	1.00 081723 081723 220224	174.33	116.22	27.94 0.00 116.22 58.11	9918	116.22		
		ADD	ITIONAL PAYMENT	I		110.22		
NAME: PATRICIA HACKNEY 2023199017270 5224154001284 HEADER EOBS: 8169	RECIPIENT ID.: 530002294153 I1366548 I1366548	MRN: 071023 071023 071023 071023	(258.14) 258.14	(172.09) 172.09			(0.00)	(55.87) 172.09
	SERVICE DATES RENDERING	BILLED		COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 071023 071023 220224	AMOUNT 83.81	NON-AllOWED 55.87	TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 071023 071023 220224	174.33	116.22	0.00 116.22 58.11	9918			
		ADD	ITIONAL PAYMEN		0.00	116.22		
	DEGETETET TO 1 520000004152							
NAME: PATRICIA HACKNEY 2023234002222 5224154002777 HEADER EOBS: 8169	RECIPIENT ID.: 530002294153 I1396522 I1396522	MRN: 080723 080723 080723 080723	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05		(0.00)	(55.87) 172.09
HEADER EODS: 0109	SERVICE DATES RENDERING	BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 080723 080723 220224			TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 080723 080723 220224	174.33	116.22	0.00 116.22 58.11				
		ADD	ITIONAL PAYMEN		0.00	116.22		
NAME · DATRICTA HACKNEY	RECIPIENT ID.: 530002294153	MDM •						
NAME: PATRICIA HACKNEY 2023256002223 5224154003302 HEADER EOBS: 8169	I1416166 I1416166			(172.09) 172.09			(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090523 090523 220224	AMOUNT	NON-AllOWED	COPAY TPL PAID 0.00 55.87 27.94	9918			

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090523 090523 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	COPAY AMOUNT 116.22	TPL AMOUNT	PAID AMOUNT
NAME: ERICA HADAWAY 2023207005576 5224154001503 HEADER EOBS: 8169	RECIPIENT ID.: 530000479622 I1373908 I1373908	MRN: 071723 071723 (258.14) (172.09) (86.05) 071723 071723 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071723 071723 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 071723 071723 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	116.22		
NAME: ERICA HADAWAY 2023234002228 5224154002778 HEADER EOBS: 8169	RECIPIENT ID.: 530000479622 I1396523 I1396523	MRN: 081623 081623 (258.14) (172.09) (86.05) 081623 081623 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081623 081623 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 081623 081623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	116.22		
		ADDITIONAL LATRENT	110.22		
NAME: RHONDA HAMILTON 5923215001040 5224154001895 HEADER EOBS: 8169	RECIPIENT ID.: 530001981530 I1380364 I1380364	MRN: 071123 071123 (299.33) (172.09) (127.24) 071123 071123 299.33 172.09 127.24	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 125.00 55.87 0.00 55.87 9918			
81 G0482	1.00 071123 071123 220224	69.13 0.00 174.33 116.22 0.00 116.22 9918			
		58.11 0.00 ADDITIONAL PAYMENT	116.22		
		ADDITIONAL FAIMENT	110.22		
NAME: HAYLEY HAMPTON 2023229003531	RECIPIENT ID.: 530000877497 I1392723	MRN: 081123 081123 (258.14) (172.09) (86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NON AMOUNT ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: HAYLEY HAMPTON 5224154002632 HEADER EOBS: 8169	RECIPIENT ID.: 530000877497 I1392723	081123 081123 258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081123 081123 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 081123 081123 220224	174.33 116.22 ADDITIONAL PAYMEN	0.00 116.22 58.11	9918 0.00	116.22		
NAME: CHRISTINE HARRIS	RECIPIENT ID.: 500000432413	MRN:					
2023269002321 5224154003465 HEADER EOBS: 8169	I1430397 I1430397		(172.09) 55.87	(86.05) 202.27			(55.87) 55.87
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091823 091823 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 091823 091823 220224	174.33 0.00	0.00	6343			
NAME: ELIZABETH HARRIS 2023199017299 5224154001285 HEADER EOBS: 8169	RECIPIENT ID.: 530000440458 I1366572 I1366572		(172.09) 172.09	(86.05) 86.05			(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 071123 071123 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMEN			116.22		
NAME: ELIZABETH HARRIS 2023263002581 5224154003381 HEADER EOBS: 8169	RECIPIENT ID.: 530000440458 I1425254 I1425254	091123 091123 (258.14)	(172.09) 172.09				(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091123 091123 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87		DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091123 091123 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AlloweD TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	COPAY TPL AMOUNT AMOUNT	PAID AMOUNT
NAME: JESSICA HARRIS 2023255002146 5224154003251 HEADER EOBS: 8169	RECIPIENT ID.: 530000525959 I1415001 I1415001	MRN: 090523 090523 (258.14) (172.09) (86.05) 090523 090523 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090523 090523 220224 1.00 090523 090523 220224	BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00 174.33 116.22 0.00 116.22 9918		
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: NATASHA HART 2023215003467 5224154001896 HEADER EOBS: 8169	RECIPIENT ID.: 530001497006 I1380388 I1380388	MRN: 072723 072723 (258.14) (172.09) (86.05) 072723 072723 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072723 072723 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 072723 072723 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: RODNEY HATCHER 2023236005162 5224154002822 HEADER EOBS: 8169	RECIPIENT ID.: 500001167138 I1399450 I1399450	MRN: 081623 081623 (258.14) (172.09) (86.05) 081623 081623 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081623 081623 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 081623 081623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: AMANDA HAYNIE 2023229003566	RECIPIENT ID.: 530000948354 I1392765	MRN: 080723 080723 (258.14) (172.09) (86.05)	(0.00) (0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NO ALI	ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AMANDA HAYNIE 5224154002633 HEADER EOBS: 8169	RECIPIENT ID.: 530000948354 I1392765		172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080723 080723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	TPL PAID 0.00 55.87				
81 G0482	1.00 080723 080723 220224	174.33 116.22	0.00 116.22 58.11	9918			
		ADDITIONAL PAYM	ENT		116.22		
NAME: LATONIA HEARD 2023194003639 5224154001060 HEADER EOBS: 8169	RECIPIENT ID.: 530001225475 I1361379 I1361379		1) (172.09) 1 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070623 070623 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 070623 070623 220224	174.33 116.22	0.00 116.22	9918			
		ADDITIONAL PAYM			116.22		
2023264004577 5224154003410	RECIPIENT ID.: 530001225475 I1426568 I1426568		1) (172.09) 1 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	TPL PAID 0.00 55.87				
81 G0482	1.00 090723 090723 220224	174.33 116.22	27.94 0.00 116.22 58.11				
		ADDITIONAL PAYM			116.22		
NAME: BRITTANY HENLEY 2023255002160 5224154003252 HEADER EOBS: 8169	RECIPIENT ID.: 530001959053 I1415028 I1415028	MRN: 072623 072623 (258.14 072623 072623 258.14		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED COPAY AMOUNT NON-Allowed TPL PAID 174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	DWED DETAIL EOBS 9918 0.00		TPL AMOUNT	PAID AMOUNT
NAME: PAMELA HENLEY 2023229003586 5224154002634 HEADER EOBS: 8169	RECIPIENT ID.: 530001957030 I1392775 I1392775	MRN: 073123 073123 (258.14) (172.09) 073123 073123 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224 1.00 073123 073123 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94 174.33 116.22 0.00 116.22	0.00			
01 G0402	1.00 073123 073123 220224	58.11 ADDITIONAL PAYMENT	0.00	116.22		
NAME: KAY HOLLIS 2023242002028 5224154002948 HEADER EOBS: 8169	RECIPIENT ID.: 530001946323 I1405201 I1405201	MRN: 082123 082123 (258.14) (172.09) 082123 082123 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082123 082123 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 082123 082123 220224	174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	9918 0.00	116.22		
		ADDITIONAL TAIRBNI		110.22		
NAME: SHELBY HOOKER 2023262001897 5224154003370 HEADER EOBS: 8169	RECIPIENT ID.: 530001020718 I1424091 I1424091	MRN: 091223 091223 (258.14) (172.09) 091223 091223 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	83.81 55.87 0.00 55.87				
81 G0482	1.00 091223 091223 220224	27.94 174.33 116.22 0.00 116.22	0.00 9918			
		58.11	0.00	116 22		
		ADDITIONAL PAYMENT		116.22		
NAME: SARA HUDSON 2023194003668	RECIPIENT ID.: 530000441370 I1361432	MRN: 070523 070523 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024 PAGE: 653

ICN	PAT ACCT NO.		LLED ALLOWED DUNT AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: SARA HUDSON 5224154001061 HEADER EOBS: 8169	RECIPIENT ID.: 530000441370 I1361432	MRN: 070523 070523	258.14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307				.87 9918			
81 G0482	1.00 070523 070523 220224		6.22 0.00 116 58.11	.22 9918 0.00			
		ADDITIONAL	PAYMENT		116.22		
NAME: ANNESIA JACKSON 2023200003175 5224154001302 HEADER EOBS: 8169	RECIPIENT ID.: 500001182549 I1367728 I1367728		299.33) (172.09) 299.33 172.09	(127.24) 127.24	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	BILLED ALLOWEI AMOUNT NON-Allo 125.00 55	OWED TPL PAID 55				
81 G0482	1.00 071123 071123 220224	174.33 116	6.22 0.00 116 58.11	.22 9918			
		ADDITIONAL		0.00	116.22		
2023194003689 5224154001062	RECIPIENT ID.: 530001930435 I1361453 I1361453		258.14) (172.09) 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070523 070523 220224	BILLED ALLOWEI AMOUNT NON-Allo 83.81 59		.87 9918			
81 G0482	1.00 070523 070523 220224	174.33 116	6.22 0.00 116 58.11				
		ADDITIONAL		0.00	116.22		
NAME: GLADYS JACKSON 2023221002574 5224154002256 HEADER EOBS: 8169	RECIPIENT ID.: 530001930435 I1384437 I1384437		258.14) (172.09) 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	BILLED ALLOWEI AMOUNT NON-Allo 83.81 59	OWED TPL PAID	DETAIL EOBS .87 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083149459 ISSUE DATE 06/07/2024

DATE: 06/07/2024

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PAYEE ID

ICN POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	174.33 116.22 0.00 116.22 991	AIL EOBS	
NAME: GLADYS JACKSON 2023247001476 5224154003071 HEADER EOBS: 8169	RECIPIENT ID.: 530001930435 I1408881 I1408881	MRN: 082823 082823 (258.14) (172.09) (86 082823 082823 258.14 55.87 202		(0.00) (55.87) 0.00 55.87
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224 1.00 082823 082823 220224	83.81 55.87 0.00 55.87 991 27.94 0 174.33 0.00 0.00 0.00 634	.00	
NAME: CURTIS JOHNSON 2023242002179 5224154002949 HEADER EOBS: 8169	RECIPIENT ID.: 530002085810 I1405245 I1405245	MRN: 082223 082223 (258.14) (172.09) (86		(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082223 082223 220224 1.00 082223 082223 220224	83.81 55.87 0.00 55.87 991	.00	
			116.22	
NAME: JEREMIAH JOHNSON 2023235002245 5224154002797 HEADER EOBS: 8169	RECIPIENT ID.: 530001375730 I1398159 I1398159		.05) (0.00) .05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081623 081623 220224	83.81 55.87 0.00 55.87 991		
81 G0482	1.00 081623 081623 220224	174.33 116.22 0.00 116.22 991	.00 8 .00 116.22	
NAME: MARGARET JOHNSON 2023227005160	RECIPIENT ID.: 530001450123 I1389341	MRN: 072823 072823 (258.14) (172.09) (86		(0.00) (55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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DIMINOIAN, AL 33233 2710			IDDUE DATE	00/07/2021	
ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NON AMOUNT ALLOW		TPL PAID AMOUNT
NAME: MARGARET JOHNSON 5224154002537 HEADER EOBS: 8169	RECIPIENT ID.: 530001450123 I1389341	MRN: 072823 072823 258.14	172.09	86.05 0.00	0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072823 072823 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	TPL PAID D 0.00 55.87 9	DETAIL EOBS 0918 0.00	
81 G0482	1.00 072823 072823 220224	174.33 116.22 ADDITIONAL PAYME	0.00 116.22 9 58.11		
			14.1	110.22	
NAME: TYTIANNA JOHNSON 2023230003981 5224154002690 HEADER EOBS: 8169	RECIPIENT ID.: 530001425670 I1394193 I1394193	081423 081423 (276.67) (182.09) 182.09	94.58) (0.00) 94.58 0.00	(0.00) 0.00 (10.00) 10.00
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081423 081423 220224	BILLED ALLOWED AMOUNT NON-AlloWED 18.53 10.00			
81 80307	1.00 081423 081423 220224	83.81 55.87	0.00 0.00 5	5912	
81 G0482	1.00 081423 081423 220224	174.33 116.22	0.00 0.00 5	0.00 5912 0.00	
NAME: CYNTHIA JONES 2023215003730 5224154001897 HEADER EOBS: 8169	RECIPIENT ID.: 530000662059 I1380528 I1380528	MRN: 072723 072723 (258.14 072723 072723 258.14		86.05) (0.00) 86.05 0.00	(0.00) (55.87) 0.00 172.09
	SERVICE DATES RENDERING	BILLED ALLOWED			
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 072723 072723 220224	AMOUNT NON-AllOWED 83.81 55.87	0.00 55.87 9		
81 G0482	1.00 072723 072723 220224	174.33 116.22	27.94 0.00 116.22 9		
		ADDITIONAL PAYME		0.00 116.22	
	RECIPIENT ID.: 530000662059				
2023247001490 5224154003072 HEADER EOBS: 8169	I1408911 I1408911	082823 082823 (258.14 082823 082823 258.14) (172.09) (172.09	86.05) (0.00) 86.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOW BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID D 174.33 116.22 0.00 116.22 9	VED AMOUNT DETAIL EOBS	TPL PAID AMOUNT AMOUNT
		ADDITIONAL PAYMENT	116.22	
NAME: MACK JONES 2023242002286 5224154002950 HEADER EOBS: 8169	RECIPIENT ID.: 530001933716 I1405257 I1405257	082323 082323 258.14 172.09	(86.05) (0.00) 86.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082323 082323 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID D 83.81 55.87 0.00 55.87 9 27.94	DETAIL EOBS 0918 0.00	
81 G0482	1.00 082323 082323 220224	174.33 116.22 0.00 116.22 9 58.11	0.00	
		ADDITIONAL PAYMENT	116.22	
NAME: MADISON KNOWLES 2023255002313 5224154003253 HEADER EOBS: 8169	RECIPIENT ID.: 530000491940 I1415169 I1415169		(86.05) (0.00) 202.27 0.00	(0.00) 0.00 (55.87) 55.87
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090523 090523 220224	83.81 55.87 0.00 55.87 9 27.94	0.00	
81 G0482	1.00 090523 090523 220224	174.33 0.00 0.00 0.00 6 174.33	0.00	
NAME: MARY LALENDORF 2023194003707 5224154001063 HEADER EOBS: 8169	RECIPIENT ID.: 530001977566 I1361532 I1361532		(86.05) (0.00) 86.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070523 070523 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID D 83.81 55.87 0.00 55.87 9 27.94	DETAIL EOBS 9918 0.00	
81 G0482	1.00 070523 070523 220224	174.33 116.22 0.00 116.22 9 58.11	9918 0.00	
		ADDITIONAL PAYMENT	116.22	
NAME: MARY LALENDORF 2023235002256	RECIPIENT ID.: 530001977566 I1398215	MRN: 081623 081623 (258.14) (172.09) ((86.05) (0.00)	(0.00) (55.87)

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILL FROM THRU AMOU		NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MARY LALENDORF 5224154002798 HEADER EOBS: 8169	RECIPIENT ID.: 530001977566 I1398215	MRN: 081623 081623 25	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081623 081623 220224	BILLED ALLOWED AMOUNT NON-Allow 83.81 55.	WED TPL PAID	87 9918			
81 G0482	1.00 081623 081623 220224	174.33 116.	22 0.00 116. 58.11				
		ADDITIONAL P	PAYMENT		116.22		
NAME: MARY LALENDORF 2023264005239 5224154003411 HEADER EOBS: 8169	RECIPIENT ID.: 530001977566 I1426795 I1426795		(172.09) (8.14) (172.09)	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091323 091323 220224	BILLED ALLOWED AMOUNT NON-Allow 83.81 55.	WED TPL PAID	87 9918			
81 G0482	1.00 091323 091323 220224	174.33 116.		22 9918			
		ADDITIONAL P		0.00	116.22		
NAME: KAMERON LAUNDRY 2023194003714 5224154001065	RECIPIENT ID.: 530000732549 I1361550		58.14) (172.09) 58.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070723 070723 220224	BILLED ALLOWED AMOUNT NON-Allow 83.81 55.	TPL PAID 87 0.00 55.	87 9918			
81 G0482	1.00 070723 070723 220224	174.33 116.	27.94 22 0.00 116. 58.11				
		ADDITIONAL P		0.00	116.22		
NAME: KAYDEN LAUNDRY 2023194003712 5224154001064 HEADER EOBS: 8169	RECIPIENT ID.: 530000732548 I1361549 I1361549		(172.09) (8.14) (172.09) (172.09)	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070723 070723 220224	BILLED ALLOWED AMOUNT NON-Allow 83.81 55.	WED TPL PAID	DETAIL EOBS 87 9918 0.00			

PROVIDER REMITTANCE ADVICE

DATE: 06/07/2024

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CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAK SUITE 138 BIRMINGHAM, AL

C LABORATORIES LLC	PAYEE ID	220224
AKE ROAD	NPI ID	1598266421
35235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NON AMOUNT ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070723 070723 220224			DETAIL EOBS 9918 0.00			
		ADDITIONAL PAYMENT			116.22		
NAME: TIFFANY LAWSON 2023207005697 5224154001504 HEADER EOBS: 8169	RECIPIENT ID.: 530001139183 I1374037 I1374037		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071923 071923 220224			DETAIL EOBS 9918 0.00			
81 G0482	1.00 071923 071923 220224	174.33 116.22	0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMENT			116.22		
NAME: JESSICA LINDSEY 2023255002346 5224154003254 HEADER EOBS: 8169	RECIPIENT ID.: 530001710176 I1415195 I1415195		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPA AMOUNT NON-AlloWED TPI		DETAIL EOBS			
81 80307	1.00 082423 082423 220224		0.00 55.87	9918			
81 G0482	1.00 082423 082423 220224	174.33 116.22	27.94 0.00 116.22				
		ADDITIONAL PAYMENT	58.11	0.00	116.22		
NAME: MELISSA LOWE	RECIPIENT ID.: 530001984536	MRN:					
2023219002152 5224154002059 HEADER EOBS: 8169	I1382183 I1382183	· · · · · · · · · · · · · · · · · · ·	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPA AMOUNT NON-AlloWED TPI		DETAIL EOBS			
81 80307	1.00 073123 073123 220224		0.00 55.87	9918			
81 G0482	1.00 073123 073123 220224	174.33 116.22	27.94 0.00 116.22				
		ADDITIONAL PAYMENT	58.11	0.00	116.22		
NAME: MELISSA LOWE	RECIPIENT ID.: 530001984536	MRN:					
2023264005347	I1426850	090623 090623 (258.14)	(172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

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PAYEE ID

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

JAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
J 35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MELISSA LOWE 5224154003412 HEADER EOBS: 8169	RECIPIENT ID.: 530001984536 I1426850	MRN: 090623 090623	258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090623 090623 220224			OPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090623 090623 220224	174.33	116.22	0.00 116.22 58.11				
		ADDI	ITIONAL PAYMENT	1		116.22		
NAME: PAULINE LOWRY 2023233001988 5224154002753 HEADER EOBS: 8169	RECIPIENT ID.: 530001973728 I1395513 I1395513	MRN: 081423 081423 081423 081423	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081423 081423 220224			OPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 081423 081423 220224	174.33	116.22	0.00 116.22 58.11				
		ADDI	ITIONAL PAYMENT			116.22		
NAME: SHEILA LOWRY 2023195002003 5224154001117 HEADER EOBS: 8169	RECIPIENT ID.: 530001307825 I1365092	MRN: 071023 071023 071023 071023	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071023 071023 220224			OPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 071023 071023 220224	174.33	116.22	0.00 116.22 58.11				
		ADDI	ITIONAL PAYMENT	1		116.22		
NAME: STEPHANIE LUSTER 2023207005728 5224154001505 HEADER EOBS: 8169	RECIPIENT ID.: 530000980003 I1374080 I1374080	MRN: 071723 071723 071723 071723	(258.14) 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071723 071723 220224			OPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
TSSIIE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED	COPAY TPL AMOUNT AMOUN	
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS		
81 G0482	1.00 071723 071723 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: TERRI LYNN	RECIPIENT ID.: 530002056078	MRN:		
2023194003725 5224154001066	I1361604 I1361604	070623 070623 (258.14) (172.09) (86.05) 070623 070623 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY		
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS		
81 80307	1.00 070623 070623 220224	83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 070623 070623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: TERRI LYNN	RECIPIENT ID.: 530002056078	MRN:		
2023247001500 5224154003073	I1408994 I1408994	082823	(0.00)	(0.00) (55.87) 0.00 172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY		
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS		
81 80307	1.00 082823 082823 220224	83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 082823 082823 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: DANA MANN	RECIPIENT ID.: 530000150522	MRN:		
2023212002127 5224154001742	I1377422 I1377422	072423 072423 (258.14) (172.09) (86.05) 072423 072423 258.14 172.09 86.05	(0.00) 0.00	(0.00) (55.87) 0.00 172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY		
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS		
81 80307	1.00 072423 072423 220224	83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 072423 072423 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: SASSY MARCUM	RECIPIENT ID.: 530000168385	MRN:		
2023234002603	I1396816	081423	(0.00)	(0.00) (55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.			LOWED NC MOUNT ALL	ON OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: SASSY MARCUM 5224154002779 HEADER EOBS: 8169	RECIPIENT ID.: 530000168385 I1396816		258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081423 081423 220224	83.81	AllOWED TPL 55.87 0.0	PAID 0 55.87 27.94	0.00			
81 G0482	1.00 081423 081423 220224		116.22 0.0 NAL PAYMENT	0 116.22 58.11		116.22		
NAME: TARA MASSEY 2023255002420 5224154003255 HEADER EOBS: 8169	RECIPIENT ID.: 530001080342 I1415246 I1415246	MRN: 083023 083023 083023 083023	(258.14) 258.14	(172.09) 55.87	(86.05) 202.27	(0.00)	(0.00)	(55.87) 55.87
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083023 083023 220224	BILLED ALLO AMOUNT NON-A 83.81	AllOWED TPL 55.87 0.0	PAID 0 55.87 27.94				
81 G0482	1.00 083023 083023 220224	174.33			6343 0.00			
NAME: JENNIFER MATTHEW 2023255002435 5224154003256 HEADER EOBS: 8169	RECIPIENT ID.: 530002190961 I1415248 I1415248	MRN: 090123 090123 090123 090123	(258.14) 258.14		(86.05) 86.05		(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090123 090123 220224	BILLED ALLO AMOUNT NON-A 83.81	AllOWED TPL	PAID 0 55.87 27.94				
81 G0482	1.00 090123 090123 220224		116.22 0.0 NAL PAYMENT	0 116.22 58.11		116.22		
2023262001967 5224154003371	RECIPIENT ID.: 530000116299 I1424302 I1424302	091223 091223	(258.14) 258.14				(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLO AMOUNT NON-A 83.81		PAID 0 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

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 CORE DIAGNOSTIC LABORATORIES LLC
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
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 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-AlloWED	COPAY TPL PAID 0.00 116.22 58.11	OWED DETAIL EOBS	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MELISSA MCCULLARS 2023243003925 5224154002993 HEADER EOBS: 8169 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000701628 I1406346 I1406346 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			(86.05) 86.05 DETAIL EOBS	(0.00)	(0.00)	(55.87) 172.09
81 80307 81 G0482	1.00 082423 082423 220224 1.00 082423 082423 220224	83.8155.87174.33116.22	0.00 55.87 27.94 0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYME	NT		116.22		
NAME: RILEY MCCULLARS 2023209004944 5224154001699 HEADER EOBS: 8169	RECIPIENT ID.: 530000701625 I1376400 I1376400	MRN: 072023 072023 (258.14 072023 072023 258.14) (172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072023 072023 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 072023 072023 220224	174.33 116.22 ADDITIONAL PAYME	0.00 116.22 58.11		116.22		
			IV I		110.22		
NAME: VICTORIA MCGHEE 2023257004184 5224154003315 HEADER EOBS: 8169	RECIPIENT ID.: 530000990464 I1417475 I1417475	MRN: 090723 090723 (258.14 090723 090723 258.14	,	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090723 090723 220224	174.33 116.22 ADDITIONAL PAYME	0.00 116.22 58.11		116.22		
		ADDITIONAL FAIME	TA T		TTO • ZZ		
NAME: CHANDA MCGREGOR 2023199017481	RECIPIENT ID.: 530001375561 I1366805	MRN: 071223 071223 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CMS 1500 CLAIM ADJUSTME.

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CORE DIAGNOSTIC LABORATORIES LLC

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: CHANDA MCGREGOR 5224154001286 HEADER EOBS: 8169	RECIPIENT ID.: 530001375561 I1366805		172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071223 071223 220224	AMOUNT NON-AllowED	COPAY TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 071223 071223 220224	174.33 116.22	0.00 116.22 58.11	9918			
		ADDITIONAL PAYMEN	NT		116.22		
2023219002166	RECIPIENT ID.: 530000885323 I1382247 I1382247		(172.09) 172.09		(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072823 072823 220224	AMOUNT NON-AllowED	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 072823 072823 220224	174.33 116.22	0.00 116.22	9918			
		ADDITIONAL PAYMEN			116.22		
2023199017485 5224154001287	RECIPIENT ID.: 530000083579 I1366813 I1366813		(172.09) 172.09			(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071123 071123 220224	AMOUNT NON-AllowED	COPAY TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 071123 071123 220224	174.33 116.22	0.00 116.22 58.11	9918			
		ADDITIONAL PAYMEN			116.22		
NAME: WILLIE MCNEAL 2023242002701 5224154002951 HEADER EOBS: 8169	RECIPIENT ID.: 530001548712 I1405345 I1405345	MRN: 081823 081823 (258.14 081823 081823 258.14	•	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081823 081823 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081823 081823 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00	COPAY AMOUNT	TPL PAID AMOUNT AMOUNT
		ADDITIONAL PAYMENT	116.22	
NAME: ROSIE MCSHAN 2023219002170 5224154002061 HEADER EOBS: 8169	RECIPIENT ID.: 530001931029 I1382260 I1382260	MRN: 072823 072823 (258.14) (172.09) (86.05) 072823 072823 258.14 172.09 86.05		(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072823 072823 220224	BILLED ALLOWED COPAY AMOUNT NON-AlloWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 072823 072823 220224	174.33 116.22 0.00 116.22 9918		
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: ROSIE MCSHAN 2023247001506 5224154003074 HEADER EOBS: 8169	RECIPIENT ID.: 530001931029 I1409040 I1409040	MRN: 082823 082823 (258.14) (172.09) (86.05) 082823 082823 258.14 172.09 86.05	(0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 082823 082823 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
	RECIPIENT ID.: 530001405852 I1372758 I1372758	MRN: 071823 071823 (284.76) (190.18) (94.58) 071823 071823 284.76 190.18 94.58		(0.00) 0.00 (18.09) 18.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY		
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 071823 071823 220224	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 0.00 5912 27.94 0.00		
81 G0482	1.00 071823 071823 220224	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
81 87086	1.00 071823 071823 220224	18.53 10.00 0.00 10.00 9918 8.53 0.00		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NO		COPAY	TPL	PAID
POS PROC CD MODIFIERS 81 87088	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071823 071823 220224	FROM THRU AMOUNT AMOUNT ALLOWED COPAY AMOUNT NON-AllowED TPL PAID 8.09 8.09 0.00 8.09 0.00	OWED DETAIL EOBS 0.00	AMOUNT	AMOUNT	AMOUNT
NAME: MELISSA MEREDITH 2023206003061 5224154001468 HEADER EOBS: 8169	RECIPIENT ID.: 530000594019 I1372763 I1372763		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071823 071823 220224		0.00			
81 G0482	1.00 071823 071823 220224	174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	9918 0.00	116.22		
NAME: PARIS MILLS 2023258002741 5224154003341 HEADER EOBS: 8169	RECIPIENT ID.: 530000973616 I1418664 I1418664	MRN: 090923 090923 (258.14) (172.09) 090923 090923 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090923 090923 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090923 090923 220224	174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	9918 0.00	116.22		
NAME: SHIRLEY MITCHELL 2023212002152 5224154001743 HEADER EOBS: 8169	RECIPIENT ID.: 530001996128 I1377490 I1377490	MRN: 072423 072423 (258.14) (172.09) 072423 072423 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072423 072423 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 072423 072423 220224	174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT		116.22		
NAME: SHIRLEY MITCHELL 2023264005531	RECIPIENT ID.: 530001996128 I1426986	MRN: 090623 090623 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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Part	·								
S2211-5400413 S169	ICN	PAT ACCT NO.							
SERVICE DATES SERVICE DATE	5224154003413			258.14	172.09	86.05	0.00	0.00	172.09
Recommendation 1.00 100 100 100 100 100 100 116.22 116.	POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT	NON-AllOWED '	TPL PAID 55.87	9918			
NAME TERRY MONTGOMERY TERR	81 G0482	1.00 090623 090623 220224	174.33	116.22	0.00 116.22	9918			
1425437 1425			ADD	ITIONAL PAYMENT			116.22		
Service Serv	2023263002814 5224154003382	I1425437	091323 091323						
81 G0482	POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT	NON-AllOWED '	TPL PAID 55.87	9918			
NAME: TYNEIK MOORE 2023264002482 11427010	81 G0482	1.00 091323 091323 220224	174.33	116.22	0.00 116.22	9918			
Company			ADD	ITIONAL PAYMENT		0.00	116.22		
SERVICE DATES NON-ALLOWED NON-ALLOWED	2023264002482 5224154003405	I1427010	091123 091123						
81 G0482	POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT	NON-AllOWED '	TPL PAID 55.87	9918			
2023215003817	81 G0482	1.00 091123 091123 220224	174.33	0.00	0.00 0.00	6343			
SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 80307 1.00 072723 072723 220224 83.81 55.87 0.00 55.87 9918	2023215003817 5224154001898	I1380704	072723 072723						
	POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT	NON-AllOWED '	TPL PAID 55.87	9918			

REPORT: CRA-PRAD-R RA#: 3551548

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072723 072723 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	COPAY TPL AMOUNT AMOUNT S 116.22	PAID AMOUNT
NAME: LENORA MOTON 2023269001498 5224154003458 HEADER EOBS: 8169	RECIPIENT ID.: 530002033775 I1431083 I1431083 SERVICE DATES RENDERING	MRN: 091823 091823 (258.14) (172.09) (86.05) 091823 091823 258.14 172.09 86.05 BILLED ALLOWED COPAY	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	UNITS FROM THRU PROVIDER 1.00 091823 091823 220224 1.00 091823 091823 220224	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00 174.33 116.22 0.00 116.22 9918	i	
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: RICKEY MULKEY 2023221002832 5224154002257 HEADER EOBS: 8169	RECIPIENT ID.: 500002913703 I1384646 I1384646	MRN: 080223 080223 (258.14) (172.09) (86.05) 080223 080223 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00	;	
81 G0482	1.00 080223 080223 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00	116.00	
		ADDITIONAL PAYMENT	116.22	
NAME: RICKEY MULKEY 2023264002515 5224154003406 HEADER EOBS: 8169	RECIPIENT ID.: 500002913703 I1427039 I1427039	MRN: 090723 090723 (258.14) (172.09) (86.05) 090723 090723 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00	}	
81 G0482	1.00 090723 090723 220224	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
		ADDITIONAL PAYMENT	116.22	
NAME: DARLENE NELSON 2023194003756	RECIPIENT ID.: 530002004154 I1361749	MRN: 070523 070523 (258.14) (172.09) (86.05)	(0.00) (0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CORE DIAGNOSTIC LABORATORIES LLC

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLEI FROM THRU AMOUNT		ION LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: DARLENE NELSON 5224154001067 HEADER EOBS: 8169	RECIPIENT ID.: 530002004154 I1361749	MRN: 070523 070523 258	.14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070523 070523 220224	BILLED ALLOWED AMOUNT NON-Allower 83.81 55.8	7 0.00 55.87				
81 G0482	1.00 070523 070523 220224	174.33 116.22	27.94 2 0.00 116.22 58.11	0.00 9918 0.00			
		ADDITIONAL PAY			116.22		
NAME: DARLENE NELSON 2023221002837 5224154002258	RECIPIENT ID.: 530002004154 I1384656 I1384656		.14) (172.09) .14 172.09		(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	CERTICE DATES DEVENDED INC		CODAY				
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	BILLED ALLOWED AMOUNT NON-Allower 83.81 55.8	7 0.00 55.87				
81 G0482	1.00 080223 080223 220224	174.33 116.22	27.94 2 0.00 116.22 58.11	0.00 9918 0.00			
		ADDITIONAL PA			116.22		
NAME: DARLENE NELSON 2023254002542 5224154003202 HEADER EOBS: 8169	RECIPIENT ID.: 530002004154 I1413562 I1413562		.14) (172.09) .14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083023 083023 220224	BILLED ALLOWED AMOUNT NON-Allower 83.81 55.8		DETAIL EOBS 9918 0.00			
81 G0482	1.00 083023 083023 220224	174.33 116.22					
		ADDITIONAL PAS	YMENT		116.22		
NAME: LISA NELSON 2023269001541 5224154003459 HEADER EOBS: 8169	RECIPIENT ID.: 530001555932 I1431119 I1431119	MRN: 091423 091423 (258 091423 091423 258		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091423 091423 220224	BILLED ALLOWED AMOUNT NON-AlloWEI 83.81 55.8		DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091423 091423 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AlloweD TPL PAID DETENT 174.33 116.22 0.00 116.22 9913 58.11 0 ADDITIONAL PAYMENT	AMOUNT AMOUNT AMOUNT AIL EOBS 8
NAME: SHELIA NORTON 2023255002604 5224154003257 HEADER EOBS: 8169	RECIPIENT ID.: 530000575639 I1415351 I1415351	082423	.05) (0.00) (0.00) (55.87) .27 0.00 0.00 55.87
POS PROC CD MODIFIERS 81 80307		BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETENTION OF STREET STR	8 .00
81 G0482	1.00 082423 082423 220224	174.33 0.00 0.00 0.00 634 174.33 0	
NAME: LISA NORWOOD 2023265004866 5224154003434 HEADER EOBS: 8169	RECIPIENT ID.: 530000153504 I1428084 I1428084	MRN: 082423 082423 (258.14) (172.09) (86 082423 082423 258.14 172.09 86	.05) (0.00) (0.00) (55.87) .05 0.00 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082423 082423 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETERMINENT STATES STA	8
81 G0482	1.00 082423 082423 220224	174.33 116.22 0.00 116.22 9918 58.11 0	8
		ADDITIONAL PAYMENT	110.22
	RECIPIENT ID.: 530000153504 I1428934 I1428934	MRN: 090723 090723 (258.14) (172.09) (86 090723 090723 258.14 172.09 86	
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	83.81 55.87 0.00 55.87 9918	AIL EOBS 8 .00
81 G0482	1.00 090723 090723 220224	174.33 116.22 0.00 116.22 991	
		ADDITIONAL PAYMENT	116.22
NAME: EDWARD OWENS 2023236006462	RECIPIENT ID.: 530002208113 I1399943	MRN: 081823 081823 (258.14) (172.09) (86	.05) (0.00) (0.00) (55.87)

PROVIDER REMITTANCE ADVICE

DATE: 06/07/2024

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CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAK SUITE 138 BIRMINGHAM, AL

C LABORATORIES LLC	PAYEE ID	220224
AKE ROAD	NPI ID	1598266421
35235-2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		ON OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: EDWARD OWENS 5224154002823 HEADER EOBS: 8169	RECIPIENT ID.: 530002208113 I1399943	MRN: 081823 081823	258.14	172.09	86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING			PAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			TPL PAID	DETAIL EOBS			
81 80307	1.00 081823 081823 220224	83.81	55.87	0.00 55.87 27.94				
81 G0482	1.00 081823 081823 220224	174.33	116.22	0.00 116.22				
				58.11	0.00			
		ADDITIC	NAL PAYMENT			116.22		
NAME: JAMES PARKER	RECIPIENT ID.: 530002051659	MRN:						
2023236006473	I1399957	081723 081723	(258.14)	(172.09)	(86.05)	(0.00)	(0.00)	(55.87)
5224154002824	I1399957	081723 081723	258.14	172.09	86.05	0.00	0.00	172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALI	JOWED CO	PAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			TPL PAID	DETAIL EOBS			
81 80307	1.00 081723 081723 220224	83.81	55.87	0.00 55.87				
81 G0482	1.00 081723 081723 220224	174.33	116.22	27.94 0.00 116.22				
01 G0402	1.00 001/23 001/23 220224	1/4.33	110.22	58.11	0.00			
		ADDITIC	NAL PAYMENT			116.22		
NAME · DOCE DADETH	RECIPIENT ID.: 530001949115	MDNI•						
2023242003133	I1405405	MRN: 082223 082223	(258.14)	(172.09)	(86.05)	(0.00)	(0.00)	(55.87)
5224154002952	I1405405	082223 082223			86.05	0.00	0.00	172.09
HEADER EOBS: 8169			0	2027				
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			OPAY CPL PAID	DETAIL EOBS			
81 80307	1.00 082223 082223 220224	83.81	55.87	0.00 55.87				
				27.94				
81 G0482	1.00 082223 082223 220224	174.33	116.22	0.00 116.22 58.11	9918 0.00			
		ADDITIO	NAL PAYMENT		0.00	116.22		
	RECIPIENT ID.: 530002111833		(250 14)	/170 00\	(06.05)	(0.00)	(0.00)	/FF 07\
2023228002682 5224154002598	I1391514 I1391514	080923 080923 080923 080923	(258.14) 258.14	(172.09) 172.09	(86.05)	0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	±±0, ±0±1	000723 000723	250.11	114.00	00.00	0.00	0.00	112.UJ
	SERVICE DATES RENDERING		LOWED CO					
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 080923 080923 220224	AMOUNT NON-83.81	-AllOWED T 55.87	PAID 0.00 55.87	DETAIL EOBS			
01 00307	1.00 000923 000923 220224	03.01	55.67	27.94	0.00			
				-				

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080923 080923 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: MICHAEL PEEK 2023254002613 5224154003203 HEADER EOBS: 8169	RECIPIENT ID.: 530000586171 I1413686 I1413686	MRN: 082923 082923 (258.14) (172.09) (86.05) 082923 082923 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082923 082923 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 082923 082923 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: WILLIAM PETTY 2023236006631 5224154002825 HEADER EOBS: 8169	RECIPIENT ID.: 530001971001 I1399995 I1399995	MRN: 081523 081523 (299.33) (172.09) (127.24) 081523 081523 299.33 172.09 127.24	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081523 081523 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 125.00 55.87 0.00 55.87 9918 69.13 0.00			
81 G0482	1.00 081523 081523 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: SARAH PIERCE 2023256002403 5224154003303 HEADER EOBS: 8169	RECIPIENT ID.: 530000081044 I1416516 I1416516	MRN: 090623 090623 (258.14) (172.09) (86.05) 090623 090623 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090623 090623 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 090623 090623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: CHRISTOPHER PILAND 2023205001473	RECIPIENT ID.: 530000973944 I1371238	MRN: 071723 071723 (258.14) (172.09) (86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083149459 06/07/2024 ISSUE DATE

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ON LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: CHRISTOPHER PILAND 5224154001418 HEADER EOBS: 8169	RECIPIENT ID.: 530000973944 I1371238		4 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071723 071723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 071723 071723 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYM	ENT		116.22		
NAME: KAREN PINE 2023254002635 5224154003204 HEADER EOBS: 8169	RECIPIENT ID.: 530001969303 I1413715 I1413715		4) (172.09) 4 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090123 090123 220224		COPAY TPL PAID 0.00 55.87 27.94	9918			
81 G0482	1.00 090123 090123 220224	174.33 116.22	0.00 116.22 58.11	9918			
		ADDITIONAL PAYM		0.00	116.22		
2023209005638 5224154001700	RECIPIENT ID.: 530002096304 I1376532 I1376532		4) (172.09) 4 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169 POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072023 072023 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 072023 072023 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYM			116.22		
NAME: DANA POOLE 2023235002306 5224154002799 HEADER EOBS: 8169	RECIPIENT ID.: 530002096304 I1398471 I1398471	MRN: 081723 081723 (258.1 081723 081723 258.1		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081723 081723 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE

DATE: 06/07/2024

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CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083149459
BIRMINGHAM, AL 35235-2718	ISSUE DATE	06/07/2024
2111111011111, 111 00200 2710	10001 21111	00,0,,2021

ICN	PAT ACCT NO.	FROM THRU AMOUNT AMOUNT AL	ION LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081723 081723 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 174.33 116.22 0.00 116.22 58.11				
		ADDITIONAL PAYMENT	0.00	116.22		
NAME: DANA POOLE 2023264002986 5224154003407 HEADER EOBS: 8169	RECIPIENT ID.: 530002096304 I1427191 I1427191	MRN: 091223 091223 (258.14) (172.09) 091223 091223 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94				
81 G0482	1.00 091223 091223 220224	174.33 116.22 0.00 116.22				
		ADDITIONAL PAYMENT		116.22		
NAME: RACHEAL POTTS 2023254002647 5224154003205 HEADER EOBS: 8169	RECIPIENT ID.: 530000710514 I1413742 I1413742	MRN: 090123 090123 (258.14) (172.09) 090123 090123 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID	DETAIL EOBS			
81 80307	1.00 090123 090123 220224	83.81 55.87 0.00 55.87 27.94	9918			
81 G0482	1.00 090123 090123 220224	174.33 116.22 0.00 116.22	9918			
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
	RECIPIENT ID.: 530000710514	MRN:	(06,05)	(0,00)	(0,00)	/FF 07)
2023264003026 5224154003408 HEADER EOBS: 8169	I1427198 I1427198	090823 090823 (258.14) (172.09) 090823 090823 258.14 172.09	86.05	0.00	(0.00)	(55.87) 172.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 090823 090823 220224		DETAIL EOBS			
81 G0482	1.00 090823 090823 220224	27.94 174.33 116.22 0.00 116.22				
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
NAME: STEPHEN POWERS	RECIPIENT ID.: 530001988024	MRN:				
2023257004701	I1417623	090723 090723 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ION LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: STEPHEN POWERS 5224154003316 HEADER EOBS: 8169	RECIPIENT ID.: 530001988024 I1417623	MRN: 090723 090723 258.	14 55.87	202.27	0.00	0.00	55.87
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87		DETAIL EOBS 9918 0.00			
81 G0482	1.00 090723 090723 220224	174.33 0.00		6343			
NAME: BRITNEE PREWITT 2023257004714 5224154003317 HEADER EOBS: 8169	RECIPIENT ID.: 530001120735 I1417625 I1417625	MRN: 090723 090723 (258. 090723 090723 258.		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AlloWED 83.81 55.87		DETAIL EOBS 9918 0.00			
81 G0482	1.00 090723 090723 220224	174.33 116.22 ADDITIONAL PAY	0.00 116.22 58.11	9918	116.22		
NAME - DADDALL DDBWTDD	RECIPIENT ID.: 530001979126						
NAME: FARRAH PREWITT 2023257004726 5224154003318 HEADER EOBS: 8169	RECIPIENT ID.: 530001979126 I1417626 I1417626		14) (172.09) 14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090723 090723 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87	0.00 55.87	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090723 090723 220224	174.33 116.22		9918			
		ADDITIONAL PAY		0.00	116.22		
NAME: RICHARD PRINCE 2023229004052 5224154002635 HEADER EOBS: 8169	RECIPIENT ID.: 530001987374 I1393221 I1393221		14) (172.09) 14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080423 080423 220224	BILLED ALLOWED AMOUNT NON-AllowED 83.81 55.87		DETAIL EOBS 9918 0.00			

ALABAMA MEDICAID AGENCY REPORT: CRA-PRAD-R 3551548 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-27

ATORIES LLC	PAYEE ID NPI ID	220224 1598266421
2718	CHECK/EFT NUMBER ISSUE DATE	083149459 06/07/2024

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ICN	PAT ACCT NO.		NON LLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080423 080423 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 174.33 116.22 0.00 116.2 58.11				
		ADDITIONAL PAYMENT	0.00	116.22		
NAME: MARY PRITCHARD	RECIPIENT ID.: 530002009828	MRN:				
2023230004734	I1394512	081423 081423 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)
5224154002691	I1394512		86.05	0.00	0.00	172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID	DETAIL EOBS			
81 80307	1.00 081423 081423 220224	83.81 55.87 0.00 55.8				
81 G0482	1.00 081423 081423 220224	27.94 174.33 116.22 0.00 116.2				
01 00102	1.00 001123 001123 220221	58.11	0.00			
		ADDITIONAL PAYMENT		116.22		
NAME: KRISTIE RAMAGE	RECIPIENT ID.: 530000995375	MRN:				
2023256002414	I1416545	080123 080123 (258.14) (172.09)			(0.00)	(55.87)
5224154003304 HEADER EOBS: 8169	I1416545	080123 080123 258.14 172.09	86.05	0.00	0.00	172.09
HEADER EODS: 0103	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER	AMOUNT NON-AllOWED TPL PAID				
81 80307	1.00 080123 080123 220224	83.81 55.87 0.00 55.8 27.94				
81 G0482	1.00 080123 080123 220224	174.33 116.22 0.00 116.2				
		58.11	0.00	116 00		
		ADDITIONAL PAYMENT		116.22		
	RECIPIENT ID.: 530000229914					
2023215003898 5224154001899	I1380847 I1380847	072823 072823 (258.14) (172.09) 072823 072823 258.14 172.09		(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	11300047	0/2023 0/2023 230.14 1/2.09	80.03	0.00	0.00	172.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 072823 072823 220224	AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.8	DETAIL EOBS 7 9918			
	1.00 0,2020 0,2020 220221	27.94	0.00			
81 G0482	1.00 072823 072823 220224	174.33 116.22 0.00 116.2				
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
NAME: AMANDA RIVERE 2023219002208	RECIPIENT ID.: 530001147075 I1382500	MRN: 073123 073123 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

JAKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES BILLEI FROM THRU AMOUNT		ION LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AMANDA RIVERE 5224154002062 HEADER EOBS: 8169	RECIPIENT ID.: 530001147075 I1382500	MRN: 073123 073123 258.	14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224	BILLED ALLOWED AMOUNT NON-AlloWEE 83.81 55.87	0.00 55.87	DETAIL EOBS			
81 G0482	1.00 073123 073123 220224	174.33 116.22	27.94 2 0.00 116.22 58.11	0.00 9918 0.00			
		ADDITIONAL PAY	MENT		116.22		
NAME: SHARONDA ROBERSON 2023233002054 5224154002754 HEADER EOBS: 8169	RECIPIENT ID.: 530000063330 I1395778 I1395778	MRN: 081423 081423 (258. 081423 081423 258.		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
	SERVICE DATES RENDERING	BILLED ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 081423 081423 220224	AMOUNT NON-AllOWED 83.81 55.87		DETAIL EOBS 9918 0.00			
81 G0482	1.00 081423 081423 220224	174.33 116.22	0.00 116.22	9918			
		ADDITIONAL PAY	58.11 YMENT	0.00	116.22		
NAME: AMANDA RODGERS	RECIPIENT ID.: 530001147846	MRN:					
2023214003303 5224154001843	I1379500 I1379500	072523 072523 (258. 072523 072523 258.		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169	SERVICE DATES RENDERING	BILLED ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 072523 072523 220224	AMOUNT NON-AllOWED 83.81 55.87	TPL PAID 7 0.00 55.87	DETAIL EOBS			
81 G0482	1.00 072523 072523 220224	174.33 116.22	27.94 2 0.00 116.22 58.11	0.00 9918 0.00			
		ADDITIONAL PAY		0.00	116.22		
NAME: MARCUS RUFFINS	RECIPIENT ID.: 530001989891	MRN:					
2023247001540 5224154003075 HEADER EOBS: 8169	I1409229 I1409229		14) (172.09) 14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED AMOUNT NON-AlloWEE 83.81 55.87		DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED (AMOUNT NON-Allowed	COPAY TPL PAID 0.00 116.22 58.11	OWED DETAIL EOBS	COPAY AMOUNT 116.22	TPL AMOUNT	PAID AMOUNT
NAME: NATANIEL RUSSELL 2023269001810 5224154003461 HEADER EOBS: 8169	RECIPIENT ID.: 530001343458 I1431472 I1431472	MRN: 082123 082123 (258.14) 082123 082123 258.14	(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082123 082123 220224 1.00 082123 082123 220224		TPL PAID 0.00 55.87 27.94 0.00 116.22	0.00 9918			
		ADDITIONAL PAYMEN	58.11 Γ	0.00	116.22		
NAME: JONATHAN SCOTT 2023242003334 5224154002953 HEADER EOBS: 8169	RECIPIENT ID.: 530001975915 I1405492 I1405492		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082123 082123 220224		COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 082123 082123 220224	174.33 116.22 ADDITIONAL PAYMENT	0.00 116.22 58.11		116.22		
			L		110.22		
NAME: JESSICA SHIRLEY 2023242003340 5224154002954 HEADER EOBS: 8169	RECIPIENT ID.: 530000042736 I1405500 I1405500		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082223 082223 220224	BILLED ALLOWED OF AMOUNT NON-AllowED 83.81 55.87	TPL PAID 55.87				
81 G0482	1.00 082223 082223 220224	174.33 116.22 ADDITIONAL PAYMENT	27.94 0.00 116.22 58.11	0.00 9918 0.00	116.22		
NAME: MICHAEL CMELLEY	DECIDIENT ID • E20002201E00						
NAME: MICHAEL SMELLEY 2023262002097	RECIPIENT ID.: 530002291588 I1424700	091223 091223 (258.14)	(172.09)	(86.05)	(0.00)	(0.00)	(55.87)

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1930 EDWARDS LAKE ROAD

SUITE 138

CHECK/EFT NUMBER
BIRMINGHAM, AL 35235-2718

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ION LOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MICHAEL SMELLEY 5224154003372 HEADER EOBS: 8169	RECIPIENT ID.: 530002291588 I1424700	MRN: 091223 091223 258.14	172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 091223 091223 220224	174.33 116.22 ADDITIONAL PAYMEN	0.00 116.22 58.11		116.22		
NAME: ASHLEE SMITH 2023194003805 5224154001068 HEADER EOBS: 8169	RECIPIENT ID.: 530000921676 I1361969 I1361969		(172.09) 172.09		(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070623 070623 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 070623 070623 220224	174.33 116.22 ADDITIONAL PAYMEN	0.00 116.22 58.11		116.22		
NAME: ASHLEE SMITH 2023247001550 5224154003076 HEADER EOBS: 8169	RECIPIENT ID.: 530000921676 I1409291 I1409291	082823 082823 (258.14) 082823 082823 258.14	(172.09) 172.09		(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082823 082823 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 082823 082823 220224	174.33 116.22 ADDITIONAL PAYMEN	0.00 116.22 58.11		116.22		
NAME: CHRISTY SMITH 2023199011497 5224154001277 HEADER EOBS: 8169	RECIPIENT ID.: 530000064525 I1365987 I1365987		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071023 071023 220224	BILLED ALLOWED AMOUNT NON-AllOWED 83.81 55.87	COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071023 071023 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: CHRISTY SMITH 2023235002330 5224154002800 HEADER EOBS: 8169	RECIPIENT ID.: 530000064525 I1398604 I1398604	MRN: 081523 081523 (258.14) (172.09) (86.05) 081523 081523 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081523 081523 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 081523 081523 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: NESBY SNYDER 2023242003408 5224154002955 HEADER EOBS: 8169	RECIPIENT ID.: 530001194204 I1405524 I1405524	MRN: 082223 082223 (258.14) (172.09) (86.05) 082223 082223 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082223 082223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 082223 082223 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: LARRY SPIVEY 2023222003620 5224154002325 HEADER EOBS: 8169	RECIPIENT ID.: 530000761520 I1386421 I1386421	MRN: 071023 071023 (258.14) (172.09) (86.05) 071023 071023 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071023 071023 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 071023 071023 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: LARRY SPIVEY 2023237002158	RECIPIENT ID.: 530000761520 I1401790	MRN: 080723 080723 (258.14) (172.09) (86.05)	(0.00)	(0.00)	(55.87)

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

ICN	PAT ACCT NO.	SERVICE DATES BILLE FROM THRU AMOUN		LLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: LARRY SPIVEY 5224154002834 HEADER EOBS: 8169	RECIPIENT ID.: 530000761520 I1401790	MRN: 080723 080723 258	.14 172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080723 080723 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8	7 0.00 55.87 27.94	0.00			
81 G0482	1.00 080723 080723 220224	174.33 116.2 ADDITIONAL PA	58.11	0.00	116.22		
NAME: TINA SPRAGGINS	RECIPIENT ID.: 530000785424	MRN:					
2023220002540 5224154002155 HEADER EOBS: 8169	I1383765 I1383765	080223 080223 (258 080223 080223 258		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8		DETAIL EOBS 7 9918 0.00			
81 G0482	1.00 080223 080223 220224	174.33 116.2					
		ADDITIONAL PA			116.22		
NAME: TINA SPRAGGINS 2023263003097 5224154003383 HEADER EOBS: 8169	RECIPIENT ID.: 530000785424 I1425601 I1425601	MRN: 091223 091223 (258 091223 091223 258	.14) (172.09) .14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091223 091223 220224	BILLED ALLOWED AMOUNT NON-AllowE 83.81 55.8		DETAIL EOBS 7 9918 0.00			
81 G0482	1.00 091223 091223 220224	174.33 116.2		2 9918			
		ADDITIONAL PA			116.22		
NAME: REKAIHLSHA STALLWOR 2023212002187 5224154001744 HEADER EOBS: 8169	RECIPIENT ID.: 530001004710 I1377695 I1377695	MRN: 070623 070623 (483 070623 070623 483		(229.78) 229.78	(0.00)	(0.00)	(100.75) 216.97
POS PROC CD MODIFIERS 81 87389	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070623 070623 220224	BILLED ALLOWED AMOUNT NON-AlloWE 36.00 23.8		DETAIL EOBS 3 9918			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
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		ICN	PAT ACC	T NO.			SERVICE DA		BILLED AMOUNT		OWED OUNT	NC ALL	N OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE FROM	DATES THRU	RENDERING PROVIDER	BILLED AMOUNT		ALLOWED NON-AllowED	COPAY TPL	PAI		DETAIL EOBS			
81	85027			070623		220224		2.00	5.00	0.00			9918 0.00			
81	36415		1.00	070623	070623	220224	4	1.50	0.00	0.00		0.00	3323			
81	84156		1.00	070623	070623	220224	8	3.00	4.00	0.00		0.00	0.00 5910			
81	82570		1.00	070623	070623	220224	8	3.00	6.00	0.00	4.00	0.00	0.00 5910			
81	83069		1.00	070623	070623	220224	8	3.00	4.00	0.00	2.00	4.00	0.00 9918			
										0.00	4.00		0.00			
81	84311			070623				2.00	14.00		18.00		5910 0.00			
81	82010		1.00	070623	070623	220224	16	5.00	0.00	0.00	16.00	0.00	4524 0.00			
81	82945		1.00	070623	070623	220224	8	3.00	4.00	0.00		4.00	9918			
81	83986		1.00	070623	070623	220224	7	7.00	3.00	0.00		0.00	0.00 5910			
81	81007		1.00	070623	070623	220224	60	0.00	2.00	0.00	4.00	2.00	0.00 9918			
		0.77									58.00		0.00			
81	82043	QW	1.00	070623	070623	220224	/	7.58	6.00	0.00	1.58	6.00	9918 0.00			
81	87086		1.00	070623	070623	220224	18	3.53	10.00	0.00	8.53	0.00	5910 0.00			
81	80307		1.00	070623	070623	220224	83	3.81	55.87	0.00		55.87	9918			
81	G0482		1.00	070623	070623	220224	174	1.33	116.22	0.00	27.94	116.22	0.00 9918			
											58.11		0.00	116 22		
								ADL	DITIONAL PAYME:	IN T				116.22		
NAME:	20232	A STALLWORTH 40001925 54002898	I I140319 I140319	0	IENT ID	.: 530000787571	MRN: 082123 08 082123 08	32123 32123	(284.76 284.76		190.18) 190.18		(94.58) 94.58	(0.00)	(0.00)	(18.09) 18.09
HEADE	ER EOBS:	8169				DEMDEDING										
POS	PROC CD	MODIFIERS	UNITS	SERVICE FROM	THRU	RENDERING PROVIDER	BILLED AMOUNT		ALLOWED NON-AlloWED	COPAY TPL	PAI	D	DETAIL EOBS			
81	87086		1.00	082123	082123	220224	18		10.00	0.00	8.53	10.00	9918 0.00			
81	87088		1.00	082123	082123	220224	8	3.09	8.09	0.00		8.09	0.00			

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CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3551548

REPORT: CRA-PRAD-R

RA#:

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083149459 BIRMINGHAM, AL 35235-2718 ISSUE DATE 06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NO FROM THRU AMOUNT AMOUNT ALL		AID TUUC
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082123 082123 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 0.00 27.94	DETAIL EOBS	
81 G0482	1.00 082123 082123 220224		5912 0.00	
NAME: KIMBERLY STEPHENS 2023221003027 5224154002259 HEADER EOBS: 8169	RECIPIENT ID.: 530000042305 I1384880 I1384880	MRN: 080223 080223 (258.14) (172.09) 080223 080223 258.14 172.09		55.87) 72.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080223 080223 220224	BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00	
81 G0482	1.00 080223 080223 220224	174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT		
NAME: KIMBERLY STEPHENS 2023254002810 5224154003206 HEADER EOBS: 8169	RECIPIENT ID.: 530000042305 I1414091 I1414091	MRN: 083023 083023 (258.14) (172.09) 083023 083023 258.14 172.09		55.87) 72.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY		
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 083023 083023 220224	AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00	
81 G0482	1.00 083023 083023 220224	174.33 116.22 0.00 116.22 58.11		
		ADDITIONAL PAYMENT	116.22	
NAME: HANNAH STEPHENSON 2023194003807 5224154001069	RECIPIENT ID.: 530000952444 I1362015 I1362015	MRN: 070723 070723 (258.14) (172.09) 070723 070723 258.14 172.09		55.87) 72.09
HEADER EOBS: 8169	GERVIAE DIMEG DEVIDERING			
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070723 070723 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00	
81 G0482	1.00 070723 070723 220224	174.33 116.22 0.00 116.22		
		58.11 ADDITIONAL PAYMENT	0.00 116.22	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

DATE: 06/07/2024

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220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

AKE ROAD	NPI ID	1598266421
	CHECK/EFT NUMBER	083149459
35235-2718	ISSUE DATE	06/07/2024

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NON AMOUNT ALLOWED	COPAY AMOUNT	TPL PAID AMOUNT AMOUNT
NAME: JEFFERY STERLING 2023269001912 5224154003463 HEADER EOBS: 8169	RECIPIENT ID.: 530001963390 I1431647 I1431647	MRN: 091423 091423 (258.14) 091423 091423 258.14	(172.09) (86 172.09 86	(0.00) (0.00) (0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091423 091423 220224 1.00 091423 091423 220224		0.00 55.87 991	0.00	
01 90402	1.00 091423 091423 220224	ADDITIONAL PAYMENT		116.22	
NAME: PATRICE STUART 2023262002116 5224154003373 HEADER EOBS: 8169	RECIPIENT ID.: 530000609564 I1424783 I1424783	MRN: 081523 081523 (258.14) 081523 081523 258.14	(172.09) (86 172.09 86	(0.00) (0.00) (0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081523 081523 220224	AMOUNT NON-AllOWED T 83.81 55.87	0.00 55.87 991 27.94 0	0.00	
81 G0482	1.00 081523 081523 220224	174.33 116.22 ADDITIONAL PAYMENT	0.00 116.22 991 58.11 0	.8).00 116.22	
NAME: KENNETH TANKERSLY 2023220002553 5224154002156 HEADER EOBS: 8169	RECIPIENT ID.: 530001581168 I1383800 I1383800	MRN: 080123 080123 (258.14) 080123 080123 258.14	(172.09) (86 172.09 86	(0.00) (0.00) (0.00)	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080123 080123 220224		0.00 55.87 991	CAIL EOBS .8).00	
81 G0482	1.00 080123 080123 220224	174.33 116.22 ADDITIONAL PAYMENT	0.00 116.22 991 58.11 0	.8).00 116.22	
NAME: CONNIE TAPLEY 2023214003406 5224154001844 HEADER EOBS: 8169	RECIPIENT ID.: 530002062424 I1379676 I1379676	MRN: 072623 072623 (258.14) 072623 072623 258.14		5.05) (0.00) 5.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224		0.00 55.87 991	CAIL EOBS .8).00	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083149459

ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AllowED TPL PAID 174.33 116.22 0.00 116.22 58.11 ADDITIONAL PAYMENT	OWED DETAIL EOBS 9918 0.00	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		ADDITIONAL FAIMENT		110.22		
NAME: CONNIE TAPLEY 2023243004892 5224154002994 HEADER EOBS: 8169	RECIPIENT ID.: 530002062424 I1406706 I1406706		(86.05) 202.27	(0.00)	(0.00)	(55.87) 55.87
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082323 082323 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 082323 082323 220224	174.33 0.00 0.00 0.00 174.33				
NAME: BRADLEY TAYLOR 2023214003407 5224154001845 HEADER EOBS: 8169	RECIPIENT ID.: 530000941376 I1379679 I1379679	MRN: 072623 072623 (258.14) (172.09) 072623 072623 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 072623 072623 220224	174.33 116.22 0.00 116.22 58.11	9918 0.00			
		ADDITIONAL PAYMENT		116.22		
NAME: DEBRA TAYLOR 2023229004303 5224154002636 HEADER EOBS: 8169	RECIPIENT ID.: 530001934466 I1393465 I1393465	MRN: 081023 081023 (258.14) (172.09) 081023 081023 258.14 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081023 081023 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID 83.81 55.87 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 081023 081023 220224	174.33 116.22 0.00 116.22	9918			
		58.11 ADDITIONAL PAYMENT	0.00	116.22		
				,		
NAME: JAIDEN TERRY 2023262002120	RECIPIENT ID.: 530000021745 I1424808	MRN: 090823 090823 (258.14) (172.09)	(86.05)	(0.00)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CMS 1500 CLAIM ADJUSTME.

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

CORE DIAGNOSTIC LABORATORIES LLC

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT		ON	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JAIDEN TERRY 5224154003374 HEADER EOBS: 8169	RECIPIENT ID.: 530000021745 I1424808		172.09	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 090823 090823 220224		COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			
81 G0482	1.00 090823 090823 220224	174.33 116.22	0.00 116.22 58.11				
		ADDITIONAL PAYMEN	1T		116.22		
NAME: JOSEPH THOWER 2023263003227 5224154003384 HEADER EOBS: 8169	RECIPIENT ID.: 530002046286 I1425641 I1425641		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081323 081323 220224		COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 081323 081323 220224	174.33 116.22	0.00 116.22				
		ADDITIONAL PAYMEN		0.00	116.22		
NAME: LEILA TURNER 2023194003829 5224154001070 HEADER EOBS: 8169	RECIPIENT ID.: 530001932210 I1362087 I1362087		(172.09) 172.09	(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 070523 070523 220224		COPAY TPL PAID 0.00 55.87 27.94				
81 G0482	1.00 070523 070523 220224	174.33 116.22	0.00 116.22				
		ADDITIONAL PAYMEN		0.00	116.22		
NAME: LEILA TURNER 2023254002873 5224154003207 HEADER EOBS: 8169	RECIPIENT ID.: 530001932210 I1414241 I1414241	MRN: 083023 083023 (258.14) 083023 083023 258.14		(86.05) 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083023 083023 220224		COPAY TPL PAID 0.00 55.87 27.94	DETAIL EOBS 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

DATE: 06/07/2024

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ICN POS PROC CD MODIFIERS 81 G0482	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083023 083023 220224	SERVICE DATES BILLED ALLOWED NON FROM THRU AMOUNT AMOUNT ALLOWED BILLED ALLOWED COPAY AMOUNT NON-AlloweD TPL PAID DETAIL EOBS 174.33 116.22 0.00 116.22 9918 58.11 0.00 ADDITIONAL PAYMENT	COPAY TPL AMOUNT AMOUNT	PAID AMOUNT
NAME: GEORGE USSERY 2023235002374 5224154002801 HEADER EOBS: 8169	RECIPIENT ID.: 530001952618 I1398725 I1398725	MRN: 081523 081523 (258.14) (172.09) (86.05) 081523 081523 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 081523 081523 220224 1.00 081523 081523 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00 174.33 116.22 0.00 116.22 9918		
		58.11 0.00 ADDITIONAL PAYMENT	116.22	
NAME: JAMES VICKERS 2023228002819 5224154002599 HEADER EOBS: 8169	RECIPIENT ID.: 530001950883 I1391976 I1391976	MRN: 080923 080923 (258.14) (172.09) (86.05) 080923 080923 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 080923 080923 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 080923 080923 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00	116 22	
		ADDITIONAL PAYMENT	116.22	
NAME: KIMBERLY WASHINGTON 2023221003090 5224154002260 HEADER EOBS: 8169	RECIPIENT ID.: 530001855150 I1384962 I1384962	MRN: 072523 072523 (258.14) (172.09) (86.05) 072523 072523 258.14 172.09 86.05	(0.00) 0.00 (0.00) 0.00	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072523 072523 220224	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918 27.94 0.00		
81 G0482	1.00 072523 072523 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00		
		ADDITIONAL PAYMENT	116.22	
NAME: KIMBERLY WASHINGTON 2023269002050	RECIPIENT ID.: 530001855150 I1431874	MRN: 091423 091423 (258.14) (172.09) (86.05)	(0.00)	(55.87)

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.		BILLED ALLOW AMOUNT AMOU		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KIMBERLY WASHINGTON 5224154003464 HEADER EOBS: 8169	N RECIPIENT ID.: 530001855150 I1431874	MRN: 091423 091423	258.14 1	72.09 86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 091423 091423 220224		10WED TPL 55.87 0.00	27.94 0.00			
81 G0482	1.00 091423 091423 220224	174.33 1 ADDITIONA		116.22 9918 58.11 0.00	116.22		
NAME: DEBRA WEBB 2023206003290 5224154001469 HEADER EOBS: 8169	RECIPIENT ID.: 530000619643 I1373406 I1373406	071823 071823	258.14 1'	72.09) (86.05) 72.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 071823 071823 220224	BILLED ALLOW AMOUNT NON-Al 83.81	10WED TPL 55.87 0.00	PAID DETAIL EOBS 55.87 9918 0.00			
81 G0482	1.00 071823 071823 220224	174.33 1 ADDITIONA		116.22 9918 58.11 0.00	116.22		
NAME: DEBRA WEBB 2023242003604 5224154002956 HEADER EOBS: 8169	RECIPIENT ID.: 530000619643 I1405642 I1405642			72.09) (86.05) 72.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082223 082223 220224	BILLED ALLOW AMOUNT NON-Al 83.81	10WED TPL 55.87 0.00	PAID DETAIL EOBS 55.87 9918 0.00			
81 G0482	1.00 082223 082223 220224	174.33 1 ADDITIONA		116.22 9918 58.11 0.00	116.22		
NAME: FLORA WILLIAMS 2023221003121 5224154002261 HEADER EOBS: 8169	RECIPIENT ID.: 530001967358 I1384995 I1384995	MRN: 072623 072623 072623 072623		72.09) (86.05) 72.09 86.05	(0.00)	(0.00)	(55.87) 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 072623 072623 220224	BILLED ALLOW AMOUNT NON-Al 83.81	10WED TPL 55.87 0.00	PAID DETAIL EOBS 55.87 9918 0.00			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138
BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083149459
ISSUE DATE	06/07/2024

DATE: 06/07/2024

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ICN	PAT ACCT NO.	SERVICE DATES BILLED ALLOWED NON	COPAY	TPL	ח א א ח
ICN		FROM THRU AMOUNT AMOUNT ALLOWED	AMOUNT	AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS			
81 G0482	1.00 072623 072623 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: CHRISINE WILLIS	RECIPIENT ID.: 530001325168	MRN:			
2023256002518 5224154003305	I1416778 I1416778	090623 090623 (258.14) (172.09) (86.05) 090623 090623 258.14 172.09 86.05	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169					_,_,,
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS			
81 80307	1.00 090623 090623 220224	83.81 55.87 0.00 55.87 9918 27.94 0.00			
81 G0482	1.00 090623 090623 220224	174.33 116.22 0.00 116.22 9918			
		58.11 0.00 ADDITIONAL PAYMENT	116.22		
NAME: CYNTHIA WILSON 2023262002144	RECIPIENT ID.: 530001987695 I1424945	MRN: 091123	(0.00)	(0.00)	(55.87)
5224154003375 HEADER EOBS: 8169	I1424945	091123 091123 258.14 172.09 86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING	BILLED ALLOWED COPAY			
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 091123 091123 220224	AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 83.81 55.87 0.00 55.87 9918			
		27.94 0.00			
81 G0482	1.00 091123 091123 220224	174.33 116.22 0.00 116.22 9918 58.11 0.00			
		ADDITIONAL PAYMENT	116.22		
NAME: LATISHA WILSON	RECIPIENT ID.: 530001028911	MRN:			
2023268002782 5224154003444	I1429306 I1429306	072623	(0.00)	(0.00)	(55.87) 172.09
HEADER EOBS: 8169			0.00	0.00	172.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS			
81 80307	1.00 072623 072623 220224	83.81 55.87 0.00 55.87 9918			
81 G0482	1.00 072623 072623 220224	27.94 0.00 174.33 116.22 0.00 116.22 9918			
		58.11 0.00	116.00		
		ADDITIONAL PAYMENT	116.22		
NAME: SHALON WILSON 2023221003140	RECIPIENT ID.: 530001261354 I1385013	MRN: 073123 073123 (258.14) (172.09) (86.05)	(0.00)	(0.00)	(55.87)
7077771007140	TT3030T3	(230.14) (1/2.09) (80.03)	(0.00)	(0.00)	(33.07)

TOTAL CMS 1500 ADJUSTMENT CLAIMS:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

BIRMINGHAM, AL 33233 2710			ISSUE DATE	00/07/2024	
ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	ALLOWED NON AMOUNT ALLOWE		TPL PAID AMOUNT
NAME: SHALON WILSON 5224154002262 HEADER EOBS: 8169	RECIPIENT ID.: 530001261354 I1385013		172.09 8	6.05 0.00	0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 073123 073123 220224		0.00 55.87 99	TAIL EOBS	
81 G0482	1.00 073123 073123 220224	174.33 116.22	27.94 0.00 116.22 99 58.11	18 0.00	
		ADDITIONAL PAYMENT		116.22	
NAME: RENNA WOODARD 2023242003679 5224154002957 HEADER EOBS: 8169	RECIPIENT ID.: 530002026123 I1405685 I1405685		(172.09) (8 172.09 8	6.05) (0.00) 6.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 082123 082123 220224		OPAY TPL PAID DE 0.00 55.87 99 27.94		
81 G0482	1.00 082123 082123 220224	174.33 116.22 ADDITIONAL PAYMENT	0.00 116.22 99 58.11	18	
		ADDITIONAL PAYMENT		110.22	
NAME: JOHNNY WRIGHT 2023254002989 5224154003208 HEADER EOBS: 8169	RECIPIENT ID.: 530001987726 I1414440 I1414440		(172.09) (8 172.09 8	6.05) (0.00) 6.05 0.00	(0.00) (55.87) 0.00 172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 083023 083023 220224		OPAY TPL PAID DE 0.00 55.87 99 27.94		
81 G0482	1.00 083023 083023 220224	174.33 116.22	0.00 116.22 99 58.11	18	
		ADDITIONAL PAYMENT		116.22	
TOTAL NO. OF ADD	J: 206	2 22	000 76	0.00	0.00 00.420.46

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DATE: 06/07/2024

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ALABAMA MEDICAID AGENCY DATE: 06/07/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: PROVIDER REMITTANCE ADVICE

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220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 CHECK/EFT NUMBER SUITE 138 083149459 06/07/2024 BIRMINGHAM, AL 35235-2718 ISSUE DATE

TPL INFORMATION

REPORT: CRA-TPLM-R

RA#:

3551548

NAME POLICY HOLDER NAME	RECIPIENT ID. POLICY NUMBER	ICN / GROUP NUMBER	CARRIER/EMP ID BILLING ADDRESS	CARRIER/EMPLOYER NAI	ME
LAYNESTON ADAMS	530000662888	2024159025122	02233	BC/BS OF ILLNOIS	, IL 60690
DANIEL PIPER	PP0821088243	/ 289890	P O BOX 1220	CHICAGO	
ISABELLA C ALLEN THALIA I ALLEN	530001130707 PPA800339143	2024152026145 / 0073330000		BC/BS OF ALABAMA UNIT BIRMINGHAI	M , AL 35244
DASIA M JONES DASIA M JONES	530000804652 BEG834196763	2024149020181 / 0091063-005		BC/BS OF ALABAMA UNIT BIRMINGHAI	M , AL 35244
DASIA M JONES	530000804652	2024149020189	02091	BC/BS OF ALABAMA	M , AL 35244
DASIA M JONES	BEG834196763	/ 0091063-005	REG CLAIM CONTROL	UNIT BIRMINGHAI	
DASIA M JONES DASIA M JONES	530000804652 BEG834196763	2024150021571 / 0091063-005		BC/BS OF ALABAMA UNIT BIRMINGHAI	M , AL 35244
DASIA M JONES	530000804652	2024156026570	02091	BC/BS OF ALABAMA	M , AL 35244
DASIA M JONES	BEG834196763	/ 0091063-005	REG CLAIM CONTROL	UNIT BIRMINGHAI	
LATREKIA N JONES	530000136665	2024155018179	02191	BC/BS OF OHIO	, ОН 43696
LATREKIA N JONES	QSN124W17053	/ W51006M014	PO BOX 956	TOLEDO	
LATREKIA N JONES	530000136665	2024155018199	02191	BC/BS OF OHIO	, ОН 43696
LATREKIA N JONES	QSN124W17053	/ W51006M014	PO BOX 956	TOLEDO	
LATREKIA N JONES	530000136665	2024157011433	02191	BC/BS OF OHIO	, ОН 43696
LATREKIA N JONES	QSN124W17053	/ W51006M014	PO BOX 956	TOLEDO	
VIRGINIA L MCCLAIN	530000057721	2024149020460	02091	BC/BS OF ALABAMA	M , AL 35244
VIRGINIA L MCCLAIN	QGX838376516	/ 0091280-000	REG CLAIM CONTROL	UNIT BIRMINGHAI	
GARY MOORE GARY MOORE	530001551122 U7636693001	2024157011648 / 3309644	00457 PO BOX 511	PROVIDENT INDEMNITY NORRISTOW	
JOSEPH B WRIGHT	530001647100	2024150024391	13297	VIVA HEALTH	M , AL 35255
JOSEPH WRIGHT	DR011549605	/ SM1805	PO BOX 55926	BIRMINGHAI	

REPORT:	CRA-TRAN-R	ALABAMA MEDICAID AGENCY DATE:	06/07/2024
RA#:	3551548	MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:	691

PROVIDER REMITTANCE ADVICE FINANCIAL TRANSACTIONS

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083149459
ISSUE DATE 06/07/2024

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----

TRANSACTION
NUMBER --CCN--

PAYOUT REASON
--AMOUNT-- CODE

REASON CODE DESCRIPTION

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS

-----REFUNDS FROM PROVIDERS-----

REFUND --CCN-- --AMOUNT-- REASON CODE REASON CODE DESCRIPTION

NO REFUNDS FROM PROVIDERS

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER/ICN SETUP RECOUPED DATE THIS CYCLE

ORIGINAL AMOUNT TOTAL -RECOUPED-

--BALANCE-- CODE

REASON CODE REASON CODE DESCRIPTION

NO OUTSTANDING ACCOUNTS RECEIVABLE

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DATE: 06/07/2024 692

SUMMARY

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

		CLAIMS	DATA	
CLAIMS PAID CLAIM ADJUSTMENTS TOTAL CLAIMS PAYMENTS CLAIMS DENIED	CURRENT NUMBER 1,400 206 1,606 467	22,430.46	YEAR-TO-DATE NUMBER 18,450 636 19,086 4,866	22,453.46
CLAIMS IN PROCESS	4			
		EAR	NINGS DATA	
PAYMENTS: CLAIMS PAYMENTS		382,568.92		5,457,670.02
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC) ACCOUNTS RECEIVABLE (OFFSETS): CLAIM SPECIFIC:		0.00		0.00
CURRENT CYCLE		(0.00)		(0.00)
OUTSTANDING FROM PREVIOUS CYCL NON-CLAIM SPECIFIC OFFSETS	ES	(0.00) (0.00)		(0.00) (12,677.96)
NET PAYMENT		382,568.92		5,444,992.06
REFUNDS: CLAIM SPECIFIC ADJUSTMENT REFUNDS NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)
OTHER FINANCIAL: MANUAL PAYOUTS (NON-CLAIM SPECIFIC) VOIDS		0.00		0.00
NET EARNINGS		382,568.92		5,444,992.06

REPORT:

RA#:

CRA-SUMM-R

3551548

REPORT: CRA-EOBM-R ALABAMA MEDICAID AGENCY DATE: 06/07/2024 RA#: 3551548 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 693

PROVIDER REMITTANCE ADVICE EOB CODE DESCRIPTIONS

EOB CODE DESCRIPTI

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083149459

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 06/07/2024

EOB CODE	EOB CODE DESCRIPTION
0513	NAME ON CLAIM MUST MATCH NAME ON FILE
0555	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT
0685	ADJ - ORIGINAL CLAIM NOT IN A PAID STATUS
0689	ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED - NCCI
0823	RECIPIENT CHECK DIGIT IS MISSING OR INVALID
0825	MEDICARE ALLOWED AMOUNT MISSING OR INVALID
0836	MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR** MEDICARD PAID, COINSURANCE
	AMOUNTS INVALID - MEDICARE PAID AMOUNT CANNOT BE ZERO WHEN COINSURANCE IS BILLED
0843	EMERG CLAIMS REQUIRE A CERTIFIED EMERGENCY
1081	REFERRING PROV NOT ENROLLED SVC LOC HDR-PHYS-DNTL
1091	REFER PROV STATUS NOT VALID FOR DOS HDR-PHYS-DNTL
1831	PROCEDURE REQUIRE EITHER ORDERING OR REF PROVIDER
2001	RECIPIENT IS NOT ON ELIGIBILITY FILE
2003	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
2502	RECIPIENT COVERED BY MEDICARE B (NO ATTACHMENT)
2504	FILE SHOWS OTHER INSURANCE, SUBMIT TO OTHER CARRIER
2505	RECIPIENT COVERED BY PRIVATE INSURANC(W/ATTACHMNT)
3303	MEDICARE PAID AMOUNT EQUAL 100%
3323	PROCEDURE RESTRICTION - MODIFIER REQUIRED
3324	PROCEDURE RESTRICTION - NOT ALLOWED
4021	BPA-RP-PROC - NO COVERAGE
4244	BPA-RP-DIAG - NO COVERAGE
4524	BPA-RP-PROC - BILL PROV ALL PT/PS RESTRICTION
4580	BPA-RP-PROC - DIAGNOSIS RESTRICTION - GROUP
5000	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BILLED.
5001	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BILLED.
5472	CHEMISTRY PROFILE AND CHEMICAL PANEL CANNOT BE BILLED ON THE SAME DAY
5482	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC
5486	CHEMISTRY PROFILES MUST BE BILLED USING ONE MULTICHANNEL TEST CODE
5490	LAB-CHLAMYDIA/GONORRHEA CONTRA
5900	NCCI-MUE - UNITS OF SERVICE EXCEED MUE. RECIPIENT CANNOT BE BILLED.
5910	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON THIS CLAIM. RECIPIENT CANNOT BE BILLED.
5911	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CANNOT BE BILLED.
5912	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CANNOT BE BILLED.
5930	NCCI- SVC IS A DUPE OF A PREVIOUSLY DENIED NCCI SVC. RECIPIENT CANNOT BE BILLED.
6340	DRUG SCREEN DAILY MAX FOR PRESENCE OF DRUGS
6343	DRUG SCREEN YEARLY MAX FOR G-CODE(S) IS LIMTED TO 12 PER CALENDAR YEAR
8169	AGENCY INITIATED ADJUSTMENT DUE TO SYSTEM CHANGES.
8517	THIS CLAIM ADJUSTMENT DUE TO A PROVIDER SUBMITTED REQUEST
9003	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED AMOUNT.
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
9936	PRICING ADJUSTMENT - TPL PAYER PRICING APPLIED
9990	CLAIM DENIED. CORRECT AND RESUBMIT.