REPORT: CRA-BANN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 1

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 083131776

ISSUE DATE 04/19/2024

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 eliqible.

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 JANUARY 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 FOR EXAMPLE: SENDING NCCI DENIALS ON AN OUTDATED CLAIM FORM.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.

REPORT: CRA-XBDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 2

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

ICN SERVICE DATES RENDERING PAT ACCT NO. FROM THRU PROVIDER	COPAY	ALLOWED	BILLED	TPL AMOUNT
NAME: WILLIE CHISM RECIPIENT ID.: 500000908253 2024107011555 101623 101623 11608132		0.00	20.00	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS SRV DATE UNITS BILLED AMT 80061 101623 1.00 20.00		TPL PAID 0.00 (5
NAME: MARK CLOWDUS RECIPIENT ID.: 500001169364 2024107011567 042523 042523 I1608149	MRN: 0.00	0.00	13.11	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS SRV DATE UNITS BILLED AMT 83735 042523 1.00 13.11	ALWD AMT 0.00	TPL PAID 0.00	DETAIL EOBS	5
NAME: SHIRLEY DAVENPORT RECIPIENT ID.: 530001985524 2024107011579 031423 031423 I1608242		0.00	13.11	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS SRV DATE UNITS BILLED AMT 83735 031423 1.00 13.11	ALWD AMT 0.00	TPL PAID 0.00 (DETAIL EOBS	S
NAME: SHIRLEY DAVENPORT RECIPIENT ID.: 530001985524 2024107011583 040323 040323 I1608243		0.00	14.00	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS SRV DATE UNITS BILLED AMT 83036 040323 1.00 14.00				5
NAME: SHIRLEY DAVENPORT RECIPIENT ID.: 530001985524 2024107011586 051523 051523 I1608244 HEADER EOBS: 0825 0836 9990		0.00	14.00	0.00

REPORT: CRA-XBDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 3

PROVIDER REMITTANCE ADVICE

220224

1598266421

04/19/2024

083131776

MEDICARE CROSSOVER PART B CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

CHECK/EFT NUMBER
BIRMINGHAM, AL 35235-2718

ISSUE DATE

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 83036	THRU PROV	IDER	BILLED AMT 14.00	$\Delta T.MD$	ΔMT	ALLOWED TPL 0.00	DZTD	DETATI, FORS	TPL AMOUNT
NAME: SHIRLEY DAVENPORT 2024107011587 071823 I1608245		ENT ID.:	530001985524	MRN:	0.00	0.00		13.11	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS 83735	SRV DATE 071823	UNITS 1.00	BILLED AMT 13.11	ALWD	AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: SHIRLEY DAVENPORT 2024107011589 080123 11608246		ENT ID.:	530001985524	MRN:	0.00	0.00		14.00	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS 83036	SRV DATE 080123	UNITS 1.00	BILLED AMT 14.00	ALWD	AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: SANDRA FREEMAN 2024103023365 011924 I1605904		ENT ID.:	530001841965	MRN:	0.00	0.00		14.00	0.00
HEADER EOBS: 0825 0836 9990 PROC CODE MODIFIERS 83036	SRV DATE 011924	UNITS 1.00	BILLED AMT 14.00	ALWD	AMT 0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: LINDA REATHERFORD	DECTDT	י מד ייואים.	530001058567	MRN:					
2024109055058 013024 I1613060		EMI ID.	330001930307	MIXIN•	0.00	0.00		49.34	0.00
HEADER EOBS: 0835 9990 PROC CODE MODIFIERS 80053 80061 36415 85049	013024	1.00	BILLED AMT 15.84 20.00 4.50 9.00		0.00	0.00	0.00	0835 0835 0835 3323	
NAME: BRADLEY SELLERS 2024107011591 012224 11609190 HEADER EOBS: 0825 0836 9990		ENT ID.:	500002911395	MRN:	0.00	0.00		27.11	0.00

REPORT: CRA-XBDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 4

PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART B 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 083131776
ISSUE DATE 04/19/2024

ICN SERVICE PAT ACCT NO. FROM PROC CODE MODIFIERS 83036 83735	DATES REND THRU PROV SRV DATE 012224 012224	ERING IDER UNITS 1.00 1.00	BILLED AMT 14.00 13.11	POD TMA GWLA O	PAY 1.00 0.00	ALLOWED TPL 0.00 0.00	BI PAID 0.00 0.00	LLED DETAIL EOBS 0825 3303 0825 3303	TPL AMOUNT
NAME: JAMES VEAL 2024107011598 030524 11609400 HEADER EOBS: 0825 0836 9990		ENT ID.: !	530002000580	MRN:	0.00	0.00		174.33	0.00
PROC CODE MODIFIERS G0482	SRV DATE 030524	UNITS 1.00	BILLED AMT 174.33	TMA GWJA	0.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: JAMES VEAL 2024109055069 040224 I1612198 HEADER EOBS: 0825 0836 9990	040224	ENT ID.: !	530002000580	MRN:	0.00	0.00		174.33	0.00
PROC CODE MODIFIERS G0482	SRV DATE 040224	UNITS 1.00	BILLED AMT 174.33	TMA GWJA	.00	TPL 0.00	PAID 0.00	DETAIL EOBS 0825 3303	
NAME: RICKEY WINTERMYER 2024102039773 011124 11603724 HEADER EOBS: 0835 9990	011124	ENT ID.: !			0.00	0.00		63.50	0.00
PROC CODE MODIFIERS 84153 80061 80076 36415	SRV DATE	UNITS 1.00 1.00 1.00 1.00	BILLED AMT 27.00 20.00 12.00 4.50	FMA GWJA))))	0.00	TPL 0.00 0.00 0.00 0.00	PAID 0.00 0.00 0.00 0.00	DETAIL EOBS 0835 0835 0835 0835 3323	
NAME: RICKEY WINTERMYER 2024102039782 011124 I1603725	RECIPI 011124	ENT ID.: !	530001729762	MRN:	0.00	0.00		42.00	0.00
HEADER EOBS: 0835 9990 PROC CODE MODIFIERS 80164 90 TOTAL MEDICARE CROSSOVER PART	SRV DATE 011124 B CLAIMS DEN	UNITS 1.00 IED:	BILLED AMT 42.00	TMA GWJA	0.00	TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 0835 3324 645.94	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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
NAME: ARCHER AARON 2024109081910 POS PROC CD MODIFIERS 81 87498 59 81 87581 59	RECIPIENT ID.: 530002145401 I1612787 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624	397.12 BILLED AMOUNT 37.07	ALLOWED	COPAY TPL 0.00 0.00 0.00	PAID 22.00	9918		262.03
81 87633	1.00 041624 041624 220224		318.05	14.00	0.00				
NAME: JUDITH AARON 2024109081918 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002043877 I1611318 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	MRN: 041124 041124	174.33 BILLED AMOUNT 174.33	NON-AllOWED 116.22	COPAY TPL	PAID 116.22		0.00 3S	116.22
NAME: NATHALIA ABARCA 2024099021687 POS PROC CD MODIFIERS 81 86003	RECIPIENT ID.: 530001508177 I1600066 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 12.00 120723 120723 220224	120723 120723	93.00 BILLED AMOUNT 93.00	NON-AllowED	COPAY TPL	PAID 72.00		0.00 3S	72.00
81 87581 59 81 87633 81 87634 81 87798	I1600069 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 4.00 122823 122823 220224	MRN: 122823 122823	635.32 BILLED AMOUNT 37.07 42.00 318.05 70.20 168.00	15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 22.00 28.00 212.03	DETAIL EOF 9918 9918 9918 5910	0.00 3S	374.03
NAME: TARYJAE ACOFF 2024102042326	RECIPIENT ID.: 530000918603 I1603279	MRN: 040524 040524	13.50	4.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

IC	!N P	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODI 81 36415	FIERS U	SERVIC UNITS FROM 1.00 040524	THRU 040524	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID	DETAIL 3		
81 85049		1.00 040524	040524	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: AURORA ADAIR 2024107014		1607858		.: 530001197983	MRN: 040124	040124	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODI 81 87486 59	FIERS U	SERVIC UNITS FROM 1.00 040124	E DATES THRU 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 1 9918	EOBS	
81 87498 59		1.00 040124	040124	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59		1.00 040124		220224			42.00	28.00 14.00	0.00	28.00			
81 87633 81 87640		1.00 040124 1.00 040124		220224 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
81 87641 59		1.00 040124		220224			37.07	15.07 22.00	0.00	22.00			
81 87651 59		1.00 040124	040124	220224			49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798		8.00 040124	040124	220224			336.00	224.00 112.00	0.00	224.00	9918		
81 87635		1.00 040124	040124	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: JESSICA ADAM 2024103023		1605197		.: 530000084494	MRN: 030424	030424	899.12	586.03		313.09	0.00	0.00	586.03
DOG DDOG GD MODI	ETEDO II		E DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		EODC	
POS PROC CD MODI 81 87486 59	FIERS U	JNITS FROM 1.00 030424	THRU: 030424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 1 9918	FORS	
81 87498 59		1.00 030424	030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 030424	030424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 030424	030424	220224			318.05	212.03 106.02	0.00	212.03	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN-				SERVICE FROM	DATES THRU	AMOUNT	AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFI 81 87640		THRU PRO	NDERING OVIDER 0224				ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00		EOBS	
81 87641 59	1.00 0304	24 030424 220	0224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 0304	24 030424 220	0224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 0304	24 030424 220	0224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ADDISON ADAMS 202410302387	5 I1605198	CIPIENT ID.: !		MRN: 110123	110123		28.00	COPAY	21.86	0.00	0.	00 28.00
POS PROC CD MODIFI 81 87651		THRU PRO 23 110123 220	OVIDER 0224				NON-AllOWED 28.00	\mathtt{TPL}	28.00	DETAIL : 9918	EOBS	
NAME: ADDISON ADAMS 202410302388	4 11605199	CIPIENT ID.: !		MRN: 122723	122723	49.86 BILLED	28.00	COPAY	21.86	0.00	0.	00 28.00
POS PROC CD MODIFI 81 87651	ERS UNITS FROM	THRU PRO	OVIDER			AMOUNT 49.86	NON-AllOWED 28.00	TPL	PAID 28.00		EOBS	
NAME: ANTHONY ADAMS 202410204234		CIPIENT ID.:	530001950943	MRN: 021524	021524		172.09		86.05	0.00	0.	00 172.09
POS PROC CD MODIFI 81 80307	ERS UNITS FROM 1.00 0215	THRU PRO	OVIDER 0224			BILLED AMOUNT 83.81 174.33	ALLOWED NON-AlloWED 55.87	0.00	PAID 55.87		EOBS	
81 G0482	1.00 0215	24 021524 220	0224			174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22	9918		
NAME: ATHENA ADAMS 202410701470	1 11607859	CIPIENT ID.: !		MRN: 040124	040124		305.64		241.48	0.00	0.	00 305.64
POS PROC CD MODIFI 81 87498 59	ERS UNITS FROM	ICE DATES REI THRU PRO 24 040124 220	OVIDER			BILLED AMOUNT 37.07	NON-AllOWED 22.00	COPAY TPL 0.00	PAID 22.00		EOBS	
81 87581 59	1.00 0401	24 040124 220	0224			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

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024 PAGE: 8

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT	NO ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	DETAIL EOB		
81 87635	1.00 040124 040124 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: BENTLEY ADAMS 2024102043508	RECIPIENT ID.: 530000839560 I1604281	040124 040124				69.52	0.00	0.00	55.48
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		AMOUNT 125.00	55.48	\mathtt{TPL}	55.48	DETAIL EOB 9918	S	
NAME: CATHY ADAMS 2024109081934	RECIPIENT ID.: 530002406046 I1612790	041624 041624	8.00			3.00	0.00	0.00	5.00
POS PROC CD MODIFIERS 81 82247 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224		BILLED AMOUNT 8.00	5.00	\mathtt{TPL}	PAID 5.00		S	
NAME: DENOVAN ADAMS 2024107014710	RECIPIENT ID.: 530002214508 I1607860	MRN: 031324 031324	1,049.12	629.64		419.48	0.00	0.00	128.00
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031324 031324 220224	MRN: 031324 031324	BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOB 5000	S	
81 87486 59	1.00 031324 031324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 031324 031324 220224		37.07		0.00	22.00	9918		
81 87581 59	1.00 031324 031324 220224		42.00		0.00	28.00	9918		
81 87633	1.00 031324 031324 220224		318.05	212.03 106.02	0.00	0.00	5000		
81 87640	1.00 031324 031324 220224		37.07	22.00 15.07	0.00	0.00	5000		
81 87641 59	1.00 031324 031324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 031324 031324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 031324 031324 220224		336.00	224.00 112.00	0.00	0.00	5000		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: HUNTER ADAMS 2024102042361 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001680696 I1603282 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	MRN: 022024 022024	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00 21.86	21.86 COPAY TPL PAI 0.00 0.00		0.00 EOBS	28.00
NAME: JACE ADAMS 2024109081937 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.: 530001359780 I1612791 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 8.00 041624 041624 220224	MRN: 041624 041624	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86 336.00	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 22.00 15.07 22.00 15.07 22.00 15.07 22.00 15.07	COPAY TPL PAI 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		0.00 EOBS	629.64
NAME: JANYLA ADAMS 2024109081952 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59 81 87581 59	RECIPIENT ID.: 530001001158 I1612792 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	112.00	0.00	0.00	0.00 EOBS	629.64

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC C 81 87633		UNITS FROM		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	OBS	
81 87640		1.00 041	624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 041	624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041	624 041624	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 041	624 041624	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: LONDY 202	N ADAMS 4103023890	I1605204		.: 530000425045	MRN: 031924	031924		28.00		21.86	0.00	0.00	28.00
POS PROC C 81 87651	D MODIFIERS	UNITS FROM		RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	COBS	
NAME: TRENT	ON ADAMS 4099021730	I1600081		: 530001342544 RENDERING	MRN: 121323	121323	635.32 BILLED	423.17 ALLOWED	COPAY	212.15	0.00	0.00	374.03
POS PROC C 81 87498		UNITS FROM	M THRU	PROVIDER 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	1.00 121	323 121323	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 121	323 121323	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87634		1.00 121	323 121323	220224			70.20	49.14 21.06	0.00	0.00	5910		
81 87798		4.00 121	323 121323	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: ARYAN 202	ADIL 4107014727	I1610321	ECIPIENT ID.	.: 530001007796	MRN: 040924	040924		11.00 ALLOWED	COPAY	7.00	0.00	0.00	11.00
POS PROC C 81 87070	D MODIFIERS	UNITS FROM		PROVIDER			AMOUNT 18.00	NON-AllowED 11.00 7.00	\mathtt{TPL}	PAID 11.00		COBS	
NAME: INAAY 202	A AFZAL 4099021752	RI I1600087	ECIPIENT ID.	.: 530000758963	MRN: 032124	032124	49.86	7.50		42.36	0.00	11.44	7.50

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

11

ICN POS PROC CD MODIFIERS 81 87651	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 7.50 42.36	NOI ALLO COPAY TPL 0.00 0.00		DETAIL EOBS	PL DUNT	PAID AMOUNT
NAME: SAMUEL AGEE 2024107014739 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002309193 I1607868 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224 4.00 040524 040524 220224	MRN: 040524 040524	715.12 BILLED AMOUNT 150.00 37.07 42.00 318.05 168.00	417.64 ALLOWED NON-AllOWED 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 43.61 22.00 28.00 212.03 112.00	9918 9918 9918	0.00	417.64
NAME: SAMUEL AGEE 2024107014747 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002309193 I1607869 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 4.00 041124 041124 220224	MRN: 041124 041124	715.12 BILLED AMOUNT 150.00 37.07 42.00 318.05 168.00	417.64 ALLOWED NON-AllOWED 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 43.61 22.00 28.00 212.03 112.00	9918 9918 9918	0.00	417.64
NAME: ANTHONY AGUIRRE 2024107014756 POS PROC CD MODIFIERS 81 87486 59 81 87498 59	RECIPIENT ID.: 530002096177 I1607871 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224	MRN: 041124 041124	899.12 BILLED AMOUNT 42.00	ALLOWED	COPAY TPL 0.00 0.00 0.00 0.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

_	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				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87581 5	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641 5	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651 5	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041124 041124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
313 ME - 313 DVA - 3 CV	7 T D T			NATIONAL A								
NAME: NADYA AGY			.: 530001388978	MRN:	041104	000 10	F0C 03	_	112 00	0 00	0 (506.03
2024107	/014//0	I1607872	DENDEDING	041124	041124	899.12	586.03		313.09	0.00	0.0	586.03
DOC DDOC CD M	(ODTETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		EODC	
	MODIFIERS 59	UNITS FROM THRU 1.00 041124 041124	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87486 5) 9	1.00 041124 041124	220224			42.00	28.00 14.00	0.00 0.00	20.00	9918		
81 87498 5	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 0/490 5) 9	1.00 041124 041124	220224			37.07	15.07	0.00	22.00	9910		
81 87581 5	59	1.00 041124 041124	220224			42.00	28.00	0.00	20 00	9918		
81 87381 3))	1.00 041124 041124	220224			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	0010		
01 07033		1.00 041124 041124	220224			310.03	106.02	0.00	212.03	9910		
81 87640		1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 07010		1.00 011121 011121	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87641 5	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 07011 3	, ,	1.00 011121 011121	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87651 5	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041124 041124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
		RECIPIENT ID	.: 530002242245	MRN:								
2024107	7014781	I1610323		040924	040924		11.00		7.00	0.00	0.0	11.00
		SERVICE DATES					ALLOWED					
POS PROC CD M	MODIFIERS		PROVIDER				NON-AllowED		PAID		EOBS	
81 87070		1.00 040924 040924	220224			18.00			11.00	9918		
							7.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

13

		ICN	PAT ACCI	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	202410 CD	MAD 2049026 MODIFIERS			PROVIDER	MRN: 040424	040424	83.81 BILLED AMOUNT 83.81	55.87 ALLOWED NON-AllOWED 55.87 27.94	COPAY TPL 0.00 0.00	27.94 PAID 55.87	0.00 DETAIL 1 9918	0.00 EOBS	55.87
	02410 CD	TTE ALBRIGH 7014788 MODIFIERS	I1610327 UNITS		PROVIDER	MRN: 030424	030424	713.12 BILLED AMOUNT 150.00	330.49 ALLOWED NON-AllOWED 31.68	COPAY TPL 0.00	382.63 PAID 31.68	0.00 DETAIL 1 9918 991		330.49
81 874 81 874		59 59		030424 030424 030424 030424				42.00 37.07	118.32 18.94 23.06 18.94 18.13	0.00 0.00 0.00 0.00		9918 993 9918 993		
81 875 81 876 81 876	33	59	1.00	030424 030424 030424 030424	220224			42.00 318.05 37.07	18.94 23.06 185.17 132.88	0.00 0.00 0.00 0.00	185.17	9918 993 9918 993	36	
81 876 81 876 81 876	541	59 59	1.00	030424 030424 030424 030424 030424 030424	220224			37.07 49.86	18.94 18.13 18.94 18.13 18.94	0.00 0.00 0.00 0.00	18.94	9918 993 9918 993 9918 993	36	
NAME: MIA 2		LE ALDANA 9081967	I1611323		D.: 530001331785 RENDERING	MRN: 041524	041524	715.12 BILLED	30.92 417.64 ALLOWED	0.00	297.48	0.00	0.00	417.64
POS PROC 81 876		MODIFIERS			PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 1 9918	EOBS	
81 874 81 875		5959		041524 041524 041524 041524				37.07 42.00	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 876				041524 041524				318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 877	98		4.00	041524 041524	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY TE	PL DUNT	PAID AMOUNT
2024107014823 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002071441 11610329 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224	MRN: 041224 041224		NON-AllOWED 15.00	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	15.00
2024107014831 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002426091 11607878 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224 1.00 040224 040224 220224 4.00 040224 040224 220224	MRN: 040224 040224	565.12 BILLED AMOUNT 37.07 42.00 318.05 168.00	ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02	COPAY TPL		DETAIL EOBS 9918 9918 9918	0.00	374.03
2024103023910 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000545051 I1605214 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224 1.00 040424 040424 220224	MRN: 040424 040424	BILLED	ALLOWED NON-AllOWED 9.00 91.00	COPAY TPL	98.00 PAID 9.00 11.00	DETAIL EOBS 9918	0.00	20.00
NAME: BENJALEE ALLDREDGE 2024109081991 POS PROC CD MODIFIERS 81 80053 81 83036 81 80061 81 84443	SERVICE DATES RENDERING	MRN: 032524 032524	BILLED AMOUNT	NON-AllOWED	COPAY TPL		9918 9918 9918	0.00	73.93

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY TP AMOUNT AMC		PAID AMOUNT
POS PROC CD MODIFIERS 81 84439	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032524 032524 220224			BILLED AMOUNT 13.00	ALLOWED NON-AlloWED 9.00 4.00	COPAY	PAID	DETAIL EOBS 9918		
81 85049	1.00 032524 032524 220224			9.00	4.00	0.00	4.00	9918		
NAME: BREEZY ALLEN 2024103023920	RECIPIENT ID.: 530001507433 I1605215 SERVICE DATES RENDERING	MRN: 040924	040924	825.21 BILLED	542.00 ALLOWED	COPAY	283.21	0.00	0.00	486.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 040924 040924 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 040924 040924 220224			37.07	22.00 15.07	0.00	22.00			
81 87653 59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00	22.00			
81 87798 81 87641 59	11.00 040924 040924 220224 1.00 040924 040924 220224			462.00 37.07	308.00 154.00 22.00	0.00 0.00 0.00	308.00			
81 87798	2.00 040924 040924 220224			84.00	15.07 56.00	0.00 0.00 0.00		5000		
NAME: BREEZY ALLEN 2024107014835	RECIPIENT ID.: 530001507433	MRN: 040924	040924	18.53	28.00		8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			BILLED AMOUNT 18.53	ALLOWED NON-AlloWED	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL EOBS		
	RECIPIENT ID.: 530001677591 11600105	MRN: 031424	031424	63.00	0.00		63.00	0.00	36.00	0.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031424 031424 220224			BILLED AMOUNT 63.00	ALLOWED NON-AlloWED 0.00 63.00		PAID 0.00			
NAME: GERALD ALLEN 2024109082007		MRN: 041124	041124		172.09 ALLOWED		86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224				NON-AllOWED	TPL	PAID 55.87			

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 G0482	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EC 9918	BS	
NAME: JADE ALI			.: 530002308403	MRN:								
202410	07014860	I1607883		041124	041124	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG DDOG CD	MODIFIEDO	SERVICE DATES	RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	DC.	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			150.00	43.61	0.00		9918	BS	
01 07033		1.00 011121 011121	220221			130.00	106.39	0.00	13.01	JJ10		
81 87486	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
01 00501	5.0	1 00 041104 041104	000004			40.00	15.07	0.00	00.00	0.01.0		
81 87581	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 041124 041124	220224			318.05	14.00 212.03	0.00 0.00	212.03	9918		
01 07033		1.00 011121 011121	220221			310.03	106.02	0.00	212.05	JJ10		
81 87640		1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
81 87798		8.00 041124 041124	220224			336.00	21.86 224.00	0.00 0.00	224.00	0010		
01 07790		0.00 041124 041124	220224			330.00	112.00	0.00	224.00	9910		
NAME: LACHLAN			.: 530001634441	MRN:								
202410	07014875	I1607884		032924	032924	49.86			21.86	0.00	0.00	28.00
DOG DDOG OD	MODIETEDO	SERVICE DATES				BILLED	ALLOWED	COPAY	חאדה		.D.C	
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU 1.00 032924 032924	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EC 9918	BS	
01 07031		1.00 032924 032924	220224			49.00	21.86	0.00	20.00	9910		
NAME: TROY ALI			.: 530002133055	MRN:								
202410	07014884	I1607888		041124	041124	1,049.12			419.48	0.00	0.00	629.64
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			Da	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID	DETAIL EC 9918	BS	
01 0/033		1.00 041124 041124	44U44 1			130.00	106.39	0.00	43.01	シ フエロ		
81 87486	59	1.00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS P	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
81	87498	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		ALONZO GUZMA	N I161033		.: 530001649220	MRN: 041224	041224	F6F 10	274 02		191.09	0.00	0.00	374.03
	20241		1101033	SERVICE DATES	RENDERING	041224	041224	565.12 BILLED	ALLOWED	COPAY		0.00	0.00	3/4.03
	PROC CD 87498	MODIFIERS 59	UNITS 1.00	FROM THRU 041224	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL E 9918	OBS	
81	87581	59	1.00	041224 041224	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00	041224 041224	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87798		4.00	041224 041224	220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME:	VERONIC	LA AMARI		RECIPTENT ID	.: 530001129794	MRN:								
		.03023943	I160522	9		041024	041024	49.86			21.86	0.00	0.00	28.00
	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 041024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	OBS	
NAME:	AT.T.TSON	I ANDERSON		RECIPTENT ID	.: 500002250897	MRN:								
147 71.1171		.07014907	I161033	3			041124		89.93		35.61	0.00	0.00	89.93
	PROC CD 80053	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 041124 041124	PROVIDER			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00		DETAIL E 9918	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

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	S	
81 84481	1.00 041124 041124 220224		24.00	16.00 8.00	0.00		9918		
81 83036	1.00 041124 041124 220224		14.00	12.00	0.00	12.00	9918		
81 80061	1.00 041124 041124 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 041124 041124 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 041124 041124 220224		13.00	9.00 4.00	0.00	9.00	9918		
81 36415	1.00 041124 041124 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 041124 041124 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: ALLISON ANDERSON 2024107014928	RECIPIENT ID.: 500002250897 I1610334	MRN: 041124 041124	15.58			3.58	0.00	0.00	12.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 82570	1.00 041124 041124 220224		8.00	6.00	0.00		9918		
81 82043 QW	1.00 041124 041124 220224		7.58	6.00 1.58	0.00	6.00	9918		
NAME: ISLAND ANDERSON 2024102042371	RECIPIENT ID.: 530002295977 I1603283	MRN: 022024 022024	1,049.12	629.64		419.48	0.00	0.00	629.64
2021102012371	SERVICE DATES RENDERING	022021 022021	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	029.01
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 87635	1.00 022024 022024 220224		150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 022024 022024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 022024 022024 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

19

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY			TPL MOUNT	PAID AMOUNT
	MODIFIERS 59	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918	5	
81 87651	59	1.00 022024 022024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 022024 022024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KOLTEN A	ANDERSON 02043519	RECIPIENT ID 11604282	.: 530001724421	MRN: 040824	040024	E6E 10	274 02		191.09	0.00	0.00	374.03
		SERVICE DATES	RENDERING	040624	040624	565.12 BILLED	374.03 ALLOWED	COPAY		0.00	0.00	3/4.03
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	S	
81 87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 040824 040824	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: KYARIE A			.: 530000451977	MRN:								
202410	02042388	I1603284 SERVICE DATES	RENDERING	021924	021924	63.34 BILLED	42.00 ALLOWED	COPAY	21.34	0.00	0.00	42.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	S	
81 80053		1.00 021924 021924	220224			15.84	12.00 3.84	0.00	12.00	9918		
81 83036		1.00 021924 021924	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 021924 021924	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 021924 021924	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 021924 021924	220224			9.00	4.00	0.00	4.00	9918		
NAME: KYARIE A	ANDERSON	RECIPIENT ID	.: 530000451977	MRN:								
		I1603285			021924		22.93		4.96	0.00	0.00	22.93
POS PROC CD 81 84443		SERVICE DATES UNITS FROM THRU 1.00 021924 021924	PROVIDER				ALLOWED NON-AllOWED 22.93 4.96	TPL 0.00	22.93	DETAIL EOB: 9918	5	
							1.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT	Γ NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME		IGH ANDERSON 02043526	I1604283			: 530001532090 RENDERING	MRN: 040824	040824	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS 81	PROC CD 87498	MODIFIERS 59	UNITS	FROM 040824	THRU	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL EO 9918	BS	
81	87581	59	1.00	040824	040824	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87633		1.00	040824	040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00	040824	040824	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME	: JUDITH 2 202410	ANDINO 07014935	I1607894		IENT ID	.: 530002402786	MRN: 040424	040424	98.54	67.93		30.61	0.00	0.00	67.93
POS		MODIFIERS		SERVICE FROM	DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO		
81	80053			040424		220224			15.84	12.00	0.00	12.00			
81	82306		1.00	040424	040424	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	84443		1.00	040424	040424	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	36415		1.00	040424	040424	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	85049		1.00	040424	040424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME		ANDRES GASP 07014946	AR I1607897		IENT ID	.: 530002298314	MRN: 040124	040124	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE		RENDERING			BILLED	ALLOWED	COPAY				
POS 81		MODIFIERS 59		FROM 040124		PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00		DETAIL EO 9918	DBS	
81	87498	59	1.00	040124	040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040124	040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040124	040124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	040124	040124	220224			37.07	22.00 15.07	0.00	22.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	_	-ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	~			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC		ODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 8764				040124 040124	220224			37.07	22.00 15.07	0.00		9918		
81 8765	51 5	9	1.00	040124 040124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8779	8		8.00	040124 040124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: DERE	K ANG	LIN		RECIPIENT ID	.: 530000422997	MRN:								
		023957	I160523			021624	021624	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC	CD M	ODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 8763	35		1.00	021624 021624	220224			150.00	43.61	0.00	43.61	9918		
		_							106.39	0.00				
81 8748	36 5	9	1.00	021624 021624	220224			42.00	28.00	0.00	28.00	9918		
01 0740	٠. ٥	0	1 00	001604 001604	220224			27 07	14.00	0.00	22.00	0010		
81 8749	98 5	9	1.00	021624 021624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8758	31 5	a	1 00	021624 021624	220224			42.00	28.00	0.00	28 00	9918		
01 0730) 1		1.00	021024 021024	22022 1			42.00	14.00	0.00	20.00	JJ±0		
81 8763	33		1.00	021624 021624	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81 8764	ł 0		1.00	021624 021624	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8764	1 5	9	1.00	021624 021624	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 8765	51 5	9	1.00	021624 021624	220224			49.86	28.00	0.00	28.00	9918		
01 0000			0 00	001604 001604	000004			226 00	21.86	0.00	004 00	0.01.0		
81 8779	98		8.00	021624 021624	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME: ASHL	.EY ΔN'	THONY		RECIPTENT ID	.: 530001146385	MRN:								
		014960	I161033		. • 550001110505		040424	125.00	55.48		69.52	0.00	0.00	55.48
_ •		0_100		SERVICE DATES	RENDERING	0 1 0 1 1 1	0 10 111	BILLED	ALLOWED	COPAY	07.02			337.23
POS PROC	CD M	ODIFIERS	UNITS	FROM THRU					NON-AllowED		PAID	DETAIL	EOBS	
				040424 040424				125.00			55.48			
									69.52	0.00				
NAME: CAYD	DEN AN'	THONY	_1 < 1 0 0 0	RECIPIENT ID	.: 530001238498	MRN:	0.4000.				60.10	0 00	2 22	
20	24107	014971				040924	040924		55.87		69.13	0.00	0.00	55.87
DOG DDOG		ODIETEDO		SERVICE DATES					ALLOWED		ח א ד די		EODC	
POS PROC 81 8030				FROM THRU 040924				AMOUNT 125.00			55.87		₽OB2	
OT 0030	, /		1.00	040324 040324	7707 1			125.00		0.00		フ フ⊥O		
									07.13	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY MOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		ARMSTRONG L07014980	I161033	9	PIENT ID	.: 530000679087	MRN: 041224	041224	194.54 BILLED	139.93 ALLOWED	COPAY	54.61	0.00	0.00	132.93
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	80053	110DII ILIKO		041224		220224			15.84	12.00	0.00	12.00		1025	
										3.84	0.00				
81	86800		1.00	041224	041224	220224			23.00	15.00	0.00	15.00	9918		
										8.00	0.00				
81	84432		1.00	041224	041224	220224			24.00	17.00	0.00	17.00	9918		
										7.00	0.00				
81	84481		1.00	041224	041224	220224			24.00	16.00	0.00	16.00	9918		
										8.00	0.00				
81	83036		1.00	041224	041224	220224			14.00	12.00	0.00	12.00	9918		
0.1	00061		1 00	0.41.00.4	0.41.00.4	000004			00.00	2.00	0.00	1.4.00	0010		
81	80061		1.00	041224	041224	220224			20.00	14.00	0.00	14.00	9918		
0.1	06276		1 00	041004	041004	220224			01 00	6.00	0.00	1 - 00	0.01.0		
81	86376		1.00	041224	041224	220224			21.00	15.00 6.00	0.00	15.00	9918		
81	84443		1 00	041224	041224	220224			25.20	22.93	0.00	22.93	0010		
0.1	04443		1.00	041224	041224	220224			23.20	2.27	0.00	44.93	9910		
81	84439		1 00	041224	0/122/	220224			13.00	9.00	0.00	9 00	9918		
0.1	04439		1.00	041224	041224	220224			13.00	4.00	0.00	9.00	9910		
81	84436	59	1 00	041224	041224	220224			10.00	7.00	0.00	0 00	5910		
01	01150	5,5	1.00	011221	011221	220221			10.00	3.00	0.00	0.00	3710		
81	36415		1.00	041224	041224	220224			4.50	0.00	0.00	0.00	3323		
01	30113		1.00	011221	011221	220221			1.50	4.50	0.00	0.00	3323		
										1.30	0.00				
NAME:	FIONA A	ARNEY		RECIE	PIENT ID	.: 530001359619	MRN:								
		L07014994	I160790				040224	040224	222.58	50.00		172.58	0.00	0.00	46.00
				SERVICE	E DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	84156		1.00	040224	040224	220224			8.00	4.00	0.00	4.00	9918		
										4.00	0.00				
81	82570		1.00	040224	040224	220224			8.00	6.00	0.00	6.00	9918		
										2.00	0.00				
81	83069		1.00	040224	040224	220224			8.00	4.00	0.00	4.00	9918		
										4.00	0.00				
81	84311		2.00	040224	040224	220224			32.00	14.00	0.00	14.00	9918		
0.1	00010		1 00	0.4000.4	0.4000.4	000004			16.00	18.00	0.00	0.00	4504		
81	82010		1.00	040224	040224	220224			16.00	0.00	0.00	0.00	4524		
										16.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזינט		1	
POS PROC CD 81 82945	MODIFIERS	UNITS FROM THRU 1.00 040224 040224	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00	PAID	DETAIL EOBS 9918)	
01 02943		1.00 040224 040224	220224			0.00	4.00	0.00	4.00	9910		
81 82247	59	1.00 040224 040224	220224			8.00	5.00	0.00	5 00	9918		
01 02217	3,5	1.00 010221 010221	220221			0.00	3.00	0.00	3.00	JJ±0		
81 83986		1.00 040224 040224	220224			7.00	3.00	0.00	3.00	9918		
							4.00	0.00				
81 81007		2.00 040224 040224	220224			120.00	4.00	0.00	0.00	5900		
							116.00	0.00				
81 82043	QW	1.00 040224 040224	220224			7.58	6.00	0.00	6.00	9918		
							1.58	0.00				
NAME: KAYLA AF			.: 530000943591	MRN:	0.4.1.0.4	050 11	150.00		0.5.0=			470.00
202410	09082029	I1611340		041124	041124	258.14	172.09		86.05	0.00	0.00	172.09
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		,	
POS PROC CD	MODIFIERS	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS 9918)	
81 80307		1.00 041124 041124	220224			83.81	55.87 27.94	0.00	55.67	9910		
81 G0482		1.00 041124 041124	220224			174.33	116.22	0.00	116.22	9918		
01 00102		1.00 011121 011121	220221			171.55	58.11	0.00	110.22	JJ±0		
							30.11	0.00				
NAME: JOSE AST	ΓRAIN	RECIPIENT ID	.: 530002186781	MRN:								
202409	99021789	I1600162		011024	011024	635.32	423.17		212.15	0.00	0.00	374.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81 87498	59	1.00 011024 011024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 011024 011024	220224			42.00	28.00	0.00	28.00	9918		
01 05622		1 00 011004 011004	000004			210 05	14.00	0.00	010 02	0010		
81 87633		1.00 011024 011024	220224			318.05	212.03	0.00	212.03	9918		
81 87634		1.00 011024 011024	220224			70.20	106.02 49.14	0.00	0 00	5910		
01 07034		1.00 011024 011024	220224			70.20	21.06	0.00	0.00	3910		
81 87798		4.00 011024 011024	220224			168.00	112.00	0.00	112.00	9918		
01 07730		1.00 011021 011021	220221			100.00	56.00		112.00	JJ 10		
NAME: RACHAEL	ATCHISON	RECIPIENT ID	.: 530001069634	MRN:								
202409	99021810	I1600164		032524	032524		3.00		14.00	0.00	0.00	3.00
		SERVICE DATES					ALLOWED					
POS PROC CD		UNITS FROM THRU					NON-AllowED				3	
81 81025	LC	1.00 032524 032524	220224			17.00				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

24

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	ΝΤ	PAID AMOUNT
	202410	A ATCHLEY 09082040	I1611342 SERVICE DATES	.: 530001415376 RENDERING	MRN: 041124	041124	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00		0.00	172.09
	307	MODIFIERS	UNITS FROM THRU 1.00 041124 041124				AMOUNT 83.81	NON-AllOWED 55.87 27.94	TPL 0.00 0.00		DETAIL 9918	FORS		
)482		1.00 041124 041124				174.33	116.22 58.11	0.00	116.22	9918			
NAME: AM		AUSTIN 03023978	RECIPIENT ID 11605269 SERVICE DATES	.: 530000393118 RENDERING	MRN: 040924	040924	881.59 BILLED	535.53 ALLOWED	COPAY	346.06	0.00		0.00	463.53
POS PRO 81 87	OC CD 7798	MODIFIERS 59	UNITS FROM THRU 9.00 040924 040924	PROVIDER 220224			AMOUNT 378.00	NON-AllOWED 252.00 126.00	TPL 0.00 0.00	PAID 252.00	DETAIL 9918	EOBS		
	7481 7491	59 59	2.00 040924 040924 1.00 040924 040924				84.00 49.86	56.00 28.00 28.00	0.00 0.00 0.00		9918 5490			
	7511	59	1.00 040924 040924				42.00	21.86 28.00	0.00		9918			
	7529	59	2.00 040924 040924				99.72	14.00 56.00 43.72	0.00 0.00 0.00		9918			
	7591 7653	59 59	1.00 040924 040924 2.00 040924 040924				42.00 74.14	28.00 14.00 44.00	0.00 0.00 0.00		9918 5900			
	7661	59	1.00 040924 040924				32.30	30.14 21.53 10.77	0.00 0.00 0.00		9918			
	7563	F.O.	1.00 040924 040924				42.50	0.00 42.50	0.00		4021			
	7640	59	1.00 040924 040924				37.07	22.00 15.07	0.00	22.00	9918			
NAME: AD		BAILEY 03024009	RECIPIENT ID I1605279 SERVICE DATES	.: 530001101014 RENDERING	MRN: 031524	031524	BILLED	629.64 ALLOWED	COPAY	419.48	0.00		0.00	629.64
POS PRO 81 87	OC CD 7635	MODIFIERS	UNITS FROM THRU 1.00 031524 031524	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS		
81 87	7486	59	1.00 031524 031524	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

25

	ICN	PAT ACCT NO.	SERVICE DATE FROM THRU		ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
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 031524 031524 220224		37.07	22.00 15.07	0.00	22.00			
81 87581	59	1.00 031524 031524 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 031524 031524 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 031524 031524 220224		37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 031524 031524 220224		37.07	15.07 22.00	0.00	22.00	9918		
81 87651	59	1.00 031524 031524 220224		49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 031524 031524 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
	BAILEY 03024026	RECIPIENT ID.: 53000153	9696 MRN: 022024 0220		55.48		69.52	0.00	0.00	55.48
POS PROC CD 81 G0480	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		BILLED AMOUNT 125.00			PAID 55.48			
NAME: DA KARI 20241		RECIPIENT ID.: 53000236 11604663 SERVICE DATES RENDERING	3292 MRN: 040824 0408	824 8.00 BILLED	5.00 ALLOWED	COPAY	3.00	0.00	0.00	5.00
POS PROC CD 81 82247		UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 8.00			PAID 5.00	DETAIL EOBS 9918		
NAME: DA KARI 20241		RECIPIENT ID.: 53000236 11611350 SERVICE DATES RENDERING	3292 MRN: 041524 0415	524 8.00 BILLED	5.00 ALLOWED	COPAY	3.00	0.00	0.00	5.00
POS PROC CD 81 82247		UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 8.00	NON-Allowed 5.00 3.00	TPL 0.00 0.00	PAID 5.00	DETAIL EOBS 9918		
		RECIPIENT ID.: 53000111 11603289 SERVICE DATES RENDERING	3610 MRN: 022024 0220		629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		AMOUNT 150.00	NON-AllOWED		PAID 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

26

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	00	MODIFFER		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY	PAID	השתאדו הכ	יחכ	
POS PRO 81 8'	7486	MODIFIERS 59		220224			42.00	28.00	TPL 0.00		DETAIL EC 9918	1B5	
01 0	7400	39	1.00 022024 022024	ZZUZZ I			12.00	14.00	0.00	20.00	9910		
81 8'	7498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22 00	9918		
01 0	7100	33	1.00 022021 022021	220221			37.07	15.07	0.00	22.00	J J ± 0		
81 8'	7581	59	1.00 022024 022024	220224			42.00	28.00	0.00	28 00	9918		
01 0	7301	3,5	1.00 022021 022021	220221			12.00	14.00	0.00	20.00	JJ±0		
81 8'	7633		1.00 022024 022024	220224			318.05	212.03	0.00	212.03	9918		
01 0	, 000		1:00 022021 022021	220221			310.03	106.02	0.00	212.00	J J I O		
81 8'	7640		1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
0_ 0							0.00	15.07	0.00		,,,,		
81 8'	7641	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 8'	7651	59	1.00 022024 022024	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81 8'	7798		8.00 022024 022024	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME: KI	HLOE B	AKER	RECIPIENT ID.	: 530000869204	MRN:								
	20241	07015016	I1607919		040324	040324	78.54	57.93		20.61	0.00	0.00	57.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 8	0053		1.00 040324 040324	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81 83	3036		1.00 040324 040324	220224			14.00	12.00	0.00	12.00	9918		
								2.00	0.00				
81 8	4443		1.00 040324 040324	220224			25.20	22.93	0.00	22.93	9918		
								2.27	0.00				
81 8	4436	59	1.00 040324 040324	220224			10.00	7.00	0.00	7.00	9918		
								3.00	0.00				
81 3	6415		1.00 040324 040324	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81 8	5049		1.00 040324 040324	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
				5222222555742									
NAME: M			RECIPIENT ID.	: 530000065742	MRN:	0.40.40.4	40.00	00.00		01 06	0.00	0.00	00 00
	202410	07015027	I1607920		040424	040424		28.00		21.86	0.00	0.00	28.00
D00 55	00.05	MODIFIED		RENDERING				ALLOWED		D3.TD		D.C.	
		MODIFIERS		PROVIDER			AMOUNT					B2	
81 8'	/05T		1.00 040424 040424	ZZUZZ4			49.86			28.00	9918		
								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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

27

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MELISSA BAKER 2024107015039	RECIPIENT ID.: 530001159793 I1610352 SERVICE DATES RENDERING	MRN: 041224	041224	722.67 BILLED	474.00 ALLOWED	COPAY	248.67	0.00	0.00	474.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 041224 041224 220224			AMOUNT 168.00	NON-Allowed 112.00 56.00	TPL 0.00 0.00	PAID 112.00	DETAIL 9918	EOBS	
81 87640 59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 041224 041224 220224			462.00	308.00 154.00	0.00	308.00			
81 87086	1.00 041224 041224 220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME: LANDYN BALENTINE 2024103024055	RECIPIENT ID.: 530001723043 I1605286	MRN: 022224	022224	82.54			21.61	0.00	0.00	60.93
POS PROC CD MODIFIERS 81 83036	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224			BILLED AMOUNT 14.00	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 84443	1.00 022224 022224 220224			25.20	2.00 22.93 2.27	0.00 0.00 0.00	22.93	9918		
81 80048	1.00 022224 022224 220224			12.69	11.00 1.69	0.00	11.00	9918		
81 83525	1.00 022224 022224 220224			17.15	11.00 6.15	0.00	11.00	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		
NAME: LANDYN BALENTINE 2024103024068	RECIPIENT ID.: 530001723043 I1605287	MRN: 022224	022224	42.82	27.00		15.82	0.00	0.00	27.00
POS PROC CD MODIFIERS 81 86337	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224			BILLED AMOUNT 42.82	ALLOWED NON-AllOWED 27.00 15.82	COPAY TPL 0.00 0.00	PAID 27.00	DETAIL 9918	EOBS	
NAME: MICHELLE BALL 2024102043534	RECIPIENT ID.: 530000598014 I1604285	MRN: 040324	040324	174.33	116.22		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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
POS 81	PROC CD G0482	MODIFIERS		SERVICE DATES FROM THRU 040324 040324	RENDERING PROVIDER 220224	TROM	11110	BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID	DETAIL		141	7110011
NAME:		BALLARD	I160528		.: 530000387957	MRN: 040924	040024	000 10	F06 03		212 00	0.00		0.00	F0C 02
	20241	.03024072	1100526	SERVICE DATES	RENDERING	040924	040924	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		040924 040924	220224			42.00	28.00	0.00		9918			
									14.00	0.00					
81	87498	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918			
81	87581	59	1 00	040924 040924	220224			42.00	15.07 28.00	0.00	20 00	9918			
01	0/301	59	1.00	040924 040924	220224			42.00	14.00	0.00	20.00	9910			
81	87633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918			
0.1	07641	Γ0	1 00	040004 040004	220224			27 07	15.07	0.00	22.00	0010			
81	87641	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918			
0-	0,00=			010721 010721					21.86	0.00		2220			
81	87798		8.00	040924 040924	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NTA ME' •	ם משוום	BALLENGER		ספיפדטדפאיי דט	.: 530001212385	MRN:									
INAMIE •		.03024093	I160529		550001212505	030624	030624	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	\mathtt{TPL}	PAID		EOBS		
81	87635		1.00	030624 030624	220224			150.00	43.61	0.00	43.61	9918			
81	87486	59	1 00	030624 030624	220224			42.00	106.39 28.00	0.00	20 00	9918			
0.1	0/400	59	1.00	030024 030024	220224			42.00	14.00	0.00	20.00	9910			
81	87498	59	1.00	030624 030624	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	030624 030624	220224			42.00	28.00	0.00	28.00	9918			
0.1	07622		1 00	020604 020604	220224			210 05	14.00	0.00	010 03	0.01.0			
81	87633		1.00	030624 030624	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00	030624 030624	220224			37.07	22.00	0.00	22.00	9918			
<u> </u>								307	15.07	0.00	00	22-0			

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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 030624 030624	PROVIDER			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS	
81	87651	59	1.00 030624 030624	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 030624 030624	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:	ADAMS B	ANKS 09082057	RECIPIENT II	D.: 530001957784	MRN: 041124	041124	174 33	116.22)	58.11	0.00	0.00	116.22
	20241	00002057	SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	30.11	0.00	0.00	110.22
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	G0482		1.00 041124 041124	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	AMBER B	ANKS-GURLEY	RECIPIENT I	D.: 530000670265	MRN:								
		07015074	I1607923		041124	041124	881.59			346.06	0.00	0.00	463.53
700	DD 0 0 0 D	MODIFIEDS	SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	D D D T T T		
		MODIFIERS 59	UNITS FROM THRU 9.00 041124 041124				AMOUNT 378.00	NON-AllOWED 252.00	TPL 0.00	PAID 252.00	DETAIL	EOBS	
01	01170	37	J.00 041124 041124	220224			370.00	126.00	0.00	232.00	JJ10		
81	87481	59	2.00 041124 041124	220224			84.00	56.00	0.00	56.00	9918		
0.4	07.404			000001			10.05	28.00	0.00		- 400		
81	87491	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
0_	0,011		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					14.00	0.00		2220		
81	87529	59	2.00 041124 041124	220224			99.72	56.00	0.00	56.00	9918		
0.1	07501	F.O.	1 00 041104 041104	22224			40.00	43.72	0.00	20.00	0.01.0		
81	87591	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87653	59	2.00 041124 041124	220224			74.14	44.00	0.00	0.00	5900		
								30.14	0.00				
81	87661	59	1.00 041124 041124	220224			32.30	21.53	0.00	21.53	9918		
81	87563		1.00 041124 041124	220224			42.50	10.77 0.00	0.00	0 00	4021		
OΤ	0/303		1.00 041124 041124	44U44 1			42.30	42.50	0.00	0.00	1 021		
81	87640	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
									-				
NAME:		H BARBER 03024108	RECIPIENT II	D.: 530001097635	MRN: 030724	030724	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

30

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NC ALL			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030724 030724 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86			DETAIL EOBS 9918		
NAME: AYLEEN BARCENAS 2024107015095	RECIPIENT ID.: 530001708823 I1607926 SERVICE DATES RENDERING	MRN: 040324 040324	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 040324 040324 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 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00		9918		
81 87633 81 87640	1.00 040324 040324 220224 1.00 040324 040324 220224		318.05 37.07	212.03 106.02 22.00	0.00	212.03	9918		
81 87641 59	1.00 040324 040324 220224		37.07	15.07 22.00	0.00 0.00 0.00		9918		
81 87651 59	1.00 040324 040324 220224		49.86	15.07 28.00	0.00		9918		
81 87798	8.00 040324 040324 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: KINSLEY BARCLAY 2024102042427	RECIPIENT ID.: 530002313815	MRN: 010224 010224		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 010224 010224 220224		BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00				
NAME: KINSLEY BARCLAY 2024102042438	RECIPIENT ID.: 530002313815 I1603291 SERVICE DATES RENDERING	MRN: 022724 022724	49.86 BILLED	28.00 ALLOWED		21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 022724 022724 220224		AMOUNT 49.86	NON-Allowed 28.00 21.86			DETAIL EOBS 9918		
NAME: JUSTINE BARNARD 2024103024120	RECIPIENT ID.: 530001021759 I1605300	MRN: 032124 032124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE DATES FROM 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	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00 032124 032124 220224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81	87498	59	1.00 032124 032124 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87581	59	1.00 032124 032124 220224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81	87633		1.00 032124 032124 220224		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81	87640		1.00 032124 032124 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87641	59	1.00 032124 032124 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87651	59	1.00 032124 032124 220224		49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81	87798		8.00 032124 032124 220224		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
				0.0							
NAME:	: KAYLEY		RECIPIENT ID.: 5300014960		1 505 52	000 53	-	06.00	0 00	0 00	007 53
	20241	102042442	I1603292	022024 022024	1,585.73			86.20	0.00	0.00	927.53
DOG	DDOG GD	MODIFIEDC	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	חאדה	התאדו	EODC	
	PROC CD		UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORS	
81	87798	59	9.00 022024 022024 220224		378.00	252.00	0.00	252.00	9918		
81	87481	59	2.00 022024 022024 220224		84.00	126.00 56.00	0.00 0.00	E6 00	9918		
0.1	0/401	59	2.00 022024 022024 220224		04.00	28.00	0.00	36.00	9910		
81	87491	59	1.00 022024 022024 220224		49.86	28.00	0.00	0 00	5490		
01	0/4/1		1.00 022021 022021 220221		47.00	21.86	0.00	0.00	3470		
81	87511	59	1.00 022024 022024 220224		42.00	28.00	0.00	28 00	9918		
01	07311	37	1.00 022021 022021 220221		12.00	14.00	0.00	20.00	2210		
81	87529	59	2.00 022024 022024 220224		99.72	56.00	0.00	56 00	9918		
01	07323	3,5	2.00 022021 022021 220221		JJ • 12	43.72	0.00	30.00	7710		
81	87591	59	1.00 022024 022024 220224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81	87653	59	2.00 022024 022024 220224		74.14	44.00	0.00	0.00	5900		
						30.14	0.00				
81	87661	59	1.00 022024 022024 220224		32.30	21.53	0.00	21.53	9918		
						10.77	0.00				
81	87563		1.00 022024 022024 220224		42.50	0.00	0.00	0.00	4021		
						42.50	0.00				
81	87640	59	1.00 022024 022024 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

32

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS 81	PROC CD 87481	MODIFIERS 59	SERVICE DATI UNITS FROM THI 4.00 022024 02202	RU PROVIDER			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EOBS 9918	5	
81	87640	59	1.00 022024 02202	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 022024 02202	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 022024 02202	24 220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME:	KEIRA B 20241	BARNES .07015106	RECIPIENT	ID.: 530000243962		040124	704.14	48.29		655.85	0.00	273.69	48.29
			SERVICE DATI	S RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THI				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81	87481	59	4.00 040124 04012	24 220224			168.00	11.36 156.64	0.00	11.36	9918 9936		
81	87640	59	1.00 040124 04012	24 220224			37.07	2.84 34.23	0.00	2.84	9918 9936		
81	87653	59	1.00 040124 04012	24 220224			37.07	2.84 34.23	0.00	2.84	9918 9936		
81	87798		11.00 040124 04013	24 220224			462.00	31.25 430.75	0.00	31.25	9918 9936		
NAME:	RAHEIN 20241	BARNES .03024139	RECIPIENT	ID.: 530000802003		121123	01 06	56.00		35.86	0.00	0.00	28.00
	20241	.03024139	SERVICE DAT	S RENDERING	121123	121123	BILLED	ALLOWED	COPAY	33.00	0.00	0.00	20.00
DOG	PROC CD	MODIFIERS	UNITS FROM TH				AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	2	
	87491	59	1.00 121123 12112				49.86	28.00 21.86	0.00		5490	,	
81	87591	59	1.00 121123 12112	23 220224			42.00	28.00 14.00	0.00	28.00	9918		
NAME:	BENJAMI	N WYAT BARN	ETT RECIPIENT	ID.: 530001701783	MRN:								
		.07015122	I1607928		040124	040124	49.86	28.00		21.86	0.00	0.00	28.00
			SERVICE DATI	S RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM TH	RU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	5	
81	87651		1.00 040124 04012	24 220224			49.86	28.00 21.86	0.00	28.00	9918		
7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	77 M T T T		DUGIDIO	TD • F30000300103	NATURE .								
NAME:	KATIE B 20241	.02049041	I1604667	ID.: 530002320193		040824	268.51	174.93		93.58	0.00	0.00	174.93

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

33

	_	-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					
POS PROC		ODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81 8005	53		1.00	040824 040824	220224			15.84	12.00	0.00	12.00	9918			
01 0006	6 1		1 00	040024 040024	220224			20 00	3.84	0.00	14 00	0010			
81 8006	ОΤ		1.00	040824 040824	220224			20.00	14.00 6.00	0.00	14.00	9918			
81 3641	15		1 00	040824 040824	220224			4.50	0.00	0.00	0 00	3323			
01 5011	13		1.00	010021 010021	220221			1.50	4.50	0.00	0.00	3323			
81 8504	49		1.00	040824 040824	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
81 8260	07		1.00	040824 040824	220224			22.00	17.00	0.00	17.00	9918			
									5.00	0.00					
81 8230	06		1.00	040824 040824	220224			44.00	29.00	0.00	29.00	9918			
									15.00	0.00					
81 8354	40		1.00	040824 040824	220224			9.71	7.00	0.00	7.00	9918			
									2.71	0.00					
81 8355	50		1.00	040824 040824	220224			13.11	10.00	0.00	10.00	9918			
									3.11	0.00					
81 8272	28		1.00	040824 040824	220224			40.00	13.00	0.00	13.00	9918			
01 0446	0.1		1 00	0.4.0.0.4. 0.4.0.0.4	000004			0.4.00	27.00	0.00	16.00	0010			
81 8448	8 T		1.00	040824 040824	220224			24.00	16.00	0.00	16.00	9918			
01 020	26		1 00	040004 040004	220224			14 00	8.00	0.00	10 00	0010			
81 8303	30		1.00	040824 040824	220224			14.00	12.00 2.00	0.00	12.00	9918			
81 8444	12		1 00	040824 040824	220224			25.20	22.93	0.00	22 02	9918			
01 0445	13		1.00	040024 040024	220224			25.20	2.27	0.00	44.93	9910			
81 8443	36 5	g	1 00	040824 040824	220224			10.00	7.00	0.00	7 00	9918			
01 0113	50 5		1.00	010021 010021	220221			10.00	3.00	0.00	7.00	JJ±0			
81 8352	25		1.00	040824 040824	220224			17.15	11.00	0.00	11.00	9918			
0_ 0001				010021 010021					6.15	0.00		2220			
NAME: ROSE	EANNA	BARNETT		RECIPIENT II	o.: 530001427070	MRN:									
20	024102	043548	I160428	6		040824	040824	881.59	535.53	3	346.06	0.00	0	.00	463.53
				SERVICE DATES				BILLED	ALLOWED	COPAY					
POS PROC			UNITS	FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 8779	98 5	9	9.00	040824 040824	220224			378.00	252.00	0.00	252.00	9918			
									126.00	0.00					
81 8748	81 5	9	2.00	040824 040824	220224			84.00	56.00	0.00	56.00	9918			
01 051	01 -	^	1 00	0.4.0.0.4	000004			40.05	28.00	0.00	2 22	F 400			
81 8749	91 5	9	1.00	040824 040824	220224			49.86	28.00	0.00	0.00	5490			
01 0751	11 -	0	1 00	040004 040004	220224			40.00	21.86	0.00	20.00	0.01.0			
81 8751	тт 2	9	1.00	040824 040824	ZZUZZ 1			42.00	28.00	0.00	∠8.00	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

34

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87529	59		040824 040824	220224			99.72	56.00	0.00	56.00		порр		
									43.72	0.00					
81	87591	59	1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87653	59	2.00	040824 040824	220224			74.14	44.00	0.00	0.00	5900			
									30.14	0.00					
81	87661	59	1.00	040824 040824	220224			32.30	21.53	0.00	21.53	9918			
0.1	0.75.60		1 00	040004 040004	000004			40 50	10.77	0.00	0.00	4001			
81	87563		1.00	040824 040824	220224			42.50	0.00	0.00	0.00	4021			
81	87640	59	1 00	040824 040824	220224			37.07	42.50 22.00	0.00	22.00	0010			
0.1	0/040	39	1.00	040024 040024	22022 4			37.07	15.07	0.00	22.00	9910			
									13.07	0.00					
NAME:	: THERESA	A KAY BARNETT		RECIPIENT ID	.: 530002104673	MRN:									
111111111111111111111111111111111111111		L09082070	I161136		. 330002101073	041524	041524	397.12	262.03		135.09	0.00		0.00	262.03
				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	041524 041524	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	041524 041524	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
אדא אוני י	· KAVDEMO	CE BARNWELL		ספירחדפאיי דר	.: 530000492351	MRN:									
י הוויונייוני		L09082081	I161136		330000472331	041524	041524	1,049.12	629.64		419.48	0.00		0.00	629.64
	20211	100002001	1101130	SERVICE DATES	RENDERING	011321	011321	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	EOBS		
81	87486	59		041524 041524	220224			42.00	28.00	0.00	28.00				
									14.00	0.00					
81	87498	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918			
0.4	0.7.600			0.44.50.4.044.50.4				212 25	14.00	0.00	212 22	0010			
81	87633		1.00	041524 041524	220224			318.05	212.03	0.00	212.03	9918			
0.1	07640		1 00	041504 041504	220224			27 07	106.02	0.00	22.00	0010			
81	87640		1.00	041524 041524	22U22 4			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	5.9	1 00	041524 041524	220224			37.07	22.00	0.00	22.00	9918			
0.1	0/041	J)	1.00	OTIDAT UTIDAT	44U44T			37.07	15.07	0.00	22.00	ノノエロ			
									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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87651	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041524 041524	PROVIDER			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87798		8.00 041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041524 041524	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:		BARRETT .02043562	I1604287	D.: 530001851292	MRN: 040724	040724	1,049.12			419.48	0.00	0.00	629.64
DOG	DDOG GD	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY	ה א דר.		HODG	
	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 040724 040724	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 040724 040724	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 040704 040704	000004			40.00	15.07	0.00	20.00	0.01.0		
81	87581	59	1.00 040724 040724	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040724 040724	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 010721 010721	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87640		1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040724 040724	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 040704 040704	000004			226.00	21.86	0.00	004 00	0.01.0		
81	87798		8.00 040724 040724	220224			336.00	224.00 112.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	LAURA B	BARRIENTOS	RECIPIENT I	D.: 530001212046	MRN:								
	20241	.02049059	I1604669		040824	040824	63.34	42.00		21.34	0.00	0.00	42.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	80053		1.00 040824 040824	220224			15.84	12.00	0.00	12.00	9918		
0.1	02025		1 00 040004 04000	000004			1 4 6 6	3.84	0.00	10.00	0.01.0		
81	83036		1.00 040824 040824	220224			14.00	12.00	0.00	12.00	9918		
81	80061		1.00 040824 040824	220224			20.00	2.00 14.00	0.00	1/ 00	9918		
OΤ	00001		1.00 040024 040024	7707 1			20.00	6.00	0.00	14.00	シ ラ⊥O		
								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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

36

POS PROC CD MODIFIERS 81 36415	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED AMOUNT ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 3323	PL DUNT	PAID AMOUNT
81 85049	1.00 040824 040824 220224	_	9.00	4.00 5.00	0.00		9918		
NAME: LAURA BARRIENTOS 2024102049076	RECIPIENT ID.: 530001212046 I1604670 SERVICE DATES RENDERING	MRN: 040824 040824	27.89 BILLED	ALLOWED	COPAY	4.96	0.00	0.00	22.93
POS PROC CD MODIFIERS 81 84443	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 27.89	NON-AllOWED 22.93 4.96	TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: ALEXIS BATEMON 2024102042464	RECIPIENT ID.: 530001064254 I1603294 SERVICE DATES RENDERING	MRN: 022024 022024	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 022024 022024 220224		AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87486 59 81 87498 59	1.00 022024 022024 220224 1.00 022024 022024 220224		42.00 37.07	28.00 14.00 22.00	0.00 0.00 0.00		9918 9918		
81 87640 59	1.00 022024 022024 220224		37.07	15.07 22.00	0.00		9918		
81 87581 59	1.00 022024 022024 220224		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633	1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03			
81 87641 59 81 87651 59	1.00 022024 022024 220224 1.00 022024 022024 220224		37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87798	8.00 022024 022024 220224		336.00	21.86 224.00 112.00	0.00	224.00			
NAME: JAYDEN BATES 2024107015129	RECIPIENT ID.: 530002001468 I1607941 SERVICE DATES RENDERING	MRN: 040524 040524		245.53 ALLOWED		146.35	0.00	0.00	217.53
POS PROC CD MODIFIERS 81 87491 59	UNITS FROM THRU PROVIDER 1.00 040524 040524 220224			NON-AllOWED	TPL 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

37

		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	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E) BS	
81	87511	MODIFIERD		040524 040524	220224			42.00	28.00	0.00		9918	<i>3</i> <u>5</u>	
01	0,311		1.00	010021 010021				12.00	14.00	0.00	20.00	7710		
81	87529		2.00	040524 040524	220224			99.72	56.00	0.00	56.00	9918		
									43.72	0.00				
81	87591		1.00	040524 040524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87661		1.00	040524 040524	220224			32.30	21.53	0.00	21.53	9918		
									10.77	0.00				
81	87798	59	3.00	040524 040524	220224			126.00	84.00	0.00	84.00	9918		
									42.00	0.00				
NT 2 NAT	• 1.77777777					MIDNI •								
NAME		I BAUMGARDNEF			.: 530001657232	MRN:	032824	712 10	66 04		647.08	0 00	264 45	66 04
	ZUZ 4 1	.07015141	I161036	SERVICE DATES	RENDERING	032624	032624	713.12 BILLED	66.04 ALLOWED	COPAY	047.00	0.00	264.45	66.04
DOG	DRAC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	ARG.	
	87635	MODIFIERD		032824 032824	220224			150.00	6.33	0.00		9918 993		
01	07033		1.00	032021 032021	220221			130.00	143.67	0.00	0.33	JJ10 JJ3	•	
81	87486	59	1.00	032824 032824	220224			42.00	3.78	0.00	3.78	9918 993	б	
-									38.22	0.00			-	
81	87498	59	1.00	032824 032824	220224			37.07	3.78	0.00	3.78	9918 993	б	
									33.29	0.00				
81	87581	59	1.00	032824 032824	220224			42.00	3.78	0.00	3.78	9918 993	б	
									38.22	0.00				
81	87633		1.00	032824 032824	220224			318.05	37.03	0.00	37.03	9918 993	б	
									281.02	0.00				
81	87640		1.00	032824 032824	220224			37.07	3.78	0.00	3.78	9918 993	6	
0.1	0.00.6.4.1	F.0	1 00	020004 020004	000004			25 25	33.29	0.00	2 50	0010 000		
81	87641	59	1.00	032824 032824	220224			37.07	3.78	0.00	3.78	9918 993	0	
81	87651	59	1 00	022024 022024	220224			49.86	33.29 3.78	0.00	2 70	0010 002	6	
OΤ	0/031	39	1.00	032824 032824	220224			49.00	46.08	0.00	3.70	9918 993	O	
									40.00	0.00				
NAME	: DANTE E	REARD		RECIPTENT ID	.: 530000166907	MRN:								
141111		.07015157	I161036		. 330000100707		102423	547.12	305.64		241.48	0.00	0.00	305.64
				SERVICE DATES	RENDERING			BILLED		COPAY				
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT			PAID	DETAIL E	OBS	
	87635			102423 102423				150.00	43.61	0.00				
									106.39	0.00				
81	87498	59	1.00	102423 102423	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

38

ICI	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		OWED	MA TRUOMA	PL OUNT	PAID AMOUNT
POS PROC CD MODII 81 87581 59	FIERS	SERVICE DATES UNITS FROM THRU 1.00 102423 102423	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00			
81 87633		1.00 102423 102423	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: JAYLYNN BEARI 2024107015		I1610363	.: 530000814015	MRN: 041224	041224	77.04	59.93		17.11	0.00	0.00	59.93
POS PROC CD MODII 81 80053	FIERS		RENDERING PROVIDER 220224 220224 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 83036		1.00 041224 041224	220224			14.00	12.00	0.00	12.00	9918		
81 84443		1.00 041224 041224	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439		1.00 041224 041224	220224			13.00	9.00 4.00	0.00	9.00	9918		
81 85049		1.00 041224 041224	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: NASON BEASLEY 20241070153		I1610365	.: 530001427706	MRN: 032924	032924		213.03		106.52	0.00	0.00	213.03
POS PROC CD MODII 81 87507			RENDERING PROVIDER 220224			BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03			
NAME: CHEVY BEGEMAI 2024107015		I1607950	.: 530000556100	MRN: 040224	040224		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODII 81 87486 59		SERVICE DATES UNITS FROM THRU 1.00 040224 040224	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 9918		
81 87498 59		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00			
81 87581 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040224 040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040224 040224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

39

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040224 040224	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID	DETAIL 9918		
81 87651	59	1.00 040224 040224	220224			49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798		8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: NICOLE 20241	BEHRENS .07015206	RECIPIENT ID 11607951	.: 530002308710	MRN: 031324	031324	130.02	79.93		50.09	0.00	0.00	75.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS	
81 83540	59	1.00 031324 031324	220224			9.71	7.00 2.71	0.00	7.00	9918		
81 83550	59	1.00 031324 031324	220224			13.11	10.00	0.00	10.00	9918		
01 03330	37	1.00 031324 031324	220224			13.11	3.11	0.00	10.00	JJ±0		
81 82728	59	1.00 031324 031324	220224			40.00	13.00	0.00	13.00	9918		
							27.00	0.00				
81 80061	59	1.00 031324 031324	220224			20.00	14.00	0.00	14.00	9918		
							6.00	0.00				
81 84443	59	1.00 031324 031324	220224			25.20	22.93	0.00	22.93	9918		
0.1	5.0	1 00 001004 001004	000004			10.00	2.27	0.00	0.00	0010		
81 84439	59	1.00 031324 031324	220224			13.00	9.00	0.00	9.00	9918		
81 85049	59	1.00 031324 031324	220224			9.00	4.00 4.00	0.00	0 00	5482		
01 03049	59	1.00 031324 031324	220224			9.00	5.00	0.00	0.00	3402		
							3.00	0.00				
NAME: ARIEL E	BELL	RECIPIENT ID	.: 530000358843	MRN:								
	.03024178	I1605327		121123	121123	391.88	245.53		146.35	0.00	0.00	217.53
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED		PAID		EOBS	
81 87491	59	1.00 121123 121123	220224			49.86	28.00	0.00	0.00	5490		
01 07511		1 00 121122 121122	220224			40.00	21.86	0.00	20.00	0010		
81 87511		1.00 121123 121123	220224			42.00	28.00 14.00	0.00	28.00	9910		
81 87529		2.00 121123 121123	220224			99.72	56.00	0.00	56 00	9918		
01 07323		2.00 121123 121123	220221			JJ.72	43.72	0.00	30.00	JJ 10		
81 87591		1.00 121123 121123	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87661		1.00 121123 121123	220224			32.30	21.53	0.00	21.53	9918		
							10.77	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	IТ	PAID AMOUNT
POS PRO 81 8'	OC CD 7798	MODIFIERS 59		SERVICE DATES FROM THRU 121123 121123	RENDERING PROVIDER 220224			BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL		DETAIL			
NAME: C		BELL 07015231	I160795		.: 530000421170	MRN: 040224	040224	342.02	217.53		124.49	0.00		0.00	189.53
		MODIFIERS	UNITS	SERVICE DATES FROM THRU 040224 040224	RENDERING PROVIDER 220224	V - V		BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID				20,7,00
81 8'	7491	59	1.00	040224 040224	220224			49.86	42.00 28.00	0.00	0.00	5490			
81 8	7511	59	1.00	040224 040224	220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918			
81 8	7529	59	1.00	040224 040224	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 8'	7591	59	1.00	040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8	7661	59	1.00	040224 040224	220224			32.30	21.53 10.77	0.00	21.53	9918			
NAME: K					.: 530001454823	MRN:									
	20241	07015244	I160795	5 SERVICE DATES	RENDERING	040424	040424	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00		0.00	629.64
POS PRO	OC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81 8'				040424 040424	220224			150.00	43.61 106.39	0.00		9918			
81 8'	7486	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8'	7498	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8'	7581	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8'	7633		1.00	040424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 8	7640		1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	7641	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	7651	59	1.00	040424 040424	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
	PROC CD 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 8.00 040424 040424	PROVIDER			BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL	PAID 224.00	DETAIL EOE		
NAME:		BELL .09082097	RECIPIENT ID		MRN: 041624	041624	285.07	196.14		88.93	0.00	0.00	140.14
	PROC CD 87529	MODIFIERS	SERVICE DATES UNITS FROM THRU 2.00 041624 041624	PROVIDER			BILLED AMOUNT 99.72		COPAY TPL 0.00 0.00		DETAIL EOE 5910	3S	
81	87640	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041624 041624				37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87801		2.00 041624 041624	220224			74.14	74.14	0.00	74.14			
NAME:		BENDOLPH .02049078	RECIPIENT ID 11604673	.: 530001401255	MRN:	040924	40.06	28.00		21 06	0.00	0.00	28.00
500			SERVICE DATES	RENDERING	040024	040024	BILLED	ALLOWED	COPAY				20.00
		MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224		040024	AMOUNT 49.86	NON-AllOWED 28.00 21.86		28.00		35	
NAME:		ON BENJAMIN .07015263	I1607960		MRN: 040424	040424		629.64		419.48	0.00	0.00	629.64
	PROC CD 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	PROVIDER			BILLED AMOUNT 150.00		\mathtt{TPL}	PAID 43.61	DETAIL EOE 9918	3S	
81	87486	59	1.00 040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040424 040424	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

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY MOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CI 81 87641	MODIFIERS	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EC 9918	BS	
81 87651	59	1.00 040424 040424 220	0224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040424 040424 220	0224		336.00	224.00 112.00	0.00	224.00	9918		
	RION BENJAMIN 107015276	RECIPIENT ID.: 5	530001283635 MRN: 041124	041124	12 50	4.00		9.50	0.00	0.00	4.00
202	10/0132/0		NDERING	041124	BILLED	ALLOWED	COPAY	9.50	0.00	0.00	1.00
POS PROC CI	MODIFIERS		OVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	BS	
81 36415			0224		4.50	0.00 4.50	0.00		3323		
81 85049		1.00 041124 041124 220	0224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: KHIMIF	P RENNETT	RECIPIENT ID.: 5	530002243779 MRN:								
	099021899	11600269	040424	040424	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES REN	NDERING		BILLED	ALLOWED	COPAY				
POS PROC CI	MODIFIERS		OVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 87635		1.00 040424 040424 220	0224		150.00	43.61	0.00	43.61	9918		
01 07406	F.O.	1 00 040404 040404 000	2004		40.00	106.39	0.00	00.00	0010		
81 87486	59	1.00 040424 040424 220	0224		42.00	28.00	0.00	28.00	9918		
81 87498	59	1.00 040424 040424 220	1224		37.07	14.00 22.00	0.00	22.00	0010		
01 07470	37	1.00 010121 010121 220	J Z Z I		37.07	15.07	0.00	22.00	J J I O		
81 87581	59	1.00 040424 040424 220	0224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 040424 040424 220	0224		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 040424 040424 220	0224		37.07	22.00	0.00	22.00	9918		
01 00041	F.0	1 00 040404 040404 000	2004		25 25	15.07	0.00	00.00	0010		
81 87641	59	1.00 040424 040424 220	J224		37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 040424 040424 220	1224		49.86	15.07 28.00	0.00	28.00	9918		
01 0/031	Jy	1.00 010121 010121 220	<i>J</i>		47.00	21.86	0.00	20.00	9910		
81 87798		8.00 040424 040424 220	0224		336.00	224.00 112.00	0.00	224.00	9918		
						112.00	0.00				
NAME: PEYTON 2024	BENNETT 102042480	RECIPIENT ID.: 5 I1603300	530000080160 MRN: 032624	032624	299.33	172.09		127.24	0.00	0.00	172.09

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 80307	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032624 032624	RENDERING PROVIDER 220224			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.87 69.13	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL E		
81	G0482		1.00 032624 032624	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	SHETIA 20241	BENNETT .09082109	RECIPIENT ID	0.: 530001174827	MRN: 031924	031924	168.47	104.00		64.47	0.00	0.00	104.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		OBS	
81	82607	59	1.00 031924 031924	220224			22.00	17.00 5.00	0.00 0.00	17.00	9918		
81	83540	59	1.00 031924 031924	220224			9.71	7.00	0.00	7.00	9918		
								2.71	0.00				
81	82728	59	1.00 031924 031924	220224			40.00	13.00	0.00	13.00	9918		
81	84403	59	1.00 031924 031924	220224			38.00	27.00 31.00	0.00 0.00	31.00	9918		
01	01103	33	1.00 031921 031921	220221			30.00	7.00	0.00	31.00	JJ10		
81	83735	59	1.00 031924 031924	220224			13.11	8.00	0.00	8.00	9918		
0.1	00533	F.0	1 00 021004 021004	000004			04.00	5.11	0.00	17 00	0010		
81	82533	59	1.00 031924 031924	220224			24.00	17.00 7.00	0.00	17.00	9918		
81	83525	59	1.00 031924 031924	220224			17.15	11.00	0.00	11.00	9918		
								6.15	0.00				
81	36415	59	1.00 031924 031924	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
NAME:	MADIASH	IA BENSON	RECIPIENT ID	530000462676	MRN:								
	20241	.02043587	I1604292		040824	040824	1,049.12			419.48	0.00	0.00	629.64
DOG		MODIETED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ר א ד ר י		ODG	
	87635	MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL E	OBS	
01	07033		1.00 010021 010021	220221			130.00	106.39	0.00	13.01	JJ 10		
81	87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	Γ0	1 00 040024 040024	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

44

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED		RENDERING			BILLED	ALLOWED	COPAY			HODG	
POS PROC CI 81 87640) MODIFIERS		PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL	EOBS	
01 07040		1.00 040024 040024	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
81 87798		8.00 040824 040824	220224			336.00	21.86 224.00	0.00	224.00	9918		
01 07790		0.00 010021 010021	220221			330.00	112.00	0.00	221.00	JJ10		
NAME: MALAIS	SHA BENSON	RECIPIENT ID.	: 530000462677	MRN:								
	102043603	I1604293		040824	040824	1,049.12	629.64	:	419.48	0.00	0.00	629.64
			RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 040824 040824	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
01 07100	3,5	1.00 010021 010021	220221			12.00	14.00	0.00	20.00	J J ± 0		
81 87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.4		1 00 040004 040004	000004			40.00	15.07	0.00	00.00	0010		
81 87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 040824 040824	220224			318.05	14.00 212.03	0.00	212.03	9918		
01 07033		1.00 010021 010021	220221			310.03	106.02	0.00	212.03	JJ±0		
81 87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1			000004				15.07	0.00		0010		
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 040824 040824	220224			49.86	15.07 28.00	0.00	28.00	9918		
01 07031	3,5	1.00 010021 010021				13.00	21.86	0.00	20.00	7710		
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: AUDREY	Z BENTLEY	RECIPIENT ID.	: 530001147748	MRN:								
	103024190	I1605336	330001117710		020924	49.86	28.00)	21.86	0.00	0.00	28.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
) MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED				EOBS	
81 87651		1.00 020924 020924	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
NAME: KAYLA	BEVIS	RECIPIENT ID.	: 530000997256	MRN:								
		I1603302		040224	040224	258.14	172.09	1	86.05	0.00	0.00	172.09

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE 1	ID 220224
NPI ID	1598266421
CHECK/I	EFT NUMBER 083131776
ISSUE I	DATE 04/19/2024

DATE: 04/19/2024

45

		ICN	PAT ACC	Γ NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	AMOUNT	NO: ALL	OWED A	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 80307	MODIFIERS	UNITS	SERVICE FROM 040224	THRU	RENDERING PROVIDER 220224				ALLOWED NON-AlloWED 55.87 27.94	COPAY	PAID 55.87	DETAIL EC		
81	G0482		1.00	040224	040224	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:		A BILLINGSLE 07015280	Y I1607970		PIENT ID	.: 530001206341	MRN: 041124	041124	35.50	14.00		21.50	0.00	0.00	14.00
	20212	0,013200			E DATES	RENDERING	011111	011121		ALLOWED	COPAY	21.00	0.00	0.00	11.00
		MODIFIERS		FROM		PROVIDER			AMOUNT	NON-AllOWED		PAID		BS	
81	85027		1.00	041124	041124	220224			12.00	5.00 7.00	0.00	5.00	9918		
81	36415		1.00	041124	041124	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	82951		1.00	041124	041124	220224			19.00	9.00 10.00	0.00	9.00	9918		
NAME:	SHEMERIA	A BILLINGSLE	ĽΥ	RECIF	PIENT ID	.: 530001206341	MRN:								
		07015293	I161037	0			041124	041124		13.00		24.00	0.00	0.00	13.00
DOG :		MODIFIED				RENDERING				ALLOWED	COPAY	D. 7. T. D.		ND C	
	PROC CD 86850	MODIFIERS		FROM 041124		PROVIDER 220224			AMOUNT 30.00	NON-AllOWED 8.00	0.00	PAID 8 00	9918	BS	
01	00030		1.00	011121	011121	220221				22.00	0.00	0.00	JJ10		
81	86592		1.00	041124	041124	220224			7.00	5.00	0.00	5.00	9918		
										2.00	0.00				
NAME:	LAKELYN	BLACK		RECIF	PIENT ID	.: 530001715178	MRN:								
		07015301	I160797	7			040124	040124		629.64		419.48	0.00	0.00	629.64
500		W05 TETES 6		SERVICE	E DATES	RENDERING				ALLOWED	COPAY	D. T. T. D.	DDD3.TT D6		
	87635	MODIFIERS	UNITS	F'ROM 040124	THRU	PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61		PAID 43.61)BS	
01	07033		1.00	040124	040124	220224			130.00	106.39	0.00	43.01	JJ10		
81	87486	59	1.00	040124	040124	PROVIDER 220224 220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.O.							25 05	14.00	0.00	00.00	0010		
81	87498	59	1.00	040124	040124	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87581	59	1.00	040124	040124	220224			42.00	28.00	0.00	28.00	9918		
. .	0.000			0.40	0.405.5.5	000001			0.1.5.5	14.00	0.00				
81	87633		1.00	040124	040124	220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81	87640		1.00	040124	040124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL AMOUNT	PAID AMOUNT
	PROC CD 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040124 040124	RENDERING PROVIDER 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	87651	59	1.00 040124 040124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040124 040124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		BLACKBURN 02049085	I1604674	.: 530002042984	MRN: 040424	040424		172.09		86.05	0.00	0.00	172.09
DOC F		MODIETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חד גם		20	
	PROC CD 80307	MODIFIERS	UNITS FROM THRU 1.00 040424 040424	PROVIDER 220224			AMOUNT 83.81	NON-AllOWED 55.87	TPL 0.00	PAID EE 07	DETAIL EOF 9918	35	
0.1	00307		1.00 040424 040424	220224			03.01	27.94	0.00	33.07	9910		
8.1	G0482		1.00 040424 040424	220224			174.33	116.22	0.00	116.22	9918		
01	00102		1.00 010121 010121	220221			171.55	58.11	0.00	110.22	JJ10		
NAME:		H BLACKWELL	RECIPIENT ID	.: 530001901736	MRN:		000 10						-05.00
	20241	.07015313	I1607975		040224	040224		586.03		313.09	0.00	0.00	586.03
D00 D	22222		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	DDD3.TT D0.		
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		38	
81	87486	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	го	1 00 040224 040224	220224			27 07	14.00	0.00	22.00	0.01.0		
81	87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 040224 040224	220224			42.00	15.07 28.00	0.00	28.00	0010		
0.1	0/301	39	1.00 040224 040224	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 010221 010221	220221			310.03	106.02	0.00	212.05	JJ±0		
81	87640		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
0_	0.010							15.07	0.00		77 - 0		
81	87641	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9918		
									0.00				
NAME:	ANNAGRA	CE BLANCHARD	RECIPIENT ID	.: 530001464812	MRN:								
			I1607978			041124	49.86	28.00		21.86	0.00	0.00	28.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
				PROVIDER			AMOUNT				DETAIL EOR	3S	
81	87651		1.00 041124 041124	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

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED N AMOUNT AI			TPL MOUNT	PAID AMOUNT
2024107015334 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002360948 11607979 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	MRN: 040124 040124	BILLED	28.00 ALLOWED COPAY NON-AllowED TPL 28.00 0.00 21.86 0.00	PAID 28.00	DETAIL EOBS		28.00
2024107015339 POS PROC CD MODIFIERS	I1607980 SERVICE DATES RENDERING	MRN: 040124 040124	BILLED	15.00 ALLOWED COPAY NON-AlloWED TPL 15.00 0.00 3.00 0.00	PAID 15.00	DETAIL EOBS		15.00
2024109082135 POS PROC CD MODIFIERS 81 85027 81 36415	I1611393 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	MRN: 041524 041524	BILLED AMOUNT 12.00	5.00 0.00 7.00 0.00 0.00 0.00 4.50 0.00	PAID 5.00 0.00			14.00
2024109082149 POS PROC CD MODIFIERS 81 86850 81 86592	RECIPIENT ID.: 530000852667 I1612813 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 RECIPIENT ID.: 530001170802	MRN: 041524 041524			PAID 8.00	DETAIL EOBS		13.00
2024103024201 POS PROC CD MODIFIERS 81 87651	I1605356 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020724 020724 220224	MRN: 020724 020724			PAID 28.00	DETAIL EOBS		28.00
	RECIPIENT ID.: 530002224655 I1607981	MRN: 040124 040124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

48

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040124 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918	3	
NAME: EYDEN BL			.: 530001716626	MRN:								
202410	2043612	I1604295	DENIDEDING	040824	040824	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS	1	
81 87635	MODIFIERD	1.00 040824 040824	220224			150.00	43.61	0.00	43.61		,	
01 07000		1.00 010021 010021				130.00	106.39	0.00	13.01	JJ 10		
81 87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
01 07501	ГО	1 00 040024 040024	220224			42.00	15.07	0.00	20.00	0.01.0		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9910		
81 87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					106.02	0.00				
81 87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
01 07651	E O	1 00 040024 040024	220224			49.86	15.07	0.00	20 00	0010		
81 87651	59	1.00 040824 040824	220224			49.00	28.00 21.86	0.00	28.00	9910		
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
01 07770		0.000 0.0000000000000000000000000000000					112.00	0.00		,,,,		
NAME: TOSHA BC	אינור די		.: 530000592623	MRN:								
)2049097	I1604676	530000592023	040424	040424	258.14	172.09		86.05	0.00	0.00	172.09
202110	,2015057	SERVICE DATES	RENDERING	010121	010121	BILLED	ALLOWED	COPAY	00.05	0.00	0.00	172.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	3	
81 80307		1.00 040424 040424	220224			83.81	55.87	0.00	55.87	9918		
0.1			000004			454.00	27.94	0.00	446.00	0010		
81 G0482		1.00 040424 040424	220224			174.33	116.22	0.00	116.22	9918		
							58.11	0.00				
NAME: TRENTON	BOLDEN	RECIPIENT ID	.: 530000012091	MRN:								
		11605368			040824	235.58	57.00		178.58	0.00	0.00	53.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU					NON-AllowED					
81 85652		1.00 040824 040824	220224			4.00	3.00	0.00	3.00	9918		
							1.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

DATE: 04/19/2024

PAGE: 49

220224

		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				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	85049		1.00	0 040824 040824	220224			9.00	4.00	0.00	4.00	9918		
0.1	0.4156		1 00	0.40004.040004	220224			0 00	5.00	0.00	4 00	0010		
81	84156		1.00	0 040824 040824	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	82570		1 00	0 040824 040824	220224			8.00	6.00	0.00	6 00	9918		
01	02370		1.00	0 10021 010021	220224			0.00	2.00	0.00	0.00	9910		
81	83069		1 00	040824 040824	220224			8.00	4.00	0.00	4 00	9918		
01	03003		1.00	0 10021 0 10021	220221			0.00	4.00	0.00	1.00	JJ±0		
81	84311		2.00	040824 040824	220224			32.00	14.00	0.00	14.00	9918		
					-				18.00	0.00				
81	82010		1.00	040824 040824	220224			16.00	0.00	0.00	0.00	4524		
									16.00	0.00				
81	82945		1.00	040824 040824	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	82247	59	1.00	040824 040824	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81	83986		1.00	040824 040824	220224			7.00	3.00	0.00	3.00	9918		
									4.00	0.00				
81	81007		2.00	0 040824 040824	220224			120.00	4.00	0.00	0.00	5900		
0.4	00010				000004				116.00	0.00		0010		
81	82043	QW	1.00	0 040824 040824	220224			7.58	6.00	0.00	6.00	9918		
									1.58	0.00				
NT 7\ N/IT" •	TO TANTTON	I DOI DEM		ספיידת דויית דו	· E20000012001	MDM•								
NAME •		N BOLDEN .03024246	I160536		D.: 530000012091	MRN:	040824	19.00	13.00		6.00	0.00	0.00	13.00
	20241	.03024240	1100330	SERVICE DATES	RENDERING	040024	040024	BILLED	ALLOWED	COPAY	0.00	0.00	0.00	13.00
POS I	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS	
	86141	MODIFIERD		040824 040824	220224			19.00	13.00	0.00	13.00		HODD	
01	00111		1.00	, 010021 010021	220221			13.00	6.00	0.00	13.00	JJ 10		
									0.00	0.00				
NAME:	BRYNLEI	GH BOMAN		RECIPIENT II	D.: 530001449509	MRN:								
		.02049116	I160467			040924	040924	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS I	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635			040924 040924	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00	040924 040924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	040924 040924	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

50

		ICN	PAT ACC		DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC	a an	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	FODC	
81 875		59		040924 040924				42.00	28.00	0.00		9918	EODS	
01 075	J 0 I		1.00	010021 010021	220221			12.00	14.00	0.00	20.00	JJ±0		
81 876	633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81 876	640		1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
01 076	C F 1	F.0	1 00	040004 040004	000004			40.06	15.07	0.00	00.00	0010		
81 876	651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918		
81 877	798		8 00	040924 040924	220224			336.00	21.86 224.00	0.00	224.00	9918		
01 077	750		0.00	040024 040024	22022 1			330.00	112.00	0.00	224.00	J J ± 0		
									112.00	0.00				
NAME: MAI	LEIGHA	A BOMAN		RECIPIENT ID	530001287223	MRN:								
2	202410	2042517	I160330	5		040424	040424	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 876	635		1.00	040424 040424	220224			150.00	43.61	0.00	43.61	9918		
01 074	106	ГО	1 00	040404 040404	220224			40.00	106.39	0.00	20.00	0010		
81 874	486	59	1.00	040424 040424	22022 4			42.00	28.00 14.00	0.00	28.00	9918		
81 874	498	59	1 00	040424 040424	220224			37.07	22.00	0.00	22 00	9918		
01 071	100		1.00	010121 010121	220221			37.07	15.07	0.00	22.00	JJ±0		
81 876	640	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 875	581	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 876	633		1.00	040424 040424	220224			318.05	212.03	0.00	212.03	9918		
01 076	C 4.1	F.0	1 00	040404 040404	000004			27 07	106.02	0.00	00.00	0010		
81 876	641	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
81 876	651	59	1 00	040424 040424	220224			49.86	15.07 28.00	0.00	28 00	9918		
01 070	031	39	1.00	010121 010121	22022 1			49.00	21.86	0.00	20.00	9910		
81 877	798		8.00	040424 040424	220224			336.00		0.00	224.00	9918		
									112.00	0.00				
					530001201551									
2	202410	9082165	I161140			041224	041224		474.00		248.67	0.00	0.00	474.00
	~ ~-			SERVICE DATES					ALLOWED	COPAY				
		MODIFIERS		FROM THRU				AMOUNT					EOBS	
81 874	481	59	4.00	041224 041224	220224			168.00		0.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

51

		ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	E DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUN	Г	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT		TPL	PAID	DETAIL	EOBS		
81	87640	59	1.00 041224 041224 220224			37.07		0.00		9918			
81	87653	59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87798		11.00 041224 041224 220224			462.00	308.00 154.00	0.00	308.00	9918			
81	87086		1.00 041224 041224 220224			18.53	10.00 8.53	0.00	10.00	9918			
NAME:	ANIYA B	BONNER	RECIPIENT ID.: 5300001358	30 MRN:									
	20241	.07015358	I1607989 SERVICE DATES RENDERING	040124	040124	5.00 BILLED	4.00 ALLOWED	COPAY	1.00	0.00		0.00	4.00
		MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED		PAID	DETAIL	EOBS		
81	81001		1.00 040124 040124 220224			5.00	4.00 1.00	0.00	4.00	9918			
NAME:	ANIYA B	BONNER	RECIPIENT ID.: 5300001358	30 MRN:									
	20241	.07015369	I1607991	040224	040224		172.09		86.05	0.00		0.00	172.09
DOG	מסט מס	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EODC		
	80307	MODIFIERS	1.00 040224 040224 220224			83.81	55.87	0.00		9918	FODS		
							27.94	0.00					
81	G0482		1.00 040224 040224 220224			174.33	116.22 58.11	0.00	116.22	9918			
NAME:	DALAYAH	I BONNER	RECIPIENT ID.: 5300015619	54 MRN:									
		.03024265	I1605378		021524	779.46	458.64		320.82	0.00		0.00	458.64
			SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS	UNITS FROM THRU PROVIDER 1.00 021524 021524 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	0/035		1.00 021524 021524 220224			150.00	43.61 106.39	0.00	43.01	9918			
81	87498	59	1.00 021524 021524 220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81	87581	59	1.00 021524 021524 220224			42.00	28.00	0.00	28.00	9918			
81	87633		1.00 021524 021524 220224			318.05	14.00 212.03	0.00	212.03	9918			
01	0,000		1.00 021321 021321 220221			310.03	106.02	0.00	212.03	J J ± U			
81	87798		4.00 021524 021524 220224			168.00	112.00	0.00	112.00	9918			
81	80053		1.00 021524 021524 220224			15.84	56.00 12.00	0.00	12.00	9918			
-						_5.61	3.84	0.00		22-0			

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

POS PROC CD 81 82306 81 36415	ICN MODIFIERS	UNITS FROM THRU PI	ENDERING ROVIDER 20224	SERVICE FROM	DATES THRU	AMOUNT BILLED	ALLOWED AMOUNT ALLOWED NON-AllOWED 29.00 15.00 0.00 4.50	NC ALI COPAY TPL 0.00 0.00 0.00		AMOUNT A DETAIL EOE 9918	TPL AMOUNT 3S	PAID AMOUNT
NAME: DALAYAH 202410 POS PROC CD 81 83655	03024283		ENDERING ROVIDER	MRN: 021524	021524		15.00 ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL 0.00 0.00	3.00 PAID 15.00	0.00 DETAIL EOE 9918		15.00
NAME: MELISSA 202410 POS PROC CD 81 87635 81 87486 81 87798 81 87502	03024287	UNITS FROM THRU PI	ENDERING ROVIDER 20224 20224 20224	MRN: 022924	022924	BILLED	259.90 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 140.00 70.00 48.29 56.77	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	247.16 PAID 43.61 28.00 140.00 48.29	DETAIL EOE 9918 9918 9918	0.00 3S	259.90
	BOOTH 02042533 MODIFIERS 59 59 59	UNITS FROM THRU PI	ENDERING ROVIDER 20224 20224 20224 20224 20224	MRN: 022024	022024	BILLED	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 22.00 15.07	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	9918 9918 9918 9918	0.00 BS	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

53

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS		DERING VIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
81	87641	59	1.00 022024 022024 2202			37.07	22.00	0.00		9918	FODS	
01	0/041		1.00 022024 022024 2202	221		37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 022024 022024 2203	224		49.86	28.00	0.00	28.00	9918		
01	0,001		1.00 022021 022021 220.			17.00	21.86	0.00	20.00	3320		
81	87798		8.00 022024 022024 2202	224		336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME:	: AMBERLE	BOOZE	RECIPIENT ID.: 5	30001516660 MRN:								
	20241	.07015374	I1607993	040624	040624	881.59	535.53		346.06	0.00	0.00	463.53
				DERING		BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		VIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00 040624 040624 2202	224		378.00	252.00	0.00	252.00	9918		
0.1	05401	F.0	0 00 040604 040604 000	0.0.4		0.4.00	126.00	0.00	F.C. 0.0	0.01.0		
81	87481	59	2.00 040624 040624 2203	224		84.00	56.00	0.00	56.00	9918		
81	87491	59	1.00 040624 040624 2203	224		49.86	28.00 28.00	0.00	0 00	5490		
0.1	0/491	39	1.00 040024 040024 220	224		49.00	21.86	0.00	0.00	3490		
81	87511	59	1.00 040624 040624 2203	224		42.00	28.00	0.00	28 00	9918		
01	0,311	3,5	1.00 010021 010021 2207	221		12.00	14.00	0.00	20.00	J J I O		
81	87529	59	2.00 040624 040624 2203	224		99.72	56.00	0.00	56.00	9918		
							43.72	0.00				
81	87591	59	1.00 040624 040624 220	224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81	87653	59	2.00 040624 040624 2203	224		74.14	44.00	0.00	0.00	5900		
							30.14	0.00				
81	87661	59	1.00 040624 040624 2202	224		32.30	21.53	0.00	21.53	9918		
0.1	05560		1 00 040504 040504 000	0.0.4		40.50	10.77	0.00	2 22	4001		
81	87563		1.00 040624 040624 2203	224		42.50	0.00	0.00	0.00	4021		
0.1	07640	ΕO	1 00 040624 040624 2209	224		27 07	42.50	0.00	22.00	0010		
81	87640	59	1.00 040624 040624 2203	22 4		37.07	22.00 15.07	0.00	22.00	9918		
							13.07	0.00				
NAME:	: AMBERLE	BOOZE	RECIPIENT ID.: 5	30001516660 MRN:								
		.07015388	I1610377	040624	040624	825.21	542.00		283.21	0.00	0.00	486.00
			SERVICE DATES RENI				ALLOWED	COPAY		-		-
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROV			AMOUNT			PAID	DETAIL	EOBS	
81	87481	59	4.00 040624 040624 220	224		168.00		0.00	112.00	9918		
							56.00	0.00				
81	87640	59	1.00 040624 040624 2202	224		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

54

	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	FORG	
81 87653	59	1.00 040624 040624 220224		37.07	22.00	0.00		9918	EODO	
					15.07	0.00				
81 87798		11.00 040624 040624 220224		462.00	308.00	0.00	308.00	9918		
81 87641	59	1.00 040624 040624 220224		37.07	154.00 22.00	0.00	22.00	0010		
01 07041	37	1.00 010021 010021 220221		37.07	15.07	0.00	22.00	JJ±0		
81 87798		2.00 040624 040624 220224		84.00	56.00	0.00	0.00	5000		
					28.00	0.00				
NAME: BEXLEY	BORDEN	RECIPIENT ID.: 530002	292751 MRN:							
20241	L02042546	I1603310	022024 022024		799.06		419.61	0.00	0.00	799.06
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD 81 87486	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87486	59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	20.00	9918		
81 87498	59	1.00 022024 022024 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87581	59	1.00 022024 022024 220224		42.00	28.00	0.00	28.00	9918		
01 07622		1.00 022024 022024 220224		210 05	14.00	0.00	212 02	0010		
81 87633		1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 022024 022024 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87641	59	1.00 022024 022024 220224		37.07	22.00	0.00	22.00	9918		
01 07651	F.O.	1 00 000004 000004 000004		40.06	15.07	0.00	20.00	0010		
81 87651	59	1.00 022024 022024 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 022024 022024 220224		336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
81 87507		1.00 022024 022024 220224		319.55	213.03	0.00	213.03	9918		
					106.52	0.00				
NAME: RINLEY	BORING	RECIPIENT ID.: 530002	430915 MRN:							
	L02049136	I1604678	040924 040924				313.09	0.00	0.00	586.03
DOG DDOG 65	MODIFIE	SERVICE DATES RENDERING			ALLOWED				EOD C	
POS PROC CD 81 87486		UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00			EOBS	
01 0/400	39	1.00 040924 040924 220224		42.00	14.00	0.00	20.00	フ フエロ		
81 87498	59	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

55

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 1 9918	EOBS	
81 87633		1.00 040924 040924	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640		1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040924 040924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JAYLEE 20241	BORSETH 07015393	I1610378	.: 530000216697	MRN: 041124	041124	53.34			29.34	0.00	0.00	24.00
POS PROC CD 81 80053	MODIFIERS		RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 1 9918	EOBS	
81 85652		1.00 041124 041124	220224			4.00	3.00 1.00	0.00	3.00	9918		
81 86431		1.00 041124 041124	220224			20.00	5.00 15.00	0.00	5.00	9918		
81 36415		1.00 041124 041124	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 041124 041124	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JAYLEE 20241	BORSETH 09082175	I1611404	.: 530000216697	MRN: 041124	041124	55.00			35.00	0.00	0.00	20.00
POS PROC CD 81 86140	MODIFIERS		RENDERING PROVIDER 220224			BILLED AMOUNT 15.00	ALLOWED NON-AllOWED 5.00 10.00	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL 1 9918	EOBS	
81 86038		1.00 041124 041124	220224			40.00	15.00 25.00		15.00	9918		
NAME: SAMANTH 20241	A BOULDIN 07015404	RECIPIENT ID. 11607996 SERVICE DATES		MRN: 040124	040124		65.93	COPAY	25.61	0.00	0.00	65.93
POS PROC CD 81 80053	MODIFIERS		PROVIDER			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL	PAID 12.00		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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE :	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 83036	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			BILLED AMOUNT 14.00	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EOBS 9918		
81 80061	1.00 040124 040124 220224			20.00	2.00 14.00 6.00	0.00 0.00 0.00	14.00	9918		
81 84443	1.00 040124 040124 220224			25.20	22.93 2.27	0.00	22.93	9918		
81 85027	1.00 040124 040124 220224			12.00	5.00 7.00	0.00	5.00	9918		
81 36415	1.00 040124 040124 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: SAMANTHA BOULDIN 2024107015419	RECIPIENT ID.: 530001673322 I1607997	MRN: 040124	040124		14.00		18.00	0.00	0.00	14.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED		PAID			
81 82150 59	1.00 040124 040124 220224			18.00	7.00 11.00	0.00	7.00	9918		
81 83690	1.00 040124 040124 220224			14.00	7.00 7.00	0.00	7.00	9918		
NAME: JANIYAH BOUYER 2024103024311	RECIPIENT ID.: 530001189051 I1605389	MRN: 030824	030824		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 030824 030824 220224			BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
81 87491 59	1.00 030824 030824 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 030824 030824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 030824 030824 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 030824 030824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661 59	1.00 030824 030824 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: TRUE BRACETT 2024107015422	RECIPIENT ID.: 530002392256 I1608006 SERVICE DATES RENDERING	MRN: 040424	040424		629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			AMOUNT 150.00	NON-Allowed 43.61 106.39	TPL 0.00 0.00	PAID 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

57

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS		ENDERING ROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	DBS	
81 87486	59	1.00 040424 040424 2	20224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87498	59	1.00 040424 040424 2	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040424 040424 2	20224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040424 040424 2	20224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040424 040424 2	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040424 040424 2	20224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040424 040424 2	20224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040424 040424 2	20224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ALIZA BF	RACKETT 03024324	RECIPIENT ID.: 11605398	530002122039	MRN: 041024	041024	49.86	28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651		SERVICE DATES RIUNITS FROM THRU P	ENDERING PROVIDER 20224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E		
NAME: HANNAH E 202410	BRACKIN 02049147	RECIPIENT ID.:		MRN: 040824	040824	63.34			21.34	0.00	0.00	42.00
POS PROC CD	MODIFIERS		ENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E)BS	
81 80053			20224			15.84	12.00	0.00	12.00			
81 83036		1.00 040824 040824 2	20224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 040824 040824 2	20224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 040824 040824 2	20224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 040824 040824 2	20224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: HANNAH E 202410	BRACKIN 02049167	RECIPIENT ID.: 11604681	530001327065	MRN: 040824	040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

58

	ICN	PAT ACCT NO.	FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD 81 84443	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 040824 040824 22022	DER		BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00	PAID 22.93	DETAIL EOBS 9918		
NAME: ELI BRAI		RECIPIENT ID.: 530									
202410	09082185	I1612818		041624	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	SERVICE DATES RENDEUNITS FROM THRU PROVI			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
	59	1.00 041624 041624 22022			42.00	28.00	0.00		9918		
						14.00	0.00				
81 87498	59	1.00 041624 041624 22022	2.4		37.07	22.00	0.00	22.00	9918		
01 07501	ГО	1 00 041604 041604 22020) A		40.00	15.07	0.00	20.00	0.01.0		
81 87581	59	1.00 041624 041624 22022	14		42.00	28.00 14.00	0.00	28.00	9910		
81 87633		1.00 041624 041624 22022	24		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 041624 041624 22022	2.4		37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 041624 041624 22022) <i>A</i>		37.07	15.07 22.00	0.00	22.00	0010		
01 0/041	59	1.00 041024 041024 22022	.T		37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 041624 041624 22022	24		49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 041624 041624 22022	2.4		336.00	224.00	0.00	224.00	9918		
81 87635		1.00 041624 041624 22022) <i>A</i>		150.00	112.00 43.61	0.00	43.61	0010		
01 07033		1.00 041024 041024 22022	.4		150.00	106.39	0.00	43.01	9910		
NAME: BOONE BE		RECIPIENT ID.: 530		041104	F 4 7 1 0	205 64		0.41 4.0	0 00	0.00	205 64
202410	07015436	i1608007 SERVICE DATES RENDE		041124	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
	59	1.00 041124 041124 22022			37.07	22.00	0.00		9918		
						15.07	0.00				
81 87581	59	1.00 041124 041124 22022	24		42.00	28.00	0.00	28.00	9918		
81 87633		1.00 041124 041124 22022	Δ		318.05	14.00 212.03	0.00	212.03	9918		
01 07033		1.00 011121 011121 22022	. 1		310.03	106.02	0.00	212.03	JJ10		
81 87635		1.00 041124 041124 22022	24		150.00	43.61	0.00	43.61	9918		
						106.39	0.00				
NAME: FREYA BI	S V D I . F. V	RECIPIENT ID.: 530	0002354596 MRN:								
	03024335	I1605399		040424	40.12	27.09		13.03	0.00	0.00	27.09
			5 15 12 1						-		<u> </u>

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

59

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO AL: COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E)BS	
81	87086	HODII IIKO	1.00 040424 040424	220224			18.53	10.00	0.00		9918) DD	
01	0,000		1.00 010121 010121	220221			10.33	8.53	0.00	20.00	7710		
81	87186		1.00 040424 040424	220224			13.50	9.00	0.00	9.00	9918		
01	0,100		1.00 010121 010121	220221			13.30	4.50	0.00	J.00	J J I G		
81	87088		1.00 040424 040424	220224			8.09	8.09	0.00	8.09			
0 ±	07000		1.00 010121 010121	220221			0.05	0.00	0.00	0.05			
								0.00	0.00				
NAME:	JOHN BR	RASWELL	RECIPIENT ID	.: 530001659824	MRN:								
		.09082199	I1612819		041624	041624	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 E	DBS	
81	87486	59	1.00 041624 041624	220224			42.00	28.00	0.00		9918		
								14.00	0.00				
81	87498	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87640	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87641	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041624 041624	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:		BRAXTON		530002057816	MRN:								
	20241	.02043628	I1604299		040824	040824	881.59	535.53		346.06	0.00	0.00	463.53
	~ ~ ~ ~		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	DBS	
81	87798	59	9.00 040824 040824	220224			378.00	252.00	0.00	252.00	9918		
0.1	05401	F 0	0 00 040004 040004	000004			0.4.00	126.00	0.00	F.C. 0.0	0.01.0		
81	87481	59	2.00 040824 040824	220224			84.00	56.00	0.00	56.00	9918		
0.1	07401	F.O.	1 00 040004 040004	000004			40.06	28.00	0.00	0 00	F 400		
81	87491	59	1.00 040824 040824	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	E O	1 00 040004 040004	220224			40.00	21.86	0.00	20.00	0.01.0		
81	87511	59	1.00 040824 040824	22U22 4			42.00	28.00	0.00	∠8.00	9918		
								14.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3524808 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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

:	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MOI 81 87529 59		SERVICE DATES UNITS FROM THRU 2.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 99.72	ALLOWED NON-AlloWED 56.00	COPAY TPL 0.00	PAID 56.00	DETAIL 9918	EOBS	
81 87591 59		1.00 040824 040824	220224			42.00	43.72 28.00	0.00	28.00	9918		
81 87653 59		2.00 040824 040824	220224			74.14	14.00 44.00	0.00	0.00	5900		
81 87661 59		1.00 040824 040824	220224			32.30	30.14 21.53 10.77	0.00 0.00 0.00	21.53	9918		
81 87563		1.00 040824 040824				42.50	0.00 42.50	0.00	0.00	4021		
81 87640 59		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: FELICIA BRA 20241020		RECIPIENT ID 11604683	.: 530002057816	MRN: 040824	040824	109.34	74.00		35.34	0.00	0.00	74.00
	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER			BILLED AMOUNT 15.84	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL 9918	EOBS	
81 80053 81 82607		1.00 040824 040824	220224 220224			22.00	12.00 3.84 17.00	0.00 0.00 0.00		9918		
81 82306		1.00 040824 040824	220224			44.00	5.00 29.00	0.00		9918		
81 83036		1.00 040824 040824	220224			14.00	15.00 12.00	0.00	12.00	9918		
81 36415		1.00 040824 040824	220224			4.50	2.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81 85049		1.00 040824 040824	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: CAMERON BR		I1610384	.: 530000389585	MRN: 040524	040524	319.55 BILLED	213.03	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MOI 81 87507		SERVICE DATES UNITS FROM THRU 1.00 040524 040524	PROVIDER				ALLOWED NON-AllOWED 213.03 106.52	\mathtt{TPL}	213.03		EOBS	
		RECIPIENT ID 11608020			040224		16.00		7.00	0.00	0.00	16.00
POS PROC CD MOI 81 83036		SERVICE DATES UNITS FROM THRU 1.00 040224 040224	PROVIDER					\mathtt{TPL}	PAID 12.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

61

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY TE	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224		BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID 4.00	DETAIL EOBS 9918		
NAME: SIERRA BROM		MRN:							
2024103024346	I1605414	010924 010924	446.85	245.93		200.92	0.00	0.00	223.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 82627	1.00 010924 010924 220224		33.00	28.00	0.00		9918		
01 02027	1.00 010921 010921 220221		33.00	5.00	0.00	20.00	3310		
81 84144	1.00 010924 010924 220224		31.00	20.00	0.00	20.00	9918		
0.1				11.00	0.00	0= 00	0.04.0		
81 82672	1.00 010924 010924 220224		60.00	25.00 35.00	0.00	25.00	9918		
81 83970	1.00 010924 010924 220224		123.00	51.00	0.00	51 00	9918		
01 035,0	1.00 010021 010021 220221		123.00	72.00	0.00	31.00	JJ 10		
81 84482	1.00 010924 010924 220224		48.00	20.00	0.00	20.00	9918		
				28.00	0.00				
81 86141	1.00 010924 010924 220224		19.00	13.00	0.00	13.00	9918		
81 84402	1.00 010924 010924 220224		38.00	6.00 32.00	0.00	32 00	9918		
01 01102	1.00 010921 010921 220221		30.00	6.00	0.00	52.00	JJ±0		
81 86038	1.00 010924 010924 220224		40.00	15.00	0.00	15.00	9918		
				25.00	0.00				
81 84443	1.00 010924 010924 220224		27.89	22.93	0.00	0.00	5000		
81 83090	1.00 010924 010924 220224		26.96	4.96 19.00	0.00	19.00	0010		
01 03090	1.00 010924 010924 220224		20.90	7.96	0.00	19.00	9910		
NAME: TOADELLA DOOMO	DEGIDTENE ID • F200014F1000	MDNI •							
NAME: ISABELLA BROOKS 2024102049187	RECIPIENT ID.: 530001451098 I1604684	MRN: 040924 040924	49.86	28.00		21.86	0.00	0.00	28.00
2021102019107	SERVICE DATES RENDERING	010021 010021	BILLED	ALLOWED	COPAY	21.00	0.00	0.00	20.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 87651	1.00 040924 040924 220224		49.86	28.00		28.00	9918		
				21.86	0.00				
NAME: KAYLEE BROOKS	RECIPIENT ID.: 530000320377	MRN:							
	I1605416	022224 022224	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				DETAIL EOBS		
81 87486 59	1.00 022224 022224 220224		42.00	28.00		28.00	9918		
				14.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3524808

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
				SERVICE DA	ΓES	RENDERING			BILLED	ALLOWED	COPAY			1210011	-	
POS	PROC CD	MODIFIERS	UNITS		HRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87498	59	1.00	022224 022	224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87581	59	1.00	022224 022	224	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87633		1.00	022224 022	224	220224			318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81	87640		1.00	022224 022	224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87641	59	1.00	022224 022	224	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87651	59	1.00	022224 022	224	220224			49.86	28.00	0.00	28.00	9918			
										21.86	0.00					
81	87798		8.00	022224 022	224	220224			336.00	224.00	0.00	224.00	9918			
										112.00	0.00					
373347		DDOOMG		DEGIDIEN			MEDATA									
NAME:	KAYLEE		T1 C O F 4 1		T. TD	.: 530000320377	MRN:	020604	1 040 10	600 64		410 40	0.00		0.0	COO C1
	20241	103024395	I160541		ппО	DENDEDING	030624	030624	1,049.12			419.48	0.00	(0.00	629.64
DOG		MODIFIED	TINTETIC	SERVICE DA		RENDERING			BILLED	ALLOWED NON-AlloWED	COPAY	חזידט	ר גיייטים ב	EODC		
	PROC CD 87635	MODIFIERS	UNITS	FROM T 030624 030	HRU	PROVIDER 220224			AMOUNT 150.00		TPL 0.00	PAID	DETAIL 9918	FORS		
0.1	67033		1.00	030024 030)	220224			130.00	43.61 106.39	0.00	43.01	9910			
81	87486	59	1 00	030624 030	524	220224			42.00	28.00	0.00	28 00	9918			
01	07 1 00	39	1.00	030024 030	<i>J</i>	220224			42.00	14.00	0.00	20.00	9910			
81	87498	59	1 00	030624 030	524	220224			37.07	22.00	0.00	22 00	9918			
01	07170	3,5	1.00	030021 030	721	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87581	59	1.00	030624 030	524	220224			42.00	28.00	0.00	28.00	9918			
01	0,001		1.00	030021 030		220221			12.00	14.00	0.00	20.00	3310			
81	87633		1.00	030624 030	524	220224			318.05	212.03	0.00	212.03	9918			
						-				106.02	0.00					
81	87640		1.00	030624 030	524	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87641	59	1.00	030624 030	524	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87651	59	1.00	030624 030	524	220224			49.86	28.00	0.00	28.00	9918			
										21.86	0.00					
81	87798		8.00	030624 030	524	220224			336.00	224.00	0.00	224.00	9918			
										112.00	0.00					
					_	= 0.000.51.5.= 5.										
NAME:	ASHER B		T160540		r. ID	.: 530002410564	MRN:	000004	460 54	006.00		062 74	0.00	,		105 00
	20241	103024408	I160542	5			022824	022824	469.74	206.00		263.74	0.00	(0.00	197.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 RA#: 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 083131776 ISSUE DATE 04/19/2024

63

		ICN	PAT ACCT NO.			SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVIC: UNITS FROM	E DATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORS	
81	84156	MODIFIERS	1.00 022824		220224			8.00	4.00	0.00		9918	FORD	
0_	01200			00_					4.00	0.00		2220		
81	82570		1.00 022824	022824	220224			8.00	6.00	0.00	6.00	9918		
									2.00	0.00				
81	83069		1.00 022824	022824	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	84311		2.00 022824	022824	220224			32.00	14.00	0.00	14.00	9918		
0.1	00010		1 00 00004	000004	000004			16.00	18.00	0.00	0 00	4504		
81	82010		1.00 022824	022824	220224			16.00	0.00	0.00	0.00	4524		
81	82945		1.00 022824	022824	220224			8.00	16.00 4.00	0.00 0.00	4 00	9918		
01	02943		1.00 022024	022024	22022 1			0.00	4.00	0.00	1. 00	9910		
81	82247	59	1.00 022824	022824	220224			8.00	5.00	0.00	0.00	5472		
01	0221,	3,5	1.00 022021	022021				0.00	3.00	0.00	0.00	31,2		
81	83986		1.00 022824	022824	220224			7.00	3.00	0.00	3.00	9918		
									4.00	0.00				
81	81007		2.00 022824	022824	220224			120.00	4.00	0.00	0.00	5900		
									116.00	0.00				
81	82043	QW	1.00 022824	022824	220224			7.58	6.00	0.00	6.00	9918		
0.1	00050		1 00 00004	000004	000004			15.04	1.58	0.00	10.00	0010		
81	80053		1.00 022824	022824	220224			15.84	12.00	0.00	12.00	9918		
0.1	26415		1 00 022024	000004	220224			4 50	3.84	0.00	0 00	2222		
81	36415		1.00 022824	022024	220224			4.50	0.00 4.50	0.00 0.00	0.00	3323		
81	85049		1.00 022824	022824	220224			9.00	4.00	0.00	4 00	9918		
0 ±	03013		1.00 022021	022021	220221			J.00	5.00	0.00	1.00	JJ 10		
81	82607		1.00 022824	022824	220224			22.00	17.00	0.00	17.00	9918		
									5.00	0.00				
81	82306		1.00 022824	022824	220224			44.00	29.00	0.00	29.00	9918		
									15.00	0.00				
81	83540		1.00 022824	022824	220224			9.71	7.00	0.00	7.00	9918		
0.1	00550		1 00 00004	000004	000004			10.11	2.71	0.00	10.00	0010		
81	83550		1.00 022824	022824	220224			13.11	10.00	0.00	10.00	9918		
0.1	02720		1 00 022024	022024	220224			40.00	3.11	0.00	12 00	0010		
81	82728		1.00 022824	044044	44U44 1			40.00	13.00 27.00	0.00 0.00	13.00	9918		
81	84481		1.00 022824	022824	220224			24.00	16.00	0.00	16 00	9918		
31	01101		1.00 022021	322021				21.00	8.00	0.00	10.00	2210		
81	83036		1.00 022824	022824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

64

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 86376	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 022824 022824	RENDERING PROVIDER 220224			BILLED AMOUNT 21.00	ALLOWED NON-AlloWED 15.00 6.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL 9918	EOBS	
81	84436	59	1.00 022824 022824	220224			10.00	7.00 3.00	0.00	7.00	9918		
81	80061		1.00 022824 022824	220224			20.00	14.00 6.00	0.00	14.00	9918		
NAME:	BEAU BR 20240	ROWN 199021945	RECIPIENT ID	.: 530002323133	MRN: 040424	040424	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	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 040424 040424	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 040424 040424	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00 040424 040424	220224			318.05	14.00 212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 040424 040424	220224			336.00	21.86 224.00	0.00	224.00	9918		
-			****					112.00	0.00				
NAME:		TTE BROWN		.: 530000595512	MRN:								
	20241	.09082213	I1612820	D = 110 = D = 110	041624	041624	899.12	586.03		313.09	0.00	0.00	586.03
חסמ ז		MODIETEDO	SERVICE DATES				BILLED	ALLOWED	COPAY	חז דר		EODC	
81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041624 041624	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL 9918	FORS	
81	87498	59	1.00 041624 041624	220224			37.07	14.00 22.00	0.00	22.00	9918		
81	87581	59	1.00 041624 041624	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87633	1.00 041624 041624 220224		318.05	212.03	0.00	212.03	9918		
01 07640	1 00 041604 041604 000004		27 07	106.02	0.00	00.00	0010		
81 87640	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
01 07641 50	1 00 041624 041624 220224		37.07	15.07	0.00	22.00	0010		
81 87641 59	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
81 87651 59	1.00 041624 041624 220224		49.86	15.07 28.00	0.00	20 00	9918		
01 0/031 39	1.00 041024 041024 220224		49.00	21.86	0.00	20.00	9910		
81 87798	8.00 041624 041624 220224		336.00	224.00	0.00	224.00	0010		
01 07790	0.00 041024 041024 220224		330.00	112.00	0.00	224.00	9910		
				112.00	0.00				
NAME: DEMETRIA BROWN	RECIPIENT ID.: 530001325847	7 MRN:							
2024102049196	I1604685	040824 040824	24 84	16.0	n	8.84	0.00	0.00	16.00
2021102019190	SERVICE DATES RENDERING	010021 010021	BILLED	ALLOWED	COPAY	0.01	0.00	0.00	10.00
POS PROC CD MODIFIERS			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 80053	1.00 040824 040824 220224		15.84		0.00		9918	ПОВО	
01 00033	1.00 010021 010021 220221		13.01	3.84	0.00	12.00	JJ 10		
81 85049	1.00 040824 040824 220224		9.00	4.00	0.00	4.00	9918		
01 00019	1.00 010021 010021 220221		J.00	5.00	0.00	1.00	3310		
				3.00	0.00				
NAME: DEMETRIA BROWN	RECIPIENT ID.: 530001325847	MRN:							
2024102049209	I1604686	040824 040824	32.00	14.0	0	18.00	0.00	0.00	14.00
	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	1.00 040824 040824 220224		18.00	7.00	0.00	7.00	9918		
				11.00	0.00				
81 83690	1.00 040824 040824 220224		14.00	7.00	0.00	7.00	9918		
				7.00	0.00				
NAME: EMILY BROWN					_				
2024102043652	I1604301	032624 032624		542.00		283.21	0.00	0.00	486.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT	NON-AllOWED		PAID	DETAIL	EOBS	
81 87481 59	4.00 032624 032624 220224		168.00	112.00	0.00	112.00	9918		
01 00640 50	1 00 020604 020604 000004		25 05	56.00	0.00	00.00	0010		
81 87640 59	1.00 032624 032624 220224		37.07	22.00	0.00	22.00	9918		
01 07652 50	1 00 022624 022624 022024		20 00	15.07	0.00	00 00	0010		
81 87653 59	1.00 032624 032624 220224		37.07	22.00	0.00	22.00	9918		
01 07700	11 00 022624 022624 220224		460.00	15.07	0.00	200 00	0.01.0		
81 87798	11.00 032624 032624 220224		462.00	308.00	0.00	308.00	99T8		
				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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

66

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU 1.00 032624 032624	PROVIDER 220224			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOB 9918	S	
81 87798		2.00 032624 032624	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: IZELLA I			.: 530000972902	MRN:								
202409	99021965	I1600393		102823	102823	699.21	458.00		241.21	0.00	0.00	458.00
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		a	
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
	59	1.00 102823 102823	220224			37.07	22.00 15.07	0.00	22.00			
81 87641	59	1.00 102823 102823	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 102823 102823	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87481	59	1.00 102823 102823	220224			42.00	28.00	0.00	28.00	9918		
81 87798	59	13.00 102823 102823	220224			546.00	14.00 364.00 182.00	0.00 0.00 0.00	364.00	9918		
							102.00	0.00				
NAME: JAHIEM I		RECIPIENT ID 11603320	.: 530001087826	MRN: 022124	000104	101 07	78.00		42 07	0.00	0.00	78.00
202410	02042562	SERVICE DATES	RENDERING	022124	022124	121.07 BILLED	78.00 ALLOWED	COPAY	43.07	0.00	0.00	78.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	Q	
	59	1.00 022124 022124	220224			37.07	22.00 15.07	0.00	22.00		D	
81 87798		2.00 022124 022124	220224			84.00	56.00 28.00	0.00	56.00	9918		
							20.00	0.00				
NAME: JAHIEM H	BROWN	RECIPIENT ID	.: 530001087826	MRN:								
	09082231	I1611425			022124	704.14	464.00		240.14	0.00	0.00	156.00
			RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87481	59	4.00 022124 022124	220224			168.00	112.00	0.00	112.00	9918		
							56.00	0.00				
81 87640	59	1.00 022124 022124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 022124 022124	220224			37.07	22.00	0.00	22.00	9918		
81 87798		11.00 022124 022124	220224			462.00	15.07 308.00 154.00	0.00 0.00 0.00	0.00	5000		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL DUNT	PAID AMOUNT
NAME: JULIE BROWN 2024102042570	RECIPIENT ID.: 530001893033 I1603319 SERVICE DATES RENDERING	MRN: 040324	040324	865.33 BILLED	569.09 ALLOWED	COPAY	296.24	0.00	0.00	513.09
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 040324 040324 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 040324 040324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040324 040324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040324 040324 220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 040324 040324 220224			37.07	22.00 15.07	0.00		9918		
81 87798	2.00 040324 040324 220224			84.00	56.00 28.00	0.00		5000		
81 87086	1.00 040324 040324 220224			18.53	10.00	0.00	10.00			
81 87186	1.00 040324 040324 220224			13.50	9.00 4.50	0.00		9918		
81 87088	1.00 040324 040324 220224			8.09	8.09 0.00	0.00	8.09			
NAME: KARTER BROWN 2024102042591	RECIPIENT ID.: 530001098237 I1603322	MRN: 022024	022024	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 022024 022024 220224	022021	022021	BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL	PAID 28.00	DETAIL EOBS		20.00
NAME: KNELEIA BROWN 2024102042599	RECIPIENT ID.: 530000501819 I1603321 SERVICE DATES RENDERING	MRN: 040324	040324	18.53 BILLED	10.00 ALLOWED	COPAY	8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			AMOUNT 18.53	NON-Allowed 10.00 8.53	TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: MALIK BROWN 2024107015487	RECIPIENT ID.: 530002124335 I1608038 SERVICE DATES RENDERING	MRN: 033024	033024		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 033024 033024 220224			AMOUNT 42.00	NON-AllowED	\mathtt{TPL}	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

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

68

	I	CN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		THIRD	INITEG	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG	
POS PROC		DIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	i EOBS	
81 874	198 59		1.00	033024 033024	220224			37.07	22.00	0.00	22.00	9918		
01 075	581 59		1 00	022024 022024	220224			42.00	15.07	0.00	20 00	0010		
81 875	39		1.00	033024 033024	220224			42.00	28.00 14.00	0.00	20.00	9918		
81 876	: > >		1 00	033024 033024	220224			318.05	212.03	0.00	212.03	0010		
01 070)		1.00	033024 033024	220224			310.03	106.02	0.00	212.03	9910		
81 876	540		1 00	033024 033024	220224			37.07	22.00	0.00	22 00	9918		
01 070	340		1.00	033024 033024	220224			37.07	15.07	0.00	22.00	9910		
81 876	541 59		1 00	033024 033024	220224			37.07	22.00	0.00	22 00	9918		
01 070			1.00	033024 033024	220224			37.07	15.07	0.00	22.00	9910		
81 876	551 59		1 00	033024 033024	220224			49.86	28.00	0.00	28 00	9918		
01 070			1.00	033024 033024	220224			49.00	21.86	0.00	20.00	9910		
81 877	798		8 00	033024 033024	220224			336.00	224.00	0.00	224.00	9918		
01 077	700		0.00	033024 033024	220224			330.00	112.00	0.00	224.00	J J ± 0		
									112.00	0.00				
NAME: SOF	OHTE BROW	IN		RECIPIENT ID	.: 530002199996	MRN:								
	202410204		I1604303		. • 330002133330	040824	040824	1,049.12	629.64		419.48	0.00	0.00	629.64
_		.5002	1100130	SERVICE DATES	RENDERING	010021	010021	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	025.01
POS PROC	CD MOD	OIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 876		211110		040824 040824	220224			150.00	43.61	0.00		9918	. 2020	
0_ 0.0			_,,	010021 010021					106.39	0.00	10.01	,,,,		
81 874	486 59		1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0_ 0/-			_,,	010021 010021					14.00	0.00		,,,,		
81 874	498 59		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0_ 0/-			_,,	010021 010021					15.07	0.00		,,,,		
81 875	581 59		1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 876	533		1.00	040824 040824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81 876	540		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	541 59		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 876	551 59		1.00	040824 040824	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81 877	798		8.00	040824 040824	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME: TAV	JEON BROW	IN		RECIPIENT ID	.: 500001610423	MRN:								
2	202410701	1437	I1608042	2		040224	040224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		OPAY MOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87651	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00			EOBS	
NAME		YNN BROWNLEE		: 530001634604	MRN:	0.4.0.0.0.4	000 10	F06 00		212 00	0.00	0.00	506.00
	20241	.02049216	I1604688 SERVICE DATES	RENDERING	040824	040824	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87486	59		220224			42.00	28.00	0.00	28.00			
81	87498	59	1.00 040824 040824	220224			37.07	14.00 22.00	0.00 0.00	22.00	9918		
01	07470	57	1.00 040024 040024	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 040824 040824	220224			49.86	15.07 28.00	0.00 0.00	28.00	9918		
01	07031	57	1.00 040024 040024	220224			47.00	21.86	0.00	20.00	JJ±0		
81	87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME	: DAWN BR	ROXSON	RECIPIENT ID.	: 530002277891	MRN:								
		99022001	I1600413		010224	010224	717.74	468.00		249.74	0.00	0.00	468.00
DOG		MODIFIED		RENDERING			BILLED		COPAY			HODG	
		MODIFIERS 59		PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL	EOBS	
01	07040	57	1.00 010224 010224	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87641	59	1.00 010224 010224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 010224 010224	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87481	59	1.00 010224 010224	220224			42.00	28.00	0.00	28.00	9918		
-								14.00	0.00				
81	87798	59	13.00 010224 010224	220224			546.00	364.00	0.00	364.00	9918		
81	87086		1.00 010224 010224	220224			18.53	182.00 10.00	0.00	10.00	0010		
ОΤ	0/000		1.00 010224 010224	44U44			10.53	8.53	0.00 0.00	10.00	JJLO		
								3,33					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

70

		ICN	PAT ACCT	Γ NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		GH BRUNDIDGE 02049228	I1604689			: 530002210325 RENDERING	MRN: 040924	040924	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
	PROC CD 87635	MODIFIERS		FROM 040924 0	THRU	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EC 9918	DBS	
81	87486	59	1.00	040924 0	40924	220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87498	59	1.00	040924 0	40924	220224			37.07	22.00 15.07	0.00	22.00	9918		
	87581	59		040924 0		220224			42.00	28.00 14.00	0.00 0.00	28.00			
	87633			040924 0		220224			318.05	212.03 106.02	0.00	212.03			
	87640 87641	59		040924 04 040924 04		220224			37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
	87651	59		040924 04					49.86	15.07 28.00	0.00	28.00			
81	87798		8.00	040924 0	40924	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:		BRUNSON 02042611	I1603323	3		.: 530002188827	MRN: 040424	040424	42.70			10.77	0.00	0.00	31.93
	PROC CD 84443	MODIFIERS	UNITS 1.00	SERVICE I FROM 040424 0	THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 25.20	ALLOWED NON-AllOWED 22.93 2.27	COPAY TPL 0.00	PAID 22.93	DETAIL EG	DBS	
81	84439		1.00	040424 0	40424	220224			13.00	9.00 4.00	0.00 0.00 0.00	9.00	9918		
81	36415		1.00	040424 0	40424	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:	KELLIE 20241	BRUNSON 03024478	I1605442	2			MRN: 031824	031824		474.00		248.67	0.00	0.00	474.00
	PROC CD 87481	MODIFIERS 59	UNITS 4.00		THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	112.00	COPAY TPL 0.00	PAID 112.00		DBS	
81	87640	59	1.00	031824 0	31824	220224			37.07	56.00 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

71

		ICN	PAT ACCT NO.]	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
POS 81	PROC CD 87653	MODIFIERS 59	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL E 9918	EOBS		
81	87798		11.00 031824 031824 23	220224			462.00	15.07 308.00 154.00	0.00 0.00 0.00	308.00	9918			
81	87086		1.00 031824 031824 2	220224			18.53	10.00	0.00	10.00	9918			
NAME:	: AARON B	BRYANT .07011451	RECIPIENT ID.: 11610391		MRN: 041224	041224	565.12	374.03		191.09	0.00	ſ	0.00	374.03
	20241	.07011431		RENDERING	041224	041224	BILLED	ALLOWED	COPAY	191.09	0.00		.00	3/4.03
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS		
81	87498	59		220224			37.07	22.00 15.07	0.00	22.00				
81	87581	59	1.00 041224 041224 2	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 041224 041224 2	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00 041224 041224 2	220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME:	: KACI BR	YANT	RECIPIENT ID.:	530000155633	MRN:									
		.03024493	I1605446	(022224	022224	1,049.12	629.64		419.48	0.00	C	.00	629.64
				RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD 87635	MODIFIERS		PROVIDER 220224			AMOUNT	NON-AllOWED	TPL 0.00	PAID	DETAIL E	EOBS		
81	0/033		1.00 022224 022224 22	320224			150.00	43.61 106.39	0.00	43.61	9910			
81	87486	59	1.00 022224 022224 2	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 022224 022224 2	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 022224 022224 2	220224			42.00	28.00	0.00	28.00	9918			
81	87633		1.00 022224 022224 2	220224			318.05	14.00 212.03	0.00	212.03	9918			
0.1	0.00		1 00 000004 000004	00004			25 25	106.02	0.00	22 22	0.01.0			
81	87640		1.00 022224 022224 2	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 022224 022224 2	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 022224 022224 2	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

72

Name	POS 81	PROC CD 87798	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES RENULURITS FROM THRU PROVE 8.00 022224 022224 2202		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		COPAY AMOUNT DETAIL 9918	TPL AMOUNT EOBS	PAID AMOUNT
STATE STAT													
POST PROC CT PROF PROF		20241	103024511			021624				305.60	0.00	0.0	245.53
81 87798	DOG	DDOG GD	MODIETEDC							חזידח	דעתיים	EODG	
81 87491 59 1.00 021624 021624 220224 49.86 28.00 0.00 0.00 0.00 5490 81 87511 59 1.00 021624 021624 220224 42.00 28.00 0.00 0.00 0.00 28.00 9918 81 87529 59 1.00 021624 021624 220224 49.86 28.00 0.00 0.00 28.00 9918 81 87591 59 1.00 021624 021624 220224 42.00 28.00 0.00 0.00 28.00 9918 81 87661 59 1.00 021624 021624 220224 32.30 21.93 0.00 0.00 21.53 9918 81 84156 1.00 021624 021624 220224 80.00 4.00 0.00 0.00 4.00 9918 81 82570 1.00 021624 021624 220224 80.00 4.00 0.00 0.00 4.00 9918 81 833069 1.00 021624 021624 220224 80.00 4.00 0.00 0.00 4.00 9918 81 84311 2.00 021624 021624 220224 80.00 4.00 0.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 80.00 14.00 0.00 0.00 0.00 0.00 4.00 9918 81 82308 1.00 021624 021624 220224 80.00 14.00 0.00 0.00 0.00 0.00 0.00 9918 81 84311 2.00 021624 021624 220224 80.00 14.00 0.00 0.00 0.00 0.00 0.00 9918 81 82247 59 1.00 021624 02162			MODIFIERS									FODS	
87491 59	01	01150		5.00 021024 021024 2202	21		120.00			04.00	J J ± 0		
STORY STOR	81	87491	59	1.00 021624 021624 2202	24		49.86			0.00	5490		
14.00													
81 87529 59 1.00 021624 021624 20224 49.86 28.00 0.00 28.00 0.00 28.00 9918 81 87591 59 1.00 021624 021624 20224 42.00 28.00 0.00 28.00 0.00 28.00 9918 81 87661 59 1.00 021624 021624 20224 32.30 21.53 0.00 21.53 0.00 21.53 9918 81 84156 1.00 021624 021624 20224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 021624 021624 20224 8.00 6.00 0.00 0.00 0.00 0.00 9918 81 83069 1.00 021624 021624 20224 8.00 4.00 0.00 0.00 0.00 9918 81 84311 2.00 021624 021624 20224 32.00 0.00 0.00 0.00 0.00 0.00 9918 81 82010 1.00 021624 021624 20224 32.00 0.00 0.00 0.00 0.00 0.00 9918 81 82247 59 1.00 021624 021624 20224 8.00 0.00 0.00 0.00 0.00 0.00 0.00 9918 81 82945 1.00 021624 021624 20224 8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	81	87511	59	1.00 021624 021624 2202	24		42.00			28.00	9918		
STORY STOR													
81 87591 59 1.00 021624 220224 42.00 28.00 0.00 28.00 9918 81 87661 59 1.00 021624 021624 220224 32.30 21.53 0.00 21.53 9918 81 84156 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 021624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 021624 220224 8.00 4.00 0.00 6.00 9918 81 84311 2.00 021624 220224 8.00 4.00 0.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 14.00 9918 81 82945 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 82945 1.00 021624 021624 220224 8.00 4.	81	87529	59	1.00 021624 021624 2202	24		49.86			28.00	9918		
14.00	0.1	07501	F.O.	1 00 001604 001604 0006	2.4		40.00			00.00	0010		
81 87661 59 1.00 021624 021624 220224 32.30 21.53 0.00 21.53 9918 81 84156 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 021624 021624 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 14.00 9918 81 82945 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 021624 021624 220224 8.00 5.00 0.00 3.00 9918 81 81007 2.00	81	8/591	59	1.00 021624 021624 2202	24		42.00			28.00	9918		
81 84156	81	87661	5.9	1 00 021624 021624 2202	0.4		32 30			21 53	9918		
81 84156 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 82570 1.00 021624 021624 220224 8.00 6.00 0.00 0.00 6.00 9918 81 83069 1.00 021624 021624 220224 8.00 4.00 0.00 0.00 4.00 9918 81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 0.00 0.00 0.00 14.00 9918 81 82945 1.00 021624 021624 220224 8.00 4.00 0.00 0.00 0.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 8.00 5.00 0.00 0.00 0.00 0.00 0.00 0.00	01	07001	33	1.00 021021 021021 2202	2 1		32.30			21.55	JJ±0		
81 82570	81	84156		1.00 021624 021624 2202	24		8.00			4.00	9918		
81 83069 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 0.00 14.00 9918 81 82945 1.00 021624 021624 220224 16.00 0.00 0.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 8.00 0.00 0.00 0.00 9918 81 83986 1.00 021624 021624 220224 8.00 0.00 0.00 0.00 9918 81 83986 2.00 021624 021624 220224 7.00 3.00 0.00 9918 81 83986 1.00 021624 021624 220224 7.00 3.00 0.00 9918 81 83986 1.00 021624 021624 220224 7.00 3.00 0.00 9918 81 83986 1.00 021624 021624 220224 7.58 6.00 0.00 9918 81 83986 1.00 021624 021624 220224 7.58 6.00 0.00 9918 81 87086 1.00 021624 021624 220224 7.58 6.00 0.00 9918													
81 83069 1.00 021624 021624 220224 8.00 4.00 0.00 0.00 4.00 9918 81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 0.00 0.00 0.00 0.00 4524 81 82945 1.00 021624 021624 220224 8.00 4.00 0.00 0.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 8.00 5.00 0.00 0.00 0.00 0.00 0.00 0.00	81	82570		1.00 021624 021624 2202	24		8.00	6.00	0.00	6.00	9918		
81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00													
81 84311 2.00 021624 021624 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 021624 021624 220224 16.00 0.00 0.00 4524 81 82945 1.00 021624 021624 220224 8.00 4.00 0.00 4.00 9918 81 82247 59 1.00 021624 021624 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 021624 021624 220224 7.00 3.00 0.00 3.00 9918 81 81007 2.00 021624 021624 220224 120.00 4.00 0.00 0.00 5900 81 82043 QW 1.00 021624 021624 220224 7.58 6.00 0.00 6.00 9918 81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	81	83069		1.00 021624 021624 2202	24		8.00			4.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0.1	04011		0.00.001604.001604.0006	2.4		20.00			14.00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	84311		2.00 021624 021624 2202	24		32.00			14.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Q 1	92010		1 00 021624 021624 2203	2.4		16 00			0 00	1521		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01	02010		1.00 021024 021024 2202	2 1		10.00			0.00	4324		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82945		1.00 021624 021624 2202	24		8.00			4.00	9918		
81 82247 59 1.00 021624 021624 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 021624 021624 220224 7.00 3.00 0.00 3.00 9918 81 81007 2.00 021624 021624 220224 120.00 4.00 0.00 0.00 5900 81 82043 QW 1.00 021624 021624 220224 7.58 6.00 0.00 6.00 9918 81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	-				- -								
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82247	59	1.00 021624 021624 2202	24		8.00	5.00		5.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$													
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	83986		1.00 021624 021624 2202	24		7.00			3.00	9918		
116.00 0.00 81 82043 QW 1.00 021624 021624 220224 7.58 6.00 0.00 6.00 9918 1.58 0.00 81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	0.1	01000		0.00.001604.001604.0006	2.4		100 00			0.00	5000		
81 82043 QW 1.00 021624 021624 220224 7.58 6.00 0.00 6.00 9918 1.58 0.00 81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	81	8100.		2.00 021624 021624 2202	24		120.00			0.00	5900		
1.58 0.00 81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	Q 1	Q 2 N 1 2	$\bigcap M$	1 00 021624 021624 2202	2.4		7 50			6 00	0010		
81 87086 1.00 021624 021624 220224 18.53 10.00 0.00 10.00 9918	OΤ	02043	ΛM	1.00 021024 021024 2202	4 T		7.30			0.00	ララ エロ		
	81	87086		1.00 021624 021624 2202	24		18.53			10.00	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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: QUINTON BUCKLES 2024107011465 POS PROC CD MODIFIERS 81 87491 59 81 87591 59	RECIPIENT ID.: 530000318765 I1608048 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224	MRN: 040324 040324	91.86 BILLED AMOUNT 49.86 42.00		COPAY TPL 0.00 0.00 0.00 0.00	35.86 PAID 0.00 28.00	0.00 DETAIL 5490 9918	0.00 EOBS	28.00
NAME: AUBRIE BUFFINGTON 2024109082241 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.: 530000933296 I1612822 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224 8.00 041624 041624 220224	MRN: 041624 041624	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 37.07 49.86 336.00	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 22.00 15.07 22.00 15.07 22.00 15.07 22.00 15.07 22.00	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 22.00	9918 9918 9918	0.00 EOBS	629.64
NAME: SEBASTIAN BULHACK 2024109082261 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59	RECIPIENT ID.: 530001152983 I1611431 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224	MRN: 041524 041524	1,049.12 BILLED AMOUNT 150.00 42.00	112.00 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	0.00 COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 28.00	0.00 DETAIL 9918 9918 9918	0.00 EOBS	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
D00 1		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			D.C.	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81	87581	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 041524 041524	220224			318.05	14.00 212.03	0.00	212.03	0010		
0.1	0/033		1.00 041524 041524	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00 041524 041524	220224			37.07	22.00	0.00	22.00	0010		
OΤ	07040		1.00 041324 041324	220224			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
01	07011	3,7	1.00 011321 011321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
0_	0,002						25.00	21.86	0.00		,,,,		
81	87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	KINDLE	BULLARD	RECIPIENT ID	.: 530001417858	MRN:								
	20241	.02043669	I1604304		040824	040824	49.86	28.00		21.86	0.00	0.00	28.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			BS	
81	87651		1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
NAME:	ZARA BU			.: 530000832369	MRN:	101202	010 40	260.60		440 54	0.00	0.00	260 60
	20241	.02042623	I1603325		121323	121323	818.42			449.74	0.00	0.00	368.68
DOG I		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 3 T D		D.C.	
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81	87635		1.00 121323 121323	220224			150.00	31.68	0.00	31.08	9918 9936		
81	87486	59	1.00 121323 121323	220224			42.00	118.32 18.94	0.00	10 01	9918 9936		
OΤ	0/400	39	1.00 121323 121323	220224			12.00	23.06	0.00	10.94	9910 9930		
81	87498	59	1.00 121323 121323	220224			37.07	18.94	0.00	18 94	9918 9936		
01	07100	3,7	1.00 121323 121323	220221			37.07	18.13	0.00	10.71	JJ10 JJ30		
81	87581	59	1.00 121323 121323	220224			42.00	18.94	0.00	18.94	9918 9936		
0_	0,001						12.00	23.06	0.00		,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
81	87633		1.00 121323 121323	220224			318.05	185.17	0.00	185.17	9918 9936		
								132.88	0.00				
81	87634	59	1.00 121323 121323	220224			105.30	38.19	0.00	38.19	9918 9936		
								67.11	0.00				
81	87640		1.00 121323 121323	220224			37.07	18.94	0.00	18.94	9918 9936		
								18.13	0.00				
81	87641	59	1.00 121323 121323	220224			37.07	18.94	0.00	18.94	9918 9936		
								18.13	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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

S LLC	PAYEE ID NPI ID CHECK/EFT NUMBER	220224 1598266421 083131776
	ISSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121323 121323 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 18.94 30.92	COPAY TPL 0.00 0.00	PAID 18.94	DETAIL EOBS 9918 9936		
NAME: ANAYIAH BURKES	RECIPIENT ID.: 530001594983	MRN:	1 040 10	500 54		410 40	0.00	0.00	500 54
2024107011476	I1608062 SERVICE DATES RENDERING	040124 040124	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		
81 87635	1.00 040124 040124 220224		150.00	43.61	0.00		9918		
				106.39	0.00				
81 87486 59	1.00 040124 040124 220224		42.00	28.00	0.00	28.00	9918		
01 07400 50	1 00 040104 040104 000004		27 07	14.00	0.00	22.00	0010		
81 87498 59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040124 040124 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 040124 040124 220224		318.05	212.03	0.00	212.03	9918		
01 07640	1 00 040104 040104 000004		27 07	106.02	0.00	22.00	0010		
81 87640	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040124 040124 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87651 59	1.00 040124 040124 220224		49.86	28.00	0.00	28.00	9918		
01 05500	0.00.040104.040104.000004		226 00	21.86	0.00	004 00	0.01.0		
81 87798	8.00 040124 040124 220224		336.00	224.00 112.00	0.00 0.00	224.00	9918		
NAME: KRISTEN BURNETT	RECIPIENT ID.: 530000251870	MRN:							
2024102042639	I1603326	040224 040224	174.33	116.22		58.11	0.00	0.00	116.22
	SERVICE DATES RENDERING	010111	BILLED	ALLOWED	COPAY	3312			
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 G0482	1.00 040224 040224 220224		174.33	116.22	0.00	116.22	9918		
				58.11	0.00				
NAME: PAMELA BURNEY	RECIPIENT ID.: 530002299448	MRN:							
2024107011487	I1608068	040324 040324	147.34	84.00		63.34	0.00	0.00	84.00
	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 040324 040324 220224		15.84	12.00 3.84	0.00	12.00	9918		
81 82306	1.00 040324 040324 220224		44.00	29.00	0.00	29.00	9918		
				15.00	0.00	_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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

76

	ICN	PAT ACCT NO.	_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 82728	HODII ILKO	1.00 040324 040324	220224			40.00	13.00	0.00	13.00		,	
							27.00	0.00				
81 83036		1.00 040324 040324	220224			14.00	12.00	0.00	12.00	9918		
81 80061		1.00 040324 040324	220224			20.00	2.00 14.00	0.00	14.00	9918		
01 00001		1.00 010321 010321	220221			20.00	6.00	0.00	11.00	JJ±0		
81 36415		1.00 040324 040324	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
81 85049		1.00 040324 040324	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: ADELYNN	BURNS	RECIPIENT ID	.: 530002384672	MRN:								
20241	07011504	I1610395		022224	022224	713.12			382.63	0.00	0.00	330.49
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATE			
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 022224 022224	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 18.94	TPL 0.00	PAID 10 01	DETAIL EOBS 9918 9936		
01 07400	39	1.00 022224 022224	22022 1			42.00	23.06	0.00	10.94	9910 9930		
81 87498	59	1.00 022224 022224	220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81 87640	59	1.00 022224 022224	220224			37.07	18.94	0.00	18.94	9918 9936		
81 87581	59	1.00 022224 022224	220224			42.00	18.13 18.94	0.00	10 0/	9918 9936		
01 07301	59	1.00 022224 022224	220224			42.00	23.06	0.00	10.94	9910 9930		
81 87633		1.00 022224 022224	220224			318.05	185.17	0.00	185.17	9918 9936		
							132.88	0.00				
81 87641	59	1.00 022224 022224	220224			37.07	18.94	0.00	18.94	9918 9936		
81 87651	59	1.00 022224 022224	220224			49.86	18.13 18.94	0.00	10 01	9918 9936		
01 07031	39	1.00 022224 022224	22022 1			49.00	30.92	0.00	10.94	9910 9930		
81 87635		1.00 022224 022224	220224			150.00	31.68	0.00	31.68	9918 9936		
							118.32	0.00				
NAME: BLAKELY	DIIDMC	DECIDIENT ID	.: 530002384673	MRN:								
	07011531	I1610396	330002304073		022224	713.12	330.49		382.63	0.00	0.00	330.49
		SERVICE DATES	RENDERING	·	0		ALLOWED		302103			333, 23
	MODIFIERS		PROVIDER				NON-AllowED			DETAIL EOBS		
81 87635		1.00 022224 022224	220224			150.00		0.00	31.68	9918 9936		
Q1 Q74Q6	5.0	1.00 022224 022224	220224			42.00	118.32 18.94	0.00	18.94	9918 9936		
01 0/400	J J	1.00 02224 02224	44U44T			42.00	23.06	0.00	10.94	99±0 9930		
							= = : 5 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 18.94	COPAY TPL 0.00	PAID 18.94	DETAIL EOBS 9918 9936		
81 87640 59	1.00 022224 022224 220224		37.07	18.13 18.94 18.13	0.00 0.00 0.00	18.94	9918 9936		
81 87581 59	1.00 022224 022224 220224		42.00	18.94 23.06	0.00	18.94	9918 9936		
81 87633	1.00 022224 022224 220224		318.05	185.17 132.88	0.00	185.17	9918 9936		
81 87641 59	1.00 022224 022224 220224		37.07	18.94 18.13	0.00	18.94	9918 9936		
81 87651 59	1.00 022224 022224 220224		49.86	18.94 30.92	0.00	18.94	9918 9936		
NAME: BREANNA BUTLER 2024102043681	RECIPIENT ID.: 530002278082 I1604306	MRN: 032724 032724		55.48		69.52	0.00	0.00	55.48
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032724 032724 220224		BILLED AMOUNT 125.00	ALLOWED NON-AllOWED 55.48 69.52		PAID 55.48			
NAME: KANISHA BUTLER 2024102049245	RECIPIENT ID.: 530000596595 I1604691 SERVICE DATES RENDERING	MRN: 040924 040924	40.50 BILLED	23.88 ALLOWED	COPAY	16.62	0.00	0.00	23.88
POS PROC CD MODIFIERS 81 87389	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 36.00	NON-AllowED 23.88 12.12	TPL 0.00		DETAIL EOBS 9918		
81 36415	1.00 040924 040924 220224		4.50	0.00 4.50	0.00 0.00 0.00		3323		
NAME: KANISHA BUTLER 2024103024528	RECIPIENT ID.: 530000596595	MRN: 040924 040924		178.53		100.63	0.00	0.00	150.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87491 59	1.00 040924 040924 220224		49.86	14.00 28.00 21.86	0.00 0.00 0.00	0.00	5490		
81 87511 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87591 59	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87661 81 80074	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224	SERVICE DATES FROM THRU	AMOUNT	AMOUNT ALLOWED	COPAY	OWED A			PAID AMOUNT
NAME: KANISHA BUTLER 2024103024545 POS PROC CD MODIFIERS 81 86592	RECIPIENT ID.: 530000596595 11605475 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924		5.00	COPAY TPL			0.00	5.00
2024107011546 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000596595 I1608077 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924		NON-AllowED	COPAY TPL			0.00	10.00
NAME: KELLY BUTLER 2024103024550 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87798	RECIPIENT ID.: 530000506049 I1605476 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 11.00 040924 040924 220224 2.00 040924 040924 220224 2.00 040924 040924 220224	MRN: 040924 040924		542.00 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	COPAY		9918 9918 9918 9918 9918	0.00	486.00
NAME: KELLY BUTLER 2024107011564 POS PROC CD MODIFIERS 81 87086	RECIPIENT ID.: 530000506049 11608078 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924	18.53 BILLED AMOUNT 18.53	NON-AllOWED	COPAY TPL 0.00 0.00		0.00 DETAIL EOBS 9918	0.00	10.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3524808

1930 EDWARDS LAKE ROAD SUITE 138

REPORT: CRA-PRPD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

79

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
NAME:	MALEA E 20241	BUTLER 107011570	I1608080	.: 530001461506	MRN: 022924	022924	1,049.12	629.64		419.48	0.00	0	.00	128.00
	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87635		1.00 022924 022924	220224			150.00	43.61 106.39	0.00	0.00	5000			
81	87486	59	1.00 022924 022924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 022924 022924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 022924 022924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 022924 022924	220224			318.05	212.03 106.02	0.00	0.00	5000			
81	87640		1.00 022924 022924	220224			37.07	22.00 15.07	0.00	0.00	5000			
81	87641	59	1.00 022924 022924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 022924 022924	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 022924 022924	220224			336.00	224.00 112.00	0.00	0.00	5000			
NAME:	OLIVE E	BUTLER 102042653	RECIPIENT ID	530002311673	MRN:	040524	899.12	586.03		313.09	0.00	0	.00	586.03
			SERVICE DATES	RENDERING	040324	040324	BILLED	ALLOWED	COPAY				.00	500.05
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 040524 040524	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS		
81	87498	59	1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 040524 040524	220224			318.05	212.03	0.00	212.03	9918			
81	87640		1.00 040524 040524	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87641	59	1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 040524 040524	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	083131776
TSSUE DATE	04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		N(ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 040524 040524 220224		BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EOBS 9918		
NAME: CANVASE BYERS 2024107011595	RECIPIENT ID.: 530000240503	MRN: 031424 031424		17.86		149.72	0.00	0.00	15.70
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 83069	1.00 031424 031424 220224		8.00	3.32 4.68	0.00		9918 9936		
81 82010	1.00 031424 031424 220224		16.00	0.00 16.00	0.00	0.00	4524		
81 82945	1.00 031424 031424 220224		8.00	3.30 4.70	0.00	3.30	9918 9936		
81 82247 59	1.00 031424 031424 220224		8.00	4.22 3.78	0.00	4.22	9918 9936		
81 81007	2.00 031424 031424 220224		120.00	2.16 117.84	0.00	0.00	5900		
81 82043 QW	1.00 031424 031424 220224		7.58	4.86 2.72	0.00	4.86	9918 9936		
NAME: CANVASE BYERS 2024107011618	RECIPIENT ID.: 530000240503	MRN: 031424 031424		49.36		124.97	0.00	0.00	49.36
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT		COPAY	מדגם	סמיז דו גייסר		
81 G0482	1.00 031424 031424 220224		174.33			49.36			
NAME: OAKLYNN BYRD	RECIPIENT ID.: 530002198693	MRN:							
2024107011621	I1608087 SERVICE DATES RENDERING	041124 041124	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		PAID	DETAIL EOBS		
81 87486 59	1.00 041124 041124 220224		42.00	28.00 14.00		28.00			
81 87498 59	1.00 041124 041124 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 041124 041124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041124 041124 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 041124 041124 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87641	59		041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:	COLTON	CAIN		RECIPIENT ID	.: 530001109251	MRN:									
	20241	.03024557	I160548			041024	041024	49.86	28.00)	21.86	0.00		0.00	28.00
				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	041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918			
NAME:	GAVIN C	ים דא		RECIPIENT ID	.: 530000885087	MRN:									
14211111		.03024562	I160548			031524	031524	1.049.12	629.64	l	419.48	0.00		0.00	629.64
		.000_100_		SERVICE DATES	RENDERING	00_0_	001011	BILLED	ALLOWED	COPAY					0_2,00_
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87635			031524 031524	220224			150.00	43.61	0.00		9918			
									106.39	0.00					
81	87486	59	1.00	031524 031524	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	031524 031524	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	031524 031524	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	031524 031524	220224			318.05	212.03	0.00	212.03	9918			
0.1	0.00		1 00	021504 021504	000004			20.00	106.02	0.00	00.00	0010			
81	87640		1.00	031524 031524	220224			37.07	22.00	0.00	22.00	9918			
0.1	07641	го	1 00	001504 001504	220224			27 07	15.07	0.00	22.00	0010			
81	87641	59	1.00	031524 031524	220224			37.07	22.00	0.00	22.00	9918			
01	07651	59	1 00	021524 021524	220224			49.86	15.07 28.00	0.00	20 00	0010			
81	87651	39	1.00	031524 031524	220224			49.00	21.86	0.00	20.00	9918			
Q 1	87798		8 00	031524 031524	220224			336.00	224.00	0.00	224.00	9918			
01	07750		0.00	031324 031324	220221			330.00	112.00	0.00	224.00	JJ±0			
NAMF:	BRAYDEN	I CALHOUN		RECIPTENT TO	.: 530000940770	MRN:									
		.02049261	I160469			040924	040924	1,049.12	629.64	<u> </u>	419.48	0.00		0.00	629.64
		· -		SERVICE DATES	RENDERING			BILLED		COPAY		· · · ·		.	· · ·
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED		PAID	DETAIL	EOBS		
	87635			040924 040924				150.00	43.61	0.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACC	Γ NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE I	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		OBS	
81 87486	59	1.00	040924 04	40924	220224			42.00	28.00	0.00	28.00	9918		
01 07400	5 0	1 00	0.4.0.0.4.0	40004	000004			25 25	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00	040924 04	40924	220224			37.07	22.00	0.00	22.00	9918		
01 07501	F.O.	1 00	040004 0	40004	000004			40.00	15.07	0.00	00.00	0.01.0		
81 87581	59	1.00	040924 04	40924	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1 00	040924 04	10021	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 07033		1.00	040924 0.	40324	220224			310.03	106.02	0.00	212.03	9910		
81 87640		1 00	040924 04	40924	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1.00	010021 0	10221	220221			37.07	15.07	0.00	22.00	JJ10		
81 87641	59	1.00	040924 04	40924	220224			37.07	22.00	0.00	22.00	9918		
01 07011			0 1 0 2 1 1 0	-07					15.07	0.00		2220		
81 87651	59	1.00	040924 04	40924	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81 87798		8.00	040924 04	40924	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME: BRAYDEN		-160540		ENT ID	.: 530000940770	MRN:	0.40004	10 50	4 00		0 50	0.00	0.00	4 00
20241	03024569	I160549				040924	040924	13.50			9.50	0.00	0.00	4.00
	MODIETEDO	TINTE	SERVICE I		RENDERING			BILLED	ALLOWED	COPAY	D7 TD		OD C	
POS PROC CD 81 36415	MODIFIERS	UNITS	FROM 040924 04	THRU	PROVIDER 220224			AMOUNT 4.50	NON-AllOWED 0.00	TPL 0.00	PAID	3323	JBS	
01 30413		1.00	040924 04	40924	220224			4.50	4.50	0.00	0.00	3343		
81 85049		1 00	040924 04	40924	220224			9.00	4.00	0.00	4.00	9918		
01 03017		1.00	010021 0	10221	220221			J.00	5.00	0.00	1.00	JJ±0		
NAME: KA ZARI	A CAMERON		RECIPII	ENT ID	.: 530001093663	MRN:								
20241	09082282	I161282	8			041624	041624	715.12	417.64		297.48	0.00	0.00	417.64
			SERVICE I	DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			OBS	
81 87498	59	1.00	041624 0	41624	220224			37.07	22.00		22.00	9918		
04 07504		1 00		44.504	000004			40.00	15.07	0.00		0010		
81 87581	59	1.00	041624 0	41624	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00	041604 0	11601	22224			210 05	14.00	0.00	010 00	0.01.0		
81 87633		1.00	041624 0	41024	220224			318.05	212.03 106.02	0.00	212.03	ソソエ ロ		
81 87798		4 00	041624 04	41624	220224			168.00	112.00	0.00	112.00	9918		
01 01170		Ŧ.00	011024 0	11027	220221			100.00	56.00	0.00	112.00	J J ± U		
81 87635		1.00	041624 04	41624	220224			150.00	43.61	0.00	43.61	9918		
- 0.000									106.39	0.00	20.31			
										-				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KERRI CAMERON 2024099022046 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001639905 I1600482 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121823 121823 220224	MRN: 121823 121823	49.86 BILLED AMOUNT 49.86	18.94 ALLOWED NON-AllOWED 18.94 30.92	COPAY TPL 0.00 0.00	30.92 PAID 18.94	0.00 DETAIL EO 9918 9936		18.94
NAME: ANIYAH CAMPBELL 2024102042669 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	RECIPIENT ID.: 530000729288 11603336 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224	MRN: 022024 022024	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 37.07 49.86	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 21.86	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	9918 9918 9918	0.00 OBS	629.64
81 87798 NAME: CASE CAMPBELL 2024099022065 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 NAME: KADEDRIA CAMPBELL	8.00 022024 022024 220224 RECIPIENT ID.: 530002215300 I1600489 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020624 020624 220224 1.00 020624 020624 220224 RECIPIENT ID.: 530001197892	MRN: 020624 020624 MRN:	BILLED	224.00 112.00 223.05	0.00 0.00	18.94 18.94	9918 0.00 DETAIL EO 9918 9936 9918 9936		223.05
2024103024603	I1605512	031524 031524	208.16	133.53		74.63	0.00	0.00	105.53

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO Aliti		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING	11011	11110	BILLED	ALLOWED	COPAY		1100111	11100111	11100111
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87798		1.00 031524 031524	220224			42.00	28.00	0.00		9918	_0_0	
								14.00	0.00				
81	87481		1.00 031524 031524	220224			42.00	28.00	0.00	28.00	9918		
				-				14.00	0.00				
81	87491	59	1.00 031524 031524	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87591	59	1.00 031524 031524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87661		1.00 031524 031524	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
NAME:	LANDIE	CAMPBELL	RECIPIENT II	0.: 530002192059	MRN:								
	20241	L03024622	I1605513		022224	022224	256.54	180.93	3	75.61	0.00	0.00	180.93
			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 022224 022224	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81	86800		1.00 022224 022224	220224			23.00	15.00	0.00	15.00	9918		
								8.00	0.00				
81	84432		1.00 022224 022224	220224			24.00	17.00	0.00	17.00	9918		
								7.00	0.00				
81	85049		1.00 022224 022224	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
81	82607		1.00 022224 022224	220224			22.00	17.00	0.00	17.00	9918		
								5.00	0.00				
81	82306		1.00 022224 022224	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	83036		1.00 022224 022224	220224			14.00	12.00	0.00	12.00	9918		
								2.00	0.00				
81	84481		1.00 022224 022224	220224			24.00	16.00	0.00	16.00	9918		
								8.00	0.00				
81	80061		1.00 022224 022224	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81	86376		1.00 022224 022224	220224			21.00	15.00	0.00	15.00	9918		
								6.00	0.00				
81	84443		1.00 022224 022224	220224			25.20	22.93	0.00	22.93	9918		
e -	0.4.5.5			000004				2.27	0.00		0055		
81	84436	59	1.00 022224 022224	220224			10.00	7.00	0.00	7.00	9918		
0.1	2645-		1 00 00001 0000	000004				3.00	0.00	2 2 2	2262		
81	36415		1.00 022224 022224	220224			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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
NAME: DAVID CA 202410	MPOS TORRES	RECIPIENT ID I1611452 SERVICE DATES	.: 530002215534 RENDERING	MRN: 040324	040324	899.12	586.03	COPAY	313.09	0.00	0.00	586.03
	MODIFIERS 59	UNITS FROM THRU 1.00 040324 040324	PROVIDER 220224			BILLED 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 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040324 040324	220224			37.07	22.00 15.07	0.00		9918		
81 87641		1.00 040324 040324	220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 040324 040324				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: GRACIE C 202410	CANNON 07011646	RECIPIENT ID	.: 530000734754	MRN: 032924	032924	342.02	217.53		124.49	0.00	0.00	189.53
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 3.00 032924 032924	RENDERING PROVIDER 220224			BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID 84.00	DETAIL EOB 9918	S	
81 87491	59	1.00 032924 032924	220224			49.86	42.00 28.00	0.00	0.00	5490		
81 87511	59	1.00 032924 032924	220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87529	59	1.00 032924 032924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591	59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 032924 032924	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: HARVEY C 202410	CANTERBURY 07011661	RECIPIENT ID		MRN: 041124	041124		28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00		DETAIL EOE 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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

86

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AVERY CARD 20241030		RECIPIENT ID I1605517 SERVICE DATES	.: 530000728766 RENDERING	MRN: 022824	022824	91.20 BILLED	64.93	COPAY	26.27	0.00	0.0	0 64.93
POS PROC CD MO: 81 82306	DIFIERS	UNITS FROM THRU 1.00 022824 022824	PROVIDER 220224			AMOUNT 44.00	NON-AllOWED 29.00	TPL 0.00	PAID 29.00	DETAIL 9918	EOBS	
81 84443		1.00 022824 022824	220224			25.20	15.00 22.93 2.27	0.00 0.00 0.00		9918		
81 84439		1.00 022824 022824				13.00	9.00 4.00	0.00		9918		
81 85049		1.00 022824 022824	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: DAWN CARDE		I1604695	.: 530002169076	MRN: 040924	040924	899.12	586.03		313.09	0.00	0.0	0 586.03
POS PROC CD MO: 81 87486 59	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040924 040924	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 040924 040924	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87640 59		1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87641 59		1.00 040924 040924				37.07	22.00 15.07	0.00		9918		
81 87651 59		1.00 040924 040924				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ELISABETH 20241070		I1608099	.: 530002136477	MRN: 041024	041024		164.93		68.61	0.00	0.0	0 164.93
POS PROC CD MO: 81 80053	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041024 041024	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	
81 82607		1.00 041024 041024	220224			22.00	17.00 5.00	0.00	17.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC		. ПП.С	DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DA		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
81	82306	MODIFIERS		041024 041		220224			44.00	29.00	0.00		9918	EODO	
01	02300		1.00	041024 041	.024	220224			44.00	15.00	0.00	27.00	JJ10		
81	84481		1 00	041024 041	024	220224			24.00	16.00	0.00	16.00	9918		
01	01101		1.00	011021 011	.021	220221			21.00	8.00	0.00	10.00	JJ±0		
81	80061		1 00	041024 041	024	220224			20.00	14.00	0.00	14 00	9918		
01	00001		1.00	011021 011	.021	220221			20.00	6.00	0.00	11.00	JJ10		
81	86376		1 00	041024 041	024	220224			21.00	15.00	0.00	15 00	9918		
01	00370		1.00	011021 011	.021	220221			21.00	6.00	0.00	13.00	JJ10		
81	84443		1 00	041024 041	024	220224			25.20	22.93	0.00	22 93	9918		
01	04443		1.00	041024 041	.024	220224			23.20	2.27	0.00	22.73	JJ10		
81	84436	59	1 00	041024 041	024	220224			10.00	7.00	0.00	7 00	9918		
01	01130	3,7	1.00	011021 011	.021	220221			10.00	3.00	0.00	7.00	JJ10		
81	36415		1 00	041024 041	024	220224			4.50	0.00	0.00	0 00	3323		
01	20412		1.00	041024 041	.024	220224			4.50	4.50	0.00	0.00	3323		
81	86800		1 00	041024 041	024	220224			23.00	15.00	0.00	15 00	9918		
01	00000		1.00	041024 041	.024	220224			23.00	8.00	0.00	13.00	JJ10		
81	84432		1 00	041024 041	024	220224			24.00	17.00	0.00	17.00	9918		
01	01132		1.00	041024 041	.024	220224			24.00	7.00	0.00	17.00	9910		
										7.00	0.00				
NAME:	TSABELL	A CARMICHAET		RECIPIEN	מד דו	: 530000328757	MRN:								
NAME:		A CARMICHAEI			T ID.	: 530000328757	MRN:	040424	1 067 65	639 64		428 01	0 00	0 0	0 639 64
NAME:		A CARMICHAEI .02049295	I160469	б				040424	1,067.65	639.64		428.01	0.00	0.0	0 639.64
	20241	.02049295	I160469	6 SERVICE DA	ATES	RENDERING		040424	BILLED	ALLOWED	COPAY				0 639.64
POS	20241 PROC CD		I160469 UNITS	6 SERVICE DA FROM T	ATES HRU	RENDERING PROVIDER		040424	BILLED AMOUNT	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL		0 639.64
	20241	.02049295	I160469 UNITS	6 SERVICE DA	ATES HRU	RENDERING		040424	BILLED	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID			0 639.64
POS 81	20241 PROC CD 87635	.02049295 MODIFIERS	I160469 UNITS 1.00	6 SERVICE DA FROM T 040424 040	ATES THRU 1424	RENDERING PROVIDER 220224		040424	BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL 9918		0 639.64
POS	20241 PROC CD	.02049295	I160469 UNITS 1.00	6 SERVICE DA FROM T	ATES THRU 1424	RENDERING PROVIDER		040424	BILLED AMOUNT	ALLOWED NON-AllOWED 43.61 106.39 28.00	COPAY TPL 0.00 0.00 0.00	PAID 43.61	DETAIL		0 639.64
POS 81	20241 PROC CD 87635 87486	.02049295 MODIFIERS 59	I160469 UNITS 1.00	6 SERVICE DA FROM T 040424 040	ATES CHRU 0424	RENDERING PROVIDER 220224 220224		040424	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918 9918		0 639.64
POS 81	20241 PROC CD 87635	.02049295 MODIFIERS	I160469 UNITS 1.00	6 SERVICE DA FROM T 040424 040	ATES CHRU 0424	RENDERING PROVIDER 220224 220224		040424	BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918		0 639.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	I160469 UNITS 1.00 1.00	5 SERVICE DA FROM T 040424 040 040424 040	ATES THRU 0424 0424	RENDERING PROVIDER 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00	DETAIL 9918 9918 9918		0 639.64
POS 81	20241 PROC CD 87635 87486	.02049295 MODIFIERS 59	I160469 UNITS 1.00 1.00	6 SERVICE DA FROM T 040424 040	ATES THRU 0424 0424	RENDERING PROVIDER 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00	DETAIL 9918 9918		0 639.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87581	MODIFIERS 59 59	I160469 UNITS 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040	ATES CHRU 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00	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 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00 28.00	DETAIL 9918 9918 9918 9918		0 639.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	I160469 UNITS 1.00 1.00 1.00	5 SERVICE DA FROM T 040424 040 040424 040	ATES CHRU 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07	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 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 28.00 22.00	DETAIL 9918 9918 9918 9918		0 639.64
POS 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633	MODIFIERS 59 59	I160469 UNITS 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040	ATES CHRU 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	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 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918		0 639.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87581	MODIFIERS 59 59	I160469 UNITS 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040	ATES CHRU 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00	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	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	DETAIL 9918 9918 9918 9918		0 639.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	I160469 UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040 040424 040	ATES THRU 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918		0 639.64
POS 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633	MODIFIERS 59 59	I160469 UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040	ATES THRU 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	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	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	DETAIL 9918 9918 9918 9918		0 639.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	I160469 UNITS	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040 040424 040 040424 040	ATES CHRU 0424 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918 9918		0 639.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	I160469 UNITS	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040 040424 040	ATES CHRU 0424 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918		0 639.64
POS 81 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641 87651	MODIFIERS 59 59 59	I160469 UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040 040424 040 040424 040 040424 040	ATES THRU 0424 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86	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	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	DETAIL 9918 9918 9918 9918 9918 9918 9918		0 639.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	I160469 UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DA FROM T 040424 040 040424 040 040424 040 040424 040 040424 040 040424 040	ATES THRU 0424 0424 0424 0424 0424 0424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918 9918 9918		0 639.64

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUI		PAID AMOUNT
POS 81	PROC CD 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AlloWED 10.00 8.53	COPAY TPL 0.00 0.00	10.00		EOBS		
NAME:	TRISTAN 20241	CARR 03024674	RECIPIENT ID	.: 530001260902	MRN: 041024	041024	342.02	217.53		124.49	0.00		0.00	189.53
			SERVICE DATES				BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS		
81	87798		3.00 041024 041024	220224			126.00	84.00 42.00	0.00	84.00	9918			
81	87491	59	1.00 041024 041024	220224			49.86	28.00	0.00	0.00	5490			
0-	0 / 1 / 1						22.00	21.86	0.00	0.00	0 10 0			
81	87511	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918			
0.1	07500	F.0	1 00 041004 041004	000004			40.06	14.00	0.00	00.00	0.01.0			
81	87529	59	1.00 041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87591	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918			
0-	0.02							14.00	0.00		,,,			
81	87661	59	1.00 041024 041024	220224			32.30	21.53	0.00	21.53	9918			
								10 77	\cap					
								10.77	0.00					
NAMF:	CHARLES	CARTEE	RECIPIENT ID	: 530001971762	MRN:			10.77	0.00					
NAME:	CHARLES 20240	CARTEE 99022081	RECIPIENT ID	o.: 530001971762	MRN: 040424	040424	899.12			313.09	0.00		0.00	586.03
	20240	99022081	I1600513 SERVICE DATES	RENDERING		040424	BILLED	586.03 ALLOWED	COPAY				0.00	586.03
POS	20240 PROC CD	99022081 MODIFIERS	I1600513 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		040424	BILLED AMOUNT	586.03 ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	. EOBS	0.00	586.03
	20240	99022081	I1600513 SERVICE DATES	RENDERING		040424	BILLED	586.03 ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID		. EOBS	0.00	586.03
POS 81	20240 PROC CD 87486	99022081 MODIFIERS 59	I1600513 SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224		040424	BILLED AMOUNT 42.00	586.03 ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	0.00	586.03
POS	20240 PROC CD	99022081 MODIFIERS	I1600513 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		040424	BILLED AMOUNT	586.03 ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL	. EOBS	0.00	586.03
POS 81	20240 PROC CD 87486	99022081 MODIFIERS 59	I1600513 SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224		040424	BILLED AMOUNT 42.00	586.03 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	EOBS	0.00	586.03
POS 81 81	20240 PROC CD 87486 87498 87581	99022081 MODIFIERS 59 59	I1600513	RENDERING PROVIDER 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00	586.03 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	i EOBS	0.00	586.03
POS 81	20240 PROC CD 87486 87498	99022081 MODIFIERS 59 59	I1600513	RENDERING PROVIDER 220224 220224 220224		040424	BILLED AMOUNT 42.00	586.03 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	PAID 28.00 22.00	DETAIL 9918 9918 9918	EOBS	0.00	586.03
POS 81 81 81	20240 PROC CD 87486 87498 87581 87633	99022081 MODIFIERS 59 59	I1600513 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05	586.03 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	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918	i EOBS	0.00	586.03
POS 81 81 81	20240 PROC CD 87486 87498 87581	99022081 MODIFIERS 59 59	I1600513	RENDERING PROVIDER 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00	586.03 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	PAID 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918	EOBS	0.00	586.03
POS 81 81 81	20240 PROC CD 87486 87498 87581 87633	99022081 MODIFIERS 59 59	I1600513 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05	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	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	i EOBS	0.00	586.03
POS 81 81 81 81 81	20240 PROC CD 87486 87498 87581 87633 87640 87641	99022081 MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	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	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	EOBS	0.00	586.03
POS 81 81 81 81	20240 PROC CD 87486 87498 87581 87633 87640	99022081 MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	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 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 22.00	DETAIL 9918 9918 9918 9918 9918	EOBS	0.00	586.03
POS 81 81 81 81 81 81	20240 PROC CD 87486 87498 87581 87633 87640 87641 87651	99022081 MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	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	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	i EOBS	0.00	586.03
POS 81 81 81 81 81	20240 PROC CD 87486 87498 87581 87633 87640 87641	99022081 MODIFIERS 59 59 59	SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		040424	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	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 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 22.00	DETAIL 9918 9918 9918 9918 9918 9918	EOBS	0.00	586.03

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

89

PAGE:

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAK SUITE 138

BIRMINGHAM, AL 3

RA#:

C LABORATORIES LLC	PAYEE ID	220224
AKE ROAD	NPI ID	1598266421
35235-2718	CHECK/EFT NUMBER ISSUE DATE	083131776 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO			PL DUNT	PAID AMOUNT
NAME: CHARLES CARTEE 2024107011701	RECIPIENT ID.: 530001971762 I1610408 SERVICE DATES RENDERING	MRN: 041224 041224	109.04 BILLED	76.93	3 COPAY	32.11	0.00	0.00	76.93
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 82044 QW	1.00 041224 041224 220224		12.00	3.00	0.00	3.00	9918		
81 80053	1.00 041224 041224 220224		15.84	9.00 12.00	0.00	12.00	9918		
81 83036	1.00 041224 041224 220224		14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81 80061	1.00 041224 041224 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 041224 041224 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 041224 041224 220224		13.00	9.00 4.00	0.00	9.00	9918		
81 85049	1.00 041224 041224 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: ADMIRE CARTER	RECIPIENT ID.: 530001571519	MRN:							
2024102043688	I1604307	040824 040824	704.14			40.14	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 EOBS		
81 87481 59	4.00 040824 040824 220224		168.00	112.00 56.00	0.00	112.00			
81 87640 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040824 040824 220224		462.00	308.00 154.00	0.00	308.00	9918		
NAME: ADMIRE CARTER 2024103024688	RECIPIENT ID.: 530001571519 I1605536	MRN: 040824 040824	18.53	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 040824 040824 220224		BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918		
NAME: JA NIYAH CARTER 2024102049312	RECIPIENT ID.: 530001602130 I1604698	MRN: 040124 040124	899.12	586.03	3	13.09	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040124 040124	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
81 87486	59	1.00 040124 040124	220224			42.00	28.00 14.00	0.00	20.00	9918		
81 87498	59	1.00 040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87640	59	1.00 040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040124 040124	220224			318.05	212.03	0.00	212.03	9918		
81 87641	59	1.00 040124 040124	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87651	59	1.00 040124 040124	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 040124 040124	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: JA NIYA 20241	H CARTER 02049327	I1604699	.: 530001602130	MRN: 040124	040124	211.25	153.00		58.25	0.00	0.00	153.00
POS PROC CD 81 86003	MODIFIERS	SERVICE DATES UNITS FROM THRU 23.00 040124 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 178.25	ALLOWED NON-AlloWED 138.00	COPAY TPL 0.00	PAID 138.00	DETAIL EG	OBS	
81 82785	LC	1.00 040124 040124	220224			33.00	40.25 15.00 18.00	0.00 0.00 0.00	15.00	9918		
NAME: NOLAN C. 20241	ARTWRIGHT 03024697	RECIPIENT ID I1605539 SERVICE DATES	.: 530002149585 RENDERING	MRN: 040924	040924	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 E	OBS	
81 87498	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 040924 040924	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: SHANIA 20240	CASEY 99022106	RECIPIENT ID 11600521	.: 530001200102	MRN: 040424	040424	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		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	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E)BS	
81	87635	110DII ILIKO		040424 040424	220224			150.00	43.61	0.00		9918	000	
									106.39	0.00				
81	87486	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0.1	07540		4 00						15.07	0.00		0010		
81	87640	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	ГО	1 00	040404 040404	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1 00	040424 040424	220224			318.05	212.03	0.00	212.03	0018		
01	07033		1.00	010121 010121	22022 1			310.03	106.02	0.00	212.03	J J I O		
81	87641	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0_	0,011		_,,	010111 010111					15.07	0.00		,,,,		
81	87651	59	1.00	040424 040424	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	040424 040424	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
373347)				NATO AT A								
NAME	: JACINTO		I161041		.: 530002339750	MRN:	041104	10 00	15 00		2 00	0 00	0 00	15 00
	20241	107011724	1161041	SERVICE DATES	RENDERING	041124	041124	18.00 BILLED	15.00 ALLOWED	COPAY	3.00	0.00	0.00	15.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E)BS	
	83655	MODIFIERD		041124 041124				18.00	15.00	0.00			000	
01	03033		1.00	011101 011101				10.00	3.00	0.00	13.00	3310		
NAME		CERVANTES ZA			.: 530001490608	MRN:								
	20241	103024715	I160554			113023	113023	445.33	289.09		156.24	0.00	0.00	289.09
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81	87481	59	1.00	113023 113023	220224			42.00	28.00	0.00		9918		
0.1	07640	ΕO	1 00	112002 112002	220224			37.07	14.00 22.00	0.00		0010		
81	87640	59	1.00	113023 113023	22022 1			37.07	15.07	0.00	22.00	9910		
81	87653	59	1 00	113023 113023	220224			37.07	22.00	0.00	22 00	9918		
0 1	0,055	<i>3 7</i>	1.00	113023 113023	220221			57.07	15.07	0.00	22.00	J J ± 0		
81	87798	59	6.00	113023 113023	220224			252.00	168.00	0.00	168.00	9918		
	- · 		2.30		-				84.00	0.00		-		
81	87641	59	1.00	113023 113023	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PF	ROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	OBS	
81 8	87086		1.00	113023 113023	220224			18.53	10.00 8.53	0.00	10.00	9918		
81 8	87186		1.00	113023 113023	220224			13.50	9.00 4.50	0.00	9.00	9918		
81 8	87088		1.00	113023 113023	220224			8.09	8.09 0.00	0.00	8.09			
NAME: 3		CERVANTES ZA			530001490608	MRN:								
	20241	09082307	I161146	5 SERVICE DATES	RENDERING	113023	113023	788.14 BILLED	520.00 ALLOWED	COPAY	268.14	0.00	0.00	464.00
POS PE	ROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
	87481	59		113023 113023	220224			168.00	112.00	0.00	112.00		020	
81 8	87640	59	1.00	113023 113023	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87653	59	1.00	113023 113023	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87798		11.00	113023 113023	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 8	87798		2.00	113023 113023	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: V	WYATT C	HALUS		RECIPIENT ID).: 530001103846	MRN:								
		03024725	I160554	9		031224	031224	565.12	374.03		191.09	0.00	0.00	50.00
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 8	87498	59	1.00	031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8	87581	59	1.00	031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8	87633		1.00	031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81 8	87798		4.00	031224 031224	220224			168.00	112.00 56.00	0.00	0.00	5000		
NAME: E	BOBBY C	HAMBERS		RECIPIENT ID	o.: 500001969968	MRN:								
		07011740	I161041	2			041124		42.00		21.34	0.00	0.00	42.00
DUG DE	RUC CD	MODIFIERS	IINTTC	SERVICE DATES FROM THRU	RENDERING PROVIDER			AMOUNT	ALLOWED NON-AllOWED		DATD	ретатт. г	OBS	
81 8		HODILIENS		041124 041124				15.84	12.00		12.00		000	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 83036	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 14.00	ALLOWED NON-AlloWED 12.00 2.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918	5	
81 80061	1.00 041124 041124 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415	1.00 041124 041124 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 041124 041124 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JORDEN CHAMBERS	RECIPIENT ID.: 530001931484									
2024103024737	I1605550 SERVICE DATES RENDERING	040224	040224	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	TPL	PAID	DETAIL EOBS	5	
81 G0482	1.00 040224 040224 220224			174.33	116.22 58.11	0.00	116.22	9918		
	RECIPIENT ID.: 530002004161	MRN:								
2024102049333	I1604703	040824	040824		64.93		23.61	0.00	0.00	64.93
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS	5	
81 80053	1.00 040824 040824 220224			15.84	12.00	0.00		9918		
01 02026	1 00 040024 040024 220224			14.00	3.84	0.00	12.00	0.01.0		
81 83036	1.00 040824 040824 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061	1.00 040824 040824 220224			20.00	14.00	0.00	14.00	9918		
					6.00	0.00				
81 84443	1.00 040824 040824 220224			25.20	22.93 2.27	0.00	22.93	9918		
81 36415	1.00 040824 040824 220224			4.50	0.00	0.00	0.00	3323		
					4.50	0.00				
81 85049	1.00 040824 040824 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: EDDIE CHANDLER 2024107011754	RECIPIENT ID.: 530002151806 I1610415	MRN: 040324	040324	319.55	213.03		106.52	0.00	0.00	213.03
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: HUNTER CHANDLER	RECIPIENT ID.: 530000495358	MRN:								
2024102042683	11603339		022024	681.00	430.00		251.00	0.00	0.00	430.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS 59	UNITS FROM THRU PI	ENDERING ROVIDER 20224			BILLED AMOUNT 546.00	ALLOWED NON-AlloWED 364.00 182.00	COPAY TPL 0.00 0.00	PAID 364.00	DETAIL 9918	EOBS		
81 87640	59	1.00 022024 022024 22	20224			45.00	22.00 23.00	0.00	22.00	9918			
81 87641	59	1.00 022024 022024 22	20224			45.00	22.00 23.00	0.00	22.00	9918			
81 87653	59	1.00 022024 022024 2	20224			45.00	22.00 23.00	0.00	22.00	9918			
NAME: JAIDEN	CHANDLER L07011766	RECIPIENT ID.: 11608120	530001249869	MRN: 041024	041024	74 54	52.93		21.61	0.00		0.00	52.93
20241	10/011/00		ENDERING	041024	041024	74.54 BILLED		COPAY	21.01	0.00		0.00	54.93
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81 80053	11051112110		20224			15.84	12.00	0.00	12.00		1025		
81 80061		1.00 041024 041024 22	20224			20.00	14.00 6.00	0.00	14.00	9918			
81 84443		1.00 041024 041024 23	20224			25.20	22.93 2.27	0.00	22.93	9918			
81 36415		1.00 041024 041024 22	20224			4.50	0.00 4.50	0.00	0.00	3323			
81 85049		1.00 041024 041024 23	20224			9.00	4.00 5.00	0.00	4.00	9918			
NAME: LACY CH	IANEY	RECIPIENT ID.:	530002020879	MRN:									
	99022142	I1600533	000000000000000000000000000000000000000	121523	121523	635.32	423.17		212.15	0.00		0.00	374.03
		SERVICE DATES RI	ENDERING			BILLED		COPAY					
POS PROC CD	MODIFIERS	UNITS FROM THRU PI	ROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 87498	59		20224			37.07	22.00 15.07	0.00	22.00	9918			
81 87581	59	1.00 121523 121523 22	20224			42.00	28.00 14.00	0.00	28.00	9918			
81 87633		1.00 121523 121523 22	20224			318.05	212.03 106.02	0.00	212.03	9918			
81 87634		1.00 121523 121523 22	20224			70.20	49.14 21.06	0.00	0.00	5910			
81 87798		4.00 121523 121523 22	20224			168.00	112.00 56.00	0.00	112.00	9918			
NAME: GISELLE 20241	E CHAPPELLE L03024766	RECIPIENT ID.: 11605558	530000482283	MRN: 022024	022024	258.14	172.09		86.05	0.00		0.00	172.09

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

95

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 80307	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 83.81	ALLOWED NON-AllOWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL EC	OBS	
81	G0482		1.00	022024 022024	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	KAILYN 20241	CHASON 03024778	I160556	2	D.: 530001541029	MRN: 030124	030124	899.12	586.03		313.09	0.00	0.00	586.03
DOC	מס מס	MODIETEDC	TINTTO	SERVICE DATES				BILLED	ALLOWED	COPAY	מדגם	המייח דד היל) D.C	
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	JBS	
	87486	59		030124 030124				42.00	28.00 14.00	0.00	28.00			
81	87498	59	1.00	030124 030124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	030124 030124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	030124 030124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	030124 030124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	030124 030124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	030124 030124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	030124 030124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	ISAAC C	HATHAM 03024808	I160556		D.: 530001620083	MRN: 031124	031124	565.12	374.03		191.09	0.00	0.00	50.00
	20211	03021000	1100330	SERVICE DATES	RENDERING	051121	051121	BILLED	ALLOWED	COPAY	171.07	0.00	0.00	30.00
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	OBS	
81	87498	59		031124 031124				37.07	22.00 15.07	0.00	22.00			
81	87581	59	1.00	031124 031124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	031124 031124	220224			318.05	212.03	0.00	0.00	5000		
81	87798		4.00	031124 031124	220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	0.00	5000		
NAME:	HUNTER 20241	CHATMAN 02042697	I160334		D.: 530000685447	MRN: 022024	022024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EC		
81 87498	59	1.00 022024 022024 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 022024 022024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 022024 022024 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 022024 022024 220224			37.07	22.00 15.07	0.00		9918		
81 87641	59	1.00 022024 022024 220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 022024 022024 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 022024 022024 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: MAURICI 20241	O CHAVEZ 02049347	RECIPIENT ID.: 53000113		040824	63.34	42.00)	21.34	0.00	0.00	42.00
POS PROC CD 81 80053	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EC	DBS	
81 83036		1.00 040824 040824 220224			14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81 80061		1.00 040824 040824 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 040824 040824 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 040824 040824 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: MAURICI 20241	O CHAVEZ 02049354	RECIPIENT ID.: 53000113		040824		22.93		4.96	0.00	0.00	22.93
POS PROC CD 81 84443		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00		DETAIL EC 9918	DBS	
		RECIPIENT ID.: 53000209		040424	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		BILLED AMOUNT 174.33		TPL	PAID 116.22	DETAIL EOB 9918	S	
	RECIPIENT ID.: 530000986079	MRN:							
2024103024821	I1605565 SERVICE DATES RENDERING	040924 040924	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT		TPL	PATD	DETAIL EOB	S	
	1.00 040924 040924 220224		42.00	28.00	0.00		9918		
81 87498 59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040924 040924 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TAYSLEE CHESHIRE	RECIPIENT ID.: 530002167964	MRN:							
2024103024834	I1605566 SERVICE DATES RENDERING	030824 030824	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507			AMOUNT	NON-AllOWED	TPL	PAID 213.03		S	
NAME: AMANDA CHILDERS 2024109082321	RECIPIENT ID.: 530000228653	MRN: 030524 030524	44.00	29.00		15.00	0.00	0.00	29.00
POS PROC CD MODIFIERS 81 82306	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030524 030524 220224				COPAY TPL 0.00 0.00	PAID			
NAME: MICHELLE CHRISTIAN 2024109082334	RECIPIENT ID.: 530001009788 I1612836	MRN: 041624 041624	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 8748		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL E 9918	IOBS	
81 8749	98 59	1.00 041624 041624 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 8764	10 59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8758	31 59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8763	33	1.00 041624 041624 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8764	11 59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8765	51 59	1.00 041624 041624 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8779	98	8.00 041624 041624 220224			336.00	224.00 112.00	0.00	224.00	9918		
20	ETTA CHRISTOPHI 024107011780 CD MODIFIERS 32	ER RECIPIENT ID.: 530002037440 I1608134 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		040824	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	58.11 PAID 116.22		0.00	116.22
NAME: DREW	V CLARK 024107011799	RECIPIENT ID.: 530000958519 I1610420 SERVICE DATES RENDERING		041224	715.12 BILLED	417.64 ALLOWED	COPAY	297.48	0.00	0.00	417.64
POS PROC 81 8749		UNITS FROM THRU PROVIDER 1.00 041224 041224 220224			AMOUNT 37.07	NON-AlloWED 22.00 15.07			DETAIL E 9918	IOBS	
81 8758	31 59	1.00 041224 041224 220224			42.00	28.00 14.00	0.00		9918		
81 8763	33	1.00 041224 041224 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8779	98	4.00 041224 041224 220224			168.00	112.00 56.00	0.00	112.00	9918		
81 8763	35	1.00 041224 041224 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: ROWA	AN CLARK 024107011820	RECIPIENT ID.: 530001725185		040424	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DEMOCRATIVA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87486	MODIFIERS 59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00			
01 07400		1.00 010121 010121	220224			42.00	14.00	0.00	20.00	J J ± 0		
81 87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01 0,100							15.07	0.00		,,_,		
81 87581	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
			-				14.00	0.00				
81 87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 040424 040424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: STEPHAN			.: 530001041305	MRN:								
20241	.03024845	I1605591		011524	011524	70.04	52.93		17.11	0.00	0.00	52.93
		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 011524 011524	220224			15.84	12.00	0.00	12.00	9918		
0.1			000004				3.84	0.00	44.00	0.01.0		
81 80061		1.00 011524 011524	220224			20.00	14.00	0.00	14.00	9918		
01 04442		1 00 011504 011504	000004			05.00	6.00	0.00	00.00	0010		
81 84443		1.00 011524 011524	220224			25.20	22.93	0.00	22.93	9918		
01 05040		1 00 011504 011504	220224			0 00	2.27	0.00	4 00	0010		
81 85049		1.00 011524 011524	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: MADELIN	ים מואע	ספרטדפאיי דט	.: 530000919884	MRN:								
	.03024856	I1605596	330000919004		121023	1,098.98	657.64		441.34	0.00	0.00	657.64
20211	.03024030	SERVICE DATES	PENDEBING	121023	121023	BILLED	ALLOWED	COPAY	111.J1	0.00	0.00	037.04
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87635	MODIFIERD	1.00 121023 121023	220224			150.00	43.61	0.00		5001 9918		
01 07033		1.00 121023 121023	220221			130.00	106.39	0.00	13.01	3001 3310		
81 87486	59	1.00 121023 121023	220224			42.00	28.00	0.00	28.00	9918		
01 07100		1.00 121023 121023				12.00	14.00	0.00	20.00			
81 87498	59	1.00 121023 121023	220224			37.07	22.00	0.00	22.00	9918		
32 3.290		=.00 ===0=0				3.107	15.07	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS :	PROC CD 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 121023 121023	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E	OBS	
81	87633		1.00 121023 121023	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81	87640		1.00 121023 121023	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 121023 121023	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 121023 121023	220224			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 121023 121023	220224			336.00	224.00 112.00	0.00	224.00			
81	87651		1.00 121023 121023	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME:	MADELIN 20241	IE CLAY .03024871	RECIPIENT ID	530000919884	MRN: 020524	020524	1,098.98	657.64	<u>l</u>	441.34	0.00	0.00	657.64
			SERVICE DATES	RENDERING	020021	020021	BILLED	ALLOWED	COPAY				037.01
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E		
81	87635		1.00 020524 020524	220224			150.00	43.61 106.39	0.00	43.61	5001 991	8	
81	87486	59	1.00 020524 020524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 020524 020524	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.000	5 0	1 00 000504 000504	000004			40.00	15.07	0.00	00.00	0.01.0		
81	87581	59	1.00 020524 020524	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 020524 020524	220224			318.05	14.00 212.03	0.00	212.03	9918		
01	07033		1.00 020321 020321	220221			310.03	106.02	0.00	212.03	JJ10		
81	87640		1.00 020524 020524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 020524 020524	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 020524 020524	220224			49.86	15.07 28.00	0.00	28 00	9918		
01	07031	3,5	1.00 020321 020321	220221			13.00	21.86	0.00	20.00	JJ 10		
81	87798		8.00 020524 020524	220224			336.00	224.00	0.00	224.00	9918		
81	87651		1.00 020524 020524	220224			49.86	112.00 28.00 21.86	0.00 0.00 0.00	28.00	9918		
	~	GT											
NAME:		CLEMENTS .03024879	RECIPIENT ID 11605599).: 530000461490	MRN: 031924	031924	1,184.19	782.17	7	402.02	0.00	0.00	406.03

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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 E	COBS	
81	87486	59	1.00 031924 031924	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81	87498	59	1.00 031924 031924	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87581	59	1.00 031924 031924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 031924 031924	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 031924 031924	220224			37.07	106.02 22.00	0.00	0.00	5910		
81	87641	59	1.00 031924 031924	220224			37.07	15.07 22.00	0.00 0.00	22.00	9918		
81	87651	59	1.00 031924 031924	220224			49.86	15.07 28.00	0.00 0.00	28.00	9918		
81	87798		8.00 031924 031924	220224			336.00	21.86 224.00	0.00 0.00	0.00	5910		
81	87529		2.00 031924 031924				99.72	112.00 56.00	0.00		5910		
81	87640	59	1.00 031924 031924				37.07	43.72 22.00	0.00		9918		
								15.07	0.00				
81	87641	59	1.00 031924 031924				37.07	22.00 15.07	0.00 0.00		9918		
81	87653	59	1.00 031924 031924	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87801		2.00 031924 031924	220224			74.14	74.14 0.00	0.00 0.00	0.00	5910		
NAME:	HAILEY	CLEVELAND	RECIPIENT ID	.: 530001358923	MRN:								
		02049373	i1604711 SERVICE DATES	RENDERING	040824	040824	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	TPL	PAID	DETAIL E	OBS	
81	87798		3.00 040824 040824	220224			126.00	84.00 42.00	0.00		9918		
81	87491	59	1.00 040824 040824	220224			49.86	28.00	0.00	0.00	5490		
81	87511	59	1.00 040824 040824	220224			42.00	21.86 28.00	0.00	28.00	9918		
81	87529	59	1.00 040824 040824	220224			49.86	14.00 28.00	0.00	28.00	9918		
81	87591	59	1.00 040824 040824	220224			42.00	21.86 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

102

ICN	PAT ACCT NO.	SERVI FROM	CE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87661 59	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224		BILLED AMOUNT 32.30	ALLOWED NON-AlloWED 21.53 10.77	COPAY TPL 0.00 0.00	PAID 21.53			
NAME: TAMMY CLIFTON 2024109082352	RECIPIENT ID I1611478		1 032724	346.68	237.02		109.66	0.00	0.00	48.93
	SERVICE DATES			BILLED		COPAY				
POS PROC CD MODIFIERS		PROVIDER		AMOUNT	NON-Allowed	TPL		DETAIL EOBS		
81 80053 59	1.00 032724 032724	220224		15.84	12.00 3.84	0.00	0.00	5486		
81 83036 59	1.00 032724 032724	220224		14.00	12.00	0.00	12.00	9918		
01 03030 39	1.00 032,21 032,21	220221		11.00	2.00	0.00	12.00	JJ 10		
81 84443 59	1.00 032724 032724	220224		25.20	22.93	0.00	22.93	9918		
					2.27	0.00				
81 80061 59	1.00 032724 032724	220224		20.00	14.00	0.00	14.00	9918		
01 26415 50	1.00 032724 032724	220224		4 50	6.00	0.00	0 00	2222		
81 36415 59	1.00 032/24 032/24	220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049 59	1.00 032724 032724	220224		9.00	4.00	0.00	0.00	5482		
01 03019 39	1.00 032,21 032,21	220221		J.00	5.00	0.00	0.00	3102		
81 80307 59	1.00 032724 032724	220224		83.81	55.87	0.00	0.00	5930		
					27.94	0.00				
81 G0482 59	1.00 032724 032724	220224		174.33	116.22 58.11	0.00	0.00	5930		
NAME: TAMMY CLIFTON	RECIPIENT ID	.: 530001150608 MRN:								
2024109082375	I1611479		1 032724	15.58	12.00		3.58	0.00	0.00	12.00
	SERVICE DATES			BILLED	ALLOWED					
POS PROC CD MODIFIERS		PROVIDER		AMOUNT	NON-Allowed		PAID	DETAIL EOBS		
81 82570 59	1.00 032724 032724	220224		8.00	6.00	0.00	6.00	9918		
01 00042 50 077	1 00 020504 020504	000004		7 50	2.00	0.00	6.00	0.01.0		
81 82043 59 QW	1.00 032724 032724	220224		7.58	6.00 1.58	0.00	6.00	9918		
					1.50	0.00				
NAME: BETTY COBB	RECIPIENT ID	.: 530000423375 MRN:								
2024099022157	I1600577		1 032724	1,853.42	1,156.50		696.92	0.00	0.00	1,028.50
	SERVICE DATES			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS				AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87798 59	9.00 032724 032724	220224		378.00	252.00	0.00	252.00	9918		
81 87481 59	2.00 032724 032724	220224		84.00	126.00 56.00	0.00	E6 00	0010		
81 87481 59	2.00 032/24 032/24	ZZUZZ I		04.00	28.00	0.00	56.00	ラ フエロ		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 103 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 083131776
ISSUE DATE 04/19/2024

		ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES RENDERI	3	BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDE		AMOUNT	NON-AllOWED		PAID	DETAIL	EOBS	
81	87491	59	1.00 032724 032724 220224		49.86	28.00	0.00	0.00	5490		
						21.86	0.00				
81	87511	59	1.00 032724 032724 220224		42.00	28.00	0.00	28.00	9918		
0.1	07500	F 0	0 00 020704 020704 000004		00 70	14.00	0.00	F.C. 0.0	0010		
81	87529	59	2.00 032724 032724 220224		99.72	56.00	0.00	56.00	9918		
0.1	07501	ΕO	1 00 022724 022724 220224		42.00	43.72	0.00	20 00	0010		
81	87591	59	1.00 032724 032724 220224		42.00	28.00 14.00	0.00 0.00	28.00	9910		
81	87653	59	2.00 032724 032724 220224		74.14	44.00	0.00	0 00	5900		
01	07033	39	2.00 032/24 032/24 220224		/1.11	30.14	0.00	0.00	3900		
81	87661	59	1.00 032724 032724 220224		32.30	21.53	0.00	21.53	9918		
01	0,001	33	1.00 032/21 032/21 220221		32.30	10.77	0.00	21.33	J J I O		
81	87563		1.00 032724 032724 220224		42.50	0.00	0.00	0.00	4021		
						42.50	0.00				
81	87640	59	1.00 032724 032724 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87481	59	4.00 032724 032724 220224		168.00	112.00	0.00	112.00	9918		
						56.00	0.00				
81	87640	59	1.00 032724 032724 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87653	59	1.00 032724 032724 220224		37.07	22.00	0.00	22.00	9918		
0.1	0.000		11 00 020004 020004 000004		460.00	15.07	0.00	200 00	0010		
81	87798		11.00 032724 032724 220224		462.00	308.00	0.00	308.00	9918		
81	87641	59	1.00 032724 032724 220224		37.07	154.00 22.00	0.00 0.00	22 00	9918		
0.1	0/041	39	1.00 032/24 032/24 220224		37.07	15.07	0.00	22.00	9910		
81	87798		2.00 032724 032724 220224		84.00	56.00	0.00	0.00	5000		
01	01150		2.00 032/21 032/21 220221		01.00	28.00	0.00	0.00	3000		
81	87389		1.00 032724 032724 220224		36.00	23.88	0.00	23.88	9918		
0_	0.002					12.12	0.00		,,,,		
81	36415		1.00 032724 032724 220224		4.50	0.00	0.00	0.00	3323		
						4.50	0.00				
81	86695		1.00 032724 032724 220224		9.00	9.00	0.00	9.00			
						0.00	0.00				
81	86696		1.00 032724 032724 220224		57.00	19.00	0.00	19.00	9918		
						38.00	0.00				
81	87086		1.00 032724 032724 220224		18.53	10.00	0.00	10.00	9918		
0.1	07106		1 00 020704 020704 000004		10 50	8.53	0.00	0 00	0.01.0		
81	87186		1.00 032724 032724 220224		13.50	9.00	0.00	9.00	9918		
						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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

:	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MOI 81 87088	DDIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032724 032724	RENDERING PROVIDER 220224	11011		BILLED AMOUNT 8.09	ALLOWED NON-AlloWED 8.09 0.00	COPAY TPL	PAID 8.09	DETAIL EOE		11100111
NAME: KASON COBU 20241070		RECIPIENT ID 11608153 SERVICE DATES	:: 530002337073 RENDERING	MRN: 041124	041124	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MO 81 87486 59	DIFIERS)	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOE 9918	S	
81 87498 59)	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59)	1.00 041124 041124				42.00	28.00 14.00	0.00	28.00			
81 87633		1.00 041124 041124				318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641 59)	1.00 041124 041124 1.00 041124 041124				37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
81 87651 59		1.00 041124 041124				49.86	15.07 28.00	0.00	28.00			
81 87798		8.00 041124 041124	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: MASON COCK		I1608155	530002228453	MRN: 040324	040324		417.64		297.48	0.00	0.00	417.64
POS PROC CD MO	DIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	DATD	DETAIL EOE	S	
81 87635		1.00 040324 040324	220224			150.00	43.61 106.39	0.00	43.61			
81 87498 59)	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59)	1.00 040324 040324				42.00	28.00 14.00	0.00 0.00	28.00			
81 87633		1.00 040324 040324				318.05	212.03 106.02	0.00	212.03			
81 87798		4.00 040324 040324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: MAKAYLA CO 20241090		RECIPIENT ID	.: 530000680795	MRN: 041524	041524	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

105

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	SERVICE DA UNITS FROM T	TES RENDERING HRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	EOBS	
81	87486	59	1.00 041524 041				42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 041524 041	524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 041524 041	524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041524 041	524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041524 041	524 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 041524 041	524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041524 041	524 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041524 041	524 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	SILAS C			r ID.: 530001649385		040104	40.06	20.00	,	21 06	0.00	0.00	20.00
	20241	.03024896	I1605610 SERVICE DA	TES RENDERING	040124	040124	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
	PROC CD 87651	MODIFIERS	UNITS FROM T 1.00 040124 040	HRU PROVIDER 124 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	EOBS	
NAME:	SILAS C			r id.: 530002084508									
	20241	.07011881	I1608157 SERVICE DA	TES RENDERING	040424	040424	1,049.12 BILLED	629.64 ALLOWED	l COPAY	419.48	0.00	0.00	629.64
POS		MODIFIERS	UNITS FROM T	HRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	87635		1.00 040424 040	424 220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 040424 040	424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040424 040	424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040424 040	424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040424 040	424 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040424 040	424 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES REN	SERVICE FROM NDERING	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	UNITS FROM THRU PRO	OVIDER 0224		AMOUNT 37.07	NON-AlloWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL E 9918	OBS	
81	87651	59	1.00 040424 040424 220)224		49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040424 040424 220	0224		336.00	224.00 112.00	0.00	224.00	9918		
NAME:	DRAKE C	OLBURN	RECIPIENT ID.: 5	530001462370 MRN:								
	20241	02043699	I1604310	040724	040724	150.00			106.39	0.00	0.00	43.61
200	DD 0 0 0 D	140D TETED 6		NDERING		BILLED	ALLOWED	COPAY	D. T. T. D.	DDD3.TT D	0.7.0	
	87635	MODIFIERS	UNITS FROM THRU PRO 1.00 040724 040724 220	OVIDER		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL E	OBS	
01	07033		1.00 040/24 040/24 220	J221		130.00	106.39	0.00	43.01	9910		
NAME:	DRAKE C	OLBURN	RECIPIENT ID.: 5	530001462370 MRN:								
	20241	02049389	I1604714	040724	040724	899.12	586.03		313.09	0.00	0.00	586.03
				NDERING		BILLED	ALLOWED	COPAY				
		MODIFIERS		OVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87486	59	1.00 040724 040724 220	0224		42.00	28.00	0.00	28.00	9918		
0.1	07400	ГО	1 00 040724 040724 220	2224		27 07	14.00	0.00	22.00	0.01.0		
81	87498	59	1.00 040724 040724 220	0224		37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040724 040724 220	1224		42.00	28.00	0.00	28.00	9918		
01	07301	37	1.00 010721 010721 220	7221		12.00	14.00	0.00	20.00	JJ10		
81	87633		1.00 040724 040724 220	0224		318.05	212.03	0.00	212.03	9918		
				-			106.02	0.00				
81	87640		1.00 040724 040724 220	0224		37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81	87641	59	1.00 040724 040724 220	0224		37.07	22.00	0.00	22.00	9918		
0.1	00651	F.0	1 00 040004 040004 000	2004		40.06	15.07	0.00	00.00	0010		
81	87651	59	1.00 040724 040724 220	0224		49.86	28.00	0.00	28.00	9918		
81	87798		8.00 040724 040724 220	1224		336.00	21.86 224.00	0.00	224.00	0010		
01	01190		0.00 040724 040724 220	J Z Z I		330.00	112.00	0.00	224.00	9910		
NAME:	LOLA CO	LBURN	RECIPIENT ID.: 5	530000845730 MRN:								
			I1605616	032124	032124	507.06	259.90		247.16	0.00	0.00	259.90
				NDERING			ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU PRO			AMOUNT	NON-AllOWED				OBS	
81	87635		1.00 032124 032124 220)224		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

]	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			PL OUNT	PAID AMOUNT
POS PROC CD MOI 81 87486	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032124 032124	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 9918		
81 87798		5.00 032124 032124	220224			210.00	140.00 70.00	0.00	140.00	9918		
81 87502 59		1.00 032124 032124	220224			105.06	48.29 56.77	0.00	48.29	9918		
NAME: BRIANA COLE 202410204	E 49410	RECIPIENT ID 11604715 SERVICE DATES	:: 530001206774 RENDERING	MRN: 040424	040424	367.55 BILLED	230.03 ALLOWED	COPAY	137.52	0.00	0.00	230.03
POS PROC CD MOI 81 87507	DIFIERS	UNITS FROM THRU 1.00 040424 040424				AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOBS 9918		
81 82274		1.00 040424 040424	220224			48.00	17.00 31.00	0.00	17.00	9918		
NAME: BRIANA COLE 202410204		RECIPIENT ID		MRN: 040424	040424		38.29		60.71	0.00	0.00	27.29
POS PROC CD MOI 81 87046	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 19.00	ALLOWED NON-AlloWED 2.00	COPAY TPL 0.00		DETAIL EOBS 9918		
81 87427		1.00 040424 040424	220224			24.00	17.00 11.00 13.00	0.00 0.00 0.00	0.00	5911		
81 87045		1.00 040424 040424	220224			27.00	11.00 16.00	0.00	11.00	9918		
81 87338		1.00 040424 040424	220224			29.00	14.29 14.71	0.00	14.29	9918		
NAME: CASON COLE 202409902 HEADER EOBS: 900	22204	RECIPIENT ID	.: 530001020528	MRN: 032224	032224	713.12	0.00		713.12	0.00	330.49	0.00
		SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87635	DILINO	1.00 032224 032224	220224			150.00	0.00	0.00		9918 9936		
81 87486 59		1.00 032224 032224	220224			42.00	150.00 0.00 42.00	0.00 0.00 0.00	0.00	9918 9936		
81 87498 59		1.00 032224 032224	220224			37.07	0.00 37.07	0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES RE	SER FRO ENDERING		DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORS	
81	87581	59		20224			42.00	0.00	0.00		9918 99		
<u> </u>	0.00=							42.00	0.00		2220 22		
81	87633		1.00 032224 032224 22	20224			318.05	0.00	0.00	0.00	9918 99	36	
								318.05	0.00				
81	87640		1.00 032224 032224 22	20224			37.07	0.00	0.00	0.00	9918 99	36	
								37.07	0.00				
81	87641	59	1.00 032224 032224 22	20224			37.07	0.00	0.00	0.00	9918 99	36	
0.4	0=4=4		1 00 00001 00001				40.05	37.07	0.00		0010 00	0.5	
81	87651	59	1.00 032224 032224 22	20224			49.86	0.00	0.00	0.00	9918 99	36	
								49.86	0.00				
MT/ME:•	⊼ NTTLI ∩NTV	COLEMAN	RECIPIENT ID.:	530001995089 MR	NT •								
INWINE .		.02049436	I1604717			040224	258.14	116.22		141.92	0.00	0.0	0 116.22
	20211	.02017130		ENDERING	221	010221	BILLED	ALLOWED	COPAY	111.02	0.00	0.0	110.22
POS	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	80307	-		20224			83.81	0.00	0.00		6340		
								83.81	0.00				
81	G0482		1.00 040224 040224 22	20224			174.33	116.22	0.00	116.22	9918		
								58.11	0.00				
		CO	D=6-D-1-D-1	52000010600F									
NAME:	AURORA		RECIPIENT ID.:			000004	1 040 10	620 64		410 40	0 00	0 0	0 (20 (4
	20241	02042714	I1603345 SERVICE DATES RI	.ENDERING	024	022024	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.0	0 629.64
DOG	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORC	
81	87486	59		20224			42.00	28.00	0.00		9918	EODO	
01	0,100		1.00 022021 022021 22				12.00	14.00	0.00	20.00	3310		
81	87498	59	1.00 022024 022024 22	20224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 022024 022024 22	20224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 022024 022024 22	20224			318.05	212.03	0.00	212.03	9918		
0.1	0.00		1 00 000004 000004 00	00004			25.25	106.02	0.00	00.00	0.01.0		
81	87640		1.00 022024 022024 22	20224			37.07	22.00	0.00	22.00	9918		
0.1	07641	ΕO	1 00 022024 022024 22	20224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00 022024 022024 22	ZUZZ 1			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 022024 022024 22	20224			49.86	28.00	0.00	28 00	9918		
0 1	0,001		1.00 022021 022024 22	20221			17.00	21.86	0.00	20.00	J J ± 0		
81	87798		8.00 022024 022024 22	20224			336.00	224.00	0.00	224.00	9918		
-								112.00	0.00				

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

109

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO	N OWED	AMOUNT AI	TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		BILLED AMOUNT	ALLOWED NON-AllOWED 43.61	COPAY TPL	PAID 43.61	DETAIL EOBS	5	
NAME: ELI COLEMAN 2024107011901 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001857702 11608169 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224	MRN: 032124 032124		ALLOWED NON-AlloWED 18.94	COPAY TPL	PAID 18.94			18.94
NAME: KAYDEN COLEMAN 2024109082408 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001038233 11611485 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	041524 041524	BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL	PAID 28.00	DETAIL EOBS		28.00
NAME: LATONIA COLEMAN 2024103024918 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798 81 87635 81 87651	RECIPIENT ID.: 530001225663 11605621 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 012324 012324 220224 1.00 012324 012324 220224 4.00 012324 012324 220224 4.00 012324 012324 220224 1.00 012324 012324 220224 1.00 012324 012324 220224	MRN: 012324 012324	764.98 BILLED AMOUNT 37.07 42.00 318.05 168.00 150.00 49.86	445.64 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00 43.61 106.39 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 22.00 28.00 212.03 112.00 43.61	DETAIL EOBS 9918 9918 9918	0.00	445.64
2024103024936 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001225663 I1605622 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030824 030824 220224		BILLED	55.00 ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL				55.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 82306	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 030824 030824	RENDERING PROVIDER 220224			BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 29.00 15.00	COPAY TPL 0.00 0.00			EOBS	
81	80061		1.00 030824 030824	220224			20.00	14.00 6.00	0.00		9918		
NAME:	NALANI 20241	COLEMAN 02049448	I1604719	.: 530001081966	MRN: 040824	040824		217.53		124.49	0.00	0.00	189.53
	PROC CD 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 3.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID 84.00		EOBS	
81	87491	59	1.00 040824 040824	220224			49.86	42.00 28.00 21.86	0.00 0.00 0.00	0.00	5490		
81	87511	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	1.00 040824 040824	220224			49.86	28.00 21.86	0.00	28.00			
81	87591	59	1.00 040824 040824				42.00	28.00 14.00	0.00	28.00			
81	87661	59	1.00 040824 040824	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	ZAREAH 20241	COLLIER 07011911	RECIPIENT ID	.: 530000853885	MRN: 040224	040224	881.59	535.53		346.06	0.00	0.00	463.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00 040224 040224	220224			378.00	252.00 126.00	0.00	252.00	9918		
81	87481	59	2.00 040224 040224	220224			84.00	56.00 28.00	0.00	56.00	9918		
81	87491	59	1.00 040224 040224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	2.00 040224 040224	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00 040224 040224				42.00	28.00 14.00	0.00	28.00			
81	87653	59	2.00 040224 040224	220224			74.14	44.00 30.14	0.00	0.00	5900		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

PATTE TOO

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

111

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87661	MODIFIERS 59		SERVICE DATES FROM THRU 040224 040224	RENDERING PROVIDER 220224			BILLED AMOUNT 32.30	ALLOWED NON-AlloWED 21.53	COPAY TPL 0.00	PAID 21.53		EOBS	
81	87563		1.00	040224 040224	220224			42.50	10.77 0.00 42.50	0.00 0.00 0.00	0.00	4021		
81	87640	59	1.00	040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME:		NE COLLINGWO	OD I160059		.: 530002073813	MRN: 040324	040324	234.36	151.93		82.43	0.00	0.	00 151.93
				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	040324 040324				15.84	12.00 3.84	0.00	12.00	9918		
81	85049		1.00	040324 040324	220224			9.00	4.00 5.00	0.00	4.00	9918		
81	82607		1.00	040324 040324	220224			22.00	17.00 5.00	0.00	17.00	9918		
81	83540		1.00	040324 040324	220224			9.71	7.00 2.71	0.00	7.00	9918		
81	83550		1.00	040324 040324	220224			13.11	10.00	0.00	10.00	9918		
81	82728		1.00	040324 040324	220224			40.00	13.00 27.00	0.00	13.00	9918		
81	84481		1.00	040324 040324	220224			24.00	16.00 8.00	0.00	16.00	9918		
81	83036		1.00	040324 040324	220224			14.00	12.00 2.00	0.00	12.00	9918		
81	84443		1.00	040324 040324	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	84439		1.00	040324 040324	220224			13.00	9.00 4.00	0.00	9.00	9918		
81	36415		1.00	040324 040324	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	82306		1.00	040324 040324	220224			44.00		0.00	29.00	9918		
NAME:		COLLINS .02043711	I160431		.: 530002215492	MRN: 040824	040824	899.12	586.03		313.09	0.00	0.	00 586.03
POS		MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		
81	87486	59	1.00	040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

112

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
200			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	DDD3.TT D0	- G	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28 00	9918		
01	07301	39	1.00 040024 040024	ZZUZZ I			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
0 ±	0,033		1.00 010021 010021	220221			310.03	106.02	0.00	212.03	JJ10		
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
3.T.3. 3.C.T.		101 1 1110			MEDATA								
NAME	KOLBY C			530000653685	MRN:	041624	E C E 10	274 02)	101 00	0 00	0 00	274 02
	202 4 1	.09082418	I1612844		041624	041624	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	פפ	
81	87498	59	1.00 041624 041624	220224			37.07	22.00	0.00		9918		
01	07100	3,5	1.00 011021 011021	220221			37.07	15.07	0.00	22.00	JJ10		
81	87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
0-	0.00=						12.00	14.00	0.00		2220		
81	87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87798		4.00 041624 041624	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME:		COLLINS		530000944041	MRN:	0.41.50.4	104.16			16.60	0 00	0.00	40 50
	20241	.09082428	I1611489		041524	041524	124.16	77.53		46.63	0.00	0.00	49.53
DOG	DDOG GD	MODIETEDC	SERVICE DATES	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	חד גם		n C	
	PROC CD 87491	MODIFIERS	UNITS FROM THRU 1.00 041524 041524	220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EO 5490	35	
0.1	0/491	39	1.00 041524 041524	220224			49.00	21.86	0.00	0.00	3430		
81	87591	59	1.00 041524 041524	220224			42.00	28.00	0.00	28 00	9918		
01	07371	3,5	1.00 011321 011321	220221			12.00	14.00	0.00	20.00	JJ10		
81	87661		1.00 041524 041524	220224			32.30	21.53	0.00	21.53	9918		
				-				10.77	0.00				
NAME:		GH COMBS		530000381252	MRN:								
	20241	.03024942	I1605630		021924	021924	26.19	15.00)	11.19	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

113

81 81 81	PROC CD 80048 36415 85049	ICN MODIFIERS	UNITS FF 1.00 02 1.00 02	ERVICE DATES ROM THRU 21924 021924 21924 021924 21924 021924	220224 220224		THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 11.00 1.69 0.00 4.50 4.00 5.00	NC ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00	OWED A	AMOUNT AM DETAIL EOBS 9918 3323	PL OUNT	PAID AMOUNT
POS 81	20241 PROC CD 84702	03024950 MODIFIERS	I1605631 SI UNITS FF 1.00 02	ERVICE DATES ROM THRU 21924 021924	PROVIDER 220224				12.00 ALLOWED NON-AlloWED 12.00 10.00	COPAY TPL 0.00 0.00		DETAIL EOBS		12.00
POS	20241	OMBS 07011940 MODIFIERS 59 59	I1608179 SI UNITS FI 1.00 04 1.00 04 1.00 04	ERVICE DATES	PROVIDER 220224 220224 220224 220224	040324			417.64 ALLOWED NON-AllOWED 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.		DETAIL EOBS 9918 9918 9918 9918		417.64
POS	20241	COMPTON 07011955 MODIFIERS 59 59	I1610424 SI UNITS FI 2.00 04 1.00 04	ERVICE DATES	PROVIDER 220224 220224 220224	MRN: 041124	041124	BILLED	196.14 ALLOWED NON-AllOWED 56.00 43.72 22.00 15.07 22.00 15.07 22.00 15.07	COPAY	PAID	9918		140.14

REPORT: CRA-PRPD-R 3524808 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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

114

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED	ALLOWED AMOUNT ALLOWED	COPAY	OWED			PAID AMOUNT
POS PROC CD MODIFIERS 81 87801	UNITS FROM THRU PROVIDER 2.00 041124 041124 220224		AMOUNT 74.14			PAID 74.14	DETAIL EOBS		
NAME: EMMA CONARD 2024107011979	RECIPIENT ID.: 530000653344 I1610425	MRN: 032624 032624		52.93		17.11	0.00	0.00	52.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032624 032624 220224		BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 80061	1.00 032624 032624 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 032624 032624 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 85049	1.00 032624 032624 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: ROGER CONLEY 2024102049461	RECIPIENT ID.: 500002984611 I1604721 SERVICE DATES RENDERING	MRN: 040524 040524	DILLED	12.00 ALLOWED		6.50	0.00	0.00	12.00
POS PROC CD MODIFIERS 81 83036	UNITS FROM THRU PROVIDER 1.00 040524 040524 220224		AMOUNT 14.00	NON-Allowed 12.00 2.00		PAID 12.00	DETAIL EOBS 9918		
81 36415	1.00 040524 040524 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: CHRISTOPHER CONTRE 2024107012004	RAS RECIPIENT ID.: 530001928275 I1608183	MRN: 040524 040524	18.00	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 040524 040524 220224		BILLED AMOUNT 18.00		\mathtt{TPL}	PAID 15.00			
NAME: ANIYAH COOK 2024107012023	RECIPIENT ID.: 500001872009 I1608184 SERVICE DATES RENDERING	MRN: 040124 040124	342.02 BILLED	217.53 ALLOWED	3 COPAY	124.49	0.00	0.00	189.53
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 3.00 040124 040124 220224		AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID 84.00	DETAIL EOBS 9918		
81 87491 59	1.00 040124 040124 220224		49.86	42.00 28.00 21.86	0.00 0.00 0.00	0.00	5490		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

115

	ICN	PAT ACCT NO.	SERVICE DA	ATES HRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CI		UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87511	59	1.00 040124 040124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 040124 040124 220224			49.86	28.00	0.00	28 00	9918		
01 07327	3,7	1.00 040124 040124 220224			47.00	21.86	0.00	20.00	JJ±0		
81 87591	59	1.00 040124 040124 220224			42.00	28.00	0.00	28.00	9918		
01 07071						14.00	0.00		77_0		
81 87661	59	1.00 040124 040124 220224			32.30	21.53	0.00	21.53	9918		
						10.77	0.00				
NAME: KARSON		RECIPIENT ID.: 530000737956		41.604	207 10	060 03		125 00	0.00	0.00	060 03
2024	1109082445	I1612848	041624 04	41624		262.03		135.09	0.00	0.00	262.03
POS PROC CI) MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
81 87498	59	1.00 041624 041624 220224			37.07	22.00	0.00		9918	EODO	
01 07100	37	1.00 011021 011021 220221			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 041624 041624 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 041624 041624 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
		DEGITETED TO	15777								
NAME: KINSLE		RECIPIENT ID.: 530000737955		41604	207 10	262.02		125 00	0 00	0 00	262.02
2024	1109082455	I1612847	041624 04	41624		262.03 ALLOWED	COPAY	135.09	0.00	0.00	262.03
POS PROC CI) MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORS	
81 87498	59	1.00 041624 041624 220224			37.07	22.00	0.00		9918	HODD	
01 07170		1.00 011021 011021 220221			37.07	15.07	0.00	22.00	3310		
81 87581	59	1.00 041624 041624 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 041624 041624 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
373 MT 4 377777737		DEGITATION TO . 52000120000	N/D NT e								
NAME: NEVEAH		RECIPIENT ID.: 530001399886		41004	000 10	545 53		254 50	0 00	0 00	472 F2
2024	1107012050	I1610427 SERVICE DATES RENDERING	041224 04	41224	900.12 BILLED		COPAY	354.59	0.00	0.00	473.53
POS PROC CI) MODIFIERS	UNITS FROM THRU PROVIDER				NON-Allowed		PAID	DETAIL	EORS	
81 87798		9.00 041224 041224 220224			378.00	252.00	0.00	252.00		LODD	
01 07770		J. 00 011221 011221 220221			370.00	126.00	0.00	232.00	3310		
81 87481	59	2.00 041224 041224 220224			84.00	56.00	0.00	56.00	9918		
						28.00	0.00				
81 87491	59	1.00 041224 041224 220224			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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO 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 E	ORS	
81 87511	59	1.00 041224 041224	220224			42.00	28.00	0.00		9918	OBS	
01 0/011		1.00 011221 011221	220221			12.00	14.00	0.00	20.00	J J I O		
81 87529	59	2.00 041224 041224	220224			99.72	56.00	0.00	56.00	9918		
							43.72	0.00				
81 87591	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87653	59	2.00 041224 041224	220224			74.14	44.00	0.00	0.00	5900		
							30.14	0.00				
81 87661	59	1.00 041224 041224	220224			32.30	21.53	0.00	21.53	9918		
01 07563		1 00 041004 041004	220224			40 50	10.77	0.00	0 00	4001		
81 87563		1.00 041224 041224	220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640	59	1.00 041224 041224	220224			37.07	22.00	0.00 0.00	22 00	9918		
01 07040		1.00 041224 041224	220224			37.07	15.07	0.00	22.00	J J ± 0		
81 87086		1.00 041224 041224	220224			18.53	10.00	0.00	10.00	9918		
0_ 0.000							8.53	0.00	_0.00	J J _ G		
NAME: AMBER (COOKE	RECIPIENT ID	.: 530001970593	MRN:								
20241	L07012083	I1608187		041024	041024	77.04			17.11	0.00	0.00	59.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 80053		1.00 041024 041024	220224			15.84	12.00	0.00	12.00	9918		
01 02026		1 00 041024 041024	220224			14 00	3.84	0.00	10.00	0010		
81 83036		1.00 041024 041024	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81 84443		1.00 041024 041024	220224			25.20	22.93	0.00	22 93	9918		
01 01113		1.00 011021 011021	220221			25.20	2.27	0.00	22.73	JJ±0		
81 84439		1.00 041024 041024	220224			13.00	9.00	0.00	9.00	9918		
			-				4.00	0.00				
81 85049		1.00 041024 041024	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: WILLIAN			530001299591	MRN:	10000	1 0 1 0 1 0			440 40			
20241	L03024985	I1605644	D = 11 = D = 11 = G	120823	120823	1,049.12	629.64		419.48	0.00	0.00	629.64
	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		ODG	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 120823 120823	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID	DETAIL E	OBS	
01 0/033		1.00 120023 120023	∠∠∪∠∠ ¹			130.00	106.39	0.00	43.01	J J L O		
81 87486	59	1.00 120823 120823	220224			42.00	28.00	0.00	28 00	9918		
01 07100		1.00 120025 120025	220221			12.00	14.00	0.00	20.00	J J ± 0		
								0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

CRA-PRPD-R

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

117

		ICN	PAT ACC		D	D-110-00-11-0	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	TINITO	SERVICE		RENDERING			BILLED	ALLOWED	COPAY	מדגם		EODC	
81	PROC CD 87498	MODIFIERS 59		FROM 120823	THRU	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL 9918	FORS	
0.1	0/490	39	1.00	120023	120023	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	120823	120823	220224			42.00	28.00	0.00	28 00	9918		
0.1	0/301	39	1.00	120023	120023	220224			12.00	14.00	0.00	20.00	9910		
81	87633		1 00	120823	1 2 0 0 2 2	220224			318.05	212.03	0.00	212.03	0010		
0.1	0/033		1.00	120023	120023	220224			310.03	106.02		212.03	9910		
0.1	87640		1 00	120022	1 2 0 0 2 2	220224			37.07		0.00	22 00	0010		
81	8/640		1.00	120823	120023	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	ГО	1 00	100000	1 2 0 0 2 2	220224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00	120823	120823	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	F.O.	1 00	100000	100000	000004			40.06	15.07	0.00	00 00	0010		
81	87651	59	1.00	120823	120823	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.5500		0 00	100000	100000	000004			226.00	21.86	0.00	004 00	0010		
81	87798		8.00	120823	120823	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
	D 3 3 4 1 1 3	G0DET 111D		DEGED			3.5037.								
NAME:		COPELAND	T160F646		TEN.I. TD	.: 530000979534	MRN:	000104	065 22	F.C.O. 0.0		006 04	0 00	0 0	512.00
	20241	.03025009	I1605649				022124	022124	865.33	569.09		296.24	0.00	0.0	513.09
				SERVICE		RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87481	59	4.00	022124	022124	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
81	87640	59	1.00	022124	022124	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87653	59	1.00	022124	022124	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87798		11.00	022124	022124	220224			462.00	308.00	0.00	308.00	9918		
										154.00	0.00				
81	87641	59	1.00	022124	022124	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87798		2.00	022124	022124	220224			84.00	56.00	0.00	0.00	5000		
										28.00	0.00				
81	87086		1.00	022124	022124	220224			18.53	10.00	0.00	10.00	9918		
										8.53	0.00				
81	87186		1.00	022124	022124	220224			13.50	9.00	0.00	9.00	9918		
										4.50	0.00				
81	87088		1.00	022124	022124	220224			8.09	8.09	0.00	8.09			
										0.00	0.00				
NAME:	KYLIE C				IENT ID	.: 530001563987	MRN:								
	20241	.03025040	I1605653	3			040124	040124	722.67	474.00		248.67	0.00	0.0	0 474.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

118

		ICN	PAT ACCT NO.	DENDEDING	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 E	OBS	
81	87481	59	4.00 040124 040124	220224			168.00	112.00	0.00	112.00		ODD	
								56.00	0.00				
81	87640	59	1.00 040124 040124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07652	F.O.	1 00 040104 040104	000004			27 07	15.07	0.00	00.00	0010		
81	87653	59	1.00 040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 040124 040124	220224			462.00	308.00	0.00	308.00	9918		
01	07750		11.00 010121 010121	220221			102.00	154.00	0.00	300.00	JJ 10		
81	87086		1.00 040124 040124	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
NAME	: MICHAEL			530001654711	MRN:								
	20241	.03025047	I1605654		040924	040924	88.84	59.00		29.84	0.00	0.00	59.00
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזיד		ODG	
81	80053	MODIFIERS	UNITS FROM THRU 1.00 040924 040924	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL E	OBS	
01	00033		1.00 040724 040724	220224			13.04	3.84	0.00	12.00	JJ±0		
81	82306		1.00 040924 040924	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	80061		1.00 040924 040924	220224			20.00	14.00	0.00	14.00	9918		
0.1	05040		1 00 040024 040024	220224			9.00	6.00	0.00	4 00	9918		
81	85049		1.00 040924 040924	220224			9.00	4.00 5.00	0.00	4.00	9910		
NAME:	: AVA COR	NET.TIIS	RECIDIENT II	o.: 530000678595	MRN:								
142 21-111		.03025054	I1605659	2.		031124	1,049.12	629.64		419.48	0.00	0.00	128.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87486	59	1.00 031124 031124	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 031124 031124	220224			37.07	14.00 22.00	0.00	22.00	0010		
0.1	0/490	39	1.00 031124 031124	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 031124 031124	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 031124 031124	220224			318.05	212.03	0.00	0.00	5000		
0.1	05640		1 00 021104 021104	000004			25 25	106.02	0.00	0.00	F 0 0 0		
81	87640		1.00 031124 031124	220224			37.07	22.00 15.07	0.00	0.00	5000		
81	87641	59	1.00 031124 031124	220224			37.07	22.00	0.00	22.00	9918		
0 ±	0,011	3	1.00 031121 031121				37.07	15.07	0.00	22.00	J J ± 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

119

ICN POS PROC CD MODIFIERS 81 87651 59 81 87798 81 87635	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031124 031124 220224 8.00 031124 031124 220224 1.00 031124 031124 220224	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 NC ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 0.00	AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
NAME: TONYA CORONA 2024107012111 POS PROC CD MODIFIERS 81 G0480	RECIPIENT ID.: 530001441275 I1610428 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924	040924	125.00 BILLED AMOUNT 125.00	55.48 ALLOWED NON-AllOWED 55.48 69.52	COPAY TPL 0.00 0.00	69.52 PAID 55.48	0.00 DETAIL EOBS 9918	0.00	55.48
NAME: SEBASTIAN CORTES 2024107012131 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.: 530002384765 I1608196 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 8.00 040224 040224 220224	MRN: 040224	040224	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.	313.09 PAID 28.00 22.00 28.00 212.03 22.00 22.00 28.00 224.00	9918 9918 9918 9918 9918	0.00	586.03
	RECIPIENT ID.: 530001607199 11604723 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224	MRN: 040824	040824	BILLED	16.00 ALLOWED NON-AllOWED 12.00 2.00	COPAY TPL	PAID 12.00	DETAIL EOBS		16.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

120

ICN	PAT ACCT NO.	SERVICE DATE FROM THRU	AMOUNT		NO: ALL		COPAY TP AMOUNT AMO		PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 4.50	NON-AllOWED	COPAY TPL 0.00 0.00		DETAIL EOBS 3323		
81 85049	1.00 040824 040824 220224		9.00	4.00	0.00	4.00	9918		
	RECIPIENT ID.: 530000883123	MRN:							
2024103025066	I1605662	040924 0409		73.93		27.61	0.00	0.00	73.93
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 80053			15.84 14.00		0.00	12.00			
81 83036	1.00 040924 040924 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 80061	1.00 040924 040924 220224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443	1.00 040924 040924 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 040924 040924 220224		13.00	9.00 4.00	0.00	9.00	9918		
81 36415	1.00 040924 040924 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040924 040924 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: JOHN COUCH 2024107012154	RECIPIENT ID.: 530002288052	MRN: 040224 0402	24 40 96	28.00		21.86	0.00	0.00	28.00
202410/012134	SERVICE DATES RENDERING	040224 0402			COPAY	21.00	0.00	0.00	20.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 040224 040224 220224		AMOUNT 49.86	NON-AllOWED	TPL	PAID 28.00			
NAME: SARAH COX 2024107012166	RECIPIENT ID.: 530002057874 I1608204		24 174.33			58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22			
NAME: TAMMY CRENWELGE 2024099022264	RECIPIENT ID.: 530002018392 I1600642	MRN: 040124 0401	24 174.33	116.22		58.11	0.00	0.00	116.22

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

121

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	AMOUNT	NO ALL	OWED	AMOUNT AM	'PL IOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	116.22	DETAIL EOBS 9918	;	
2024099022282	RECIPIENT ID.: 530002018392 11600643 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	020524 020524		ALLOWED NON-AllOWED 116.22	COPAY TPL	PAID 116.22	DETAIL EOBS		116.22
NAME: TAMMY CRENWELGE 2024099022285 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002018392 11600644 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 010824 010824 220224	MRN: 010824 010824	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: TAMMY CRENWELGE 2024099022290 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002018392 I1600645 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030424 030424 220224	MRN: 030424 030424	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: LANDON CRIDER 2024099022297 POS PROC CD MODIFIERS 81 82785 81 86003	RECIPIENT ID.: 530000501491 11600646 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 061223 061223 220224 1.00 061223 061223 220224 1.00 061223 061223 220224	MRN: 061223 061223	48.50 BILLED AMOUNT 33.00 7.75	20.98 ALLOWED NON-AllOWED 12.20 20.80 4.39 3.36 4.39 3.36	COPAY TPL	PAID 12.20 4.39	DETAIL EOBS 9918 9936	0.00	16.59
2024107012207 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001372279 11608215 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224	MRN: 040324 040324	BILLED	NON-AllOWED	COPAY		0.00 DETAIL EOBS 9918		10.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(PL OUNT	PAID AMOUNT
NAME: ISAIAH CRITTENDEN 2024103025139 POS PROC CD MODIFIERS 81 80061 81 36415	RECIPIENT ID.: 530001180750 11605684 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224 1.00 021524 021524 220224	MRN: 021524	021524	24.50 BILLED AMOUNT 20.00 4.50	14.00 ALLOWED NON-AllOWED 14.00 6.00 0.00 4.50	COPAY	10.50 PAID 14.00 0.00	DETAIL EOBS 9918	0.00	14.00
NAME: DELILAH CROCHET 2024109082496 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530002318918 11612851 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			319.55 BILLED AMOUNT 319.55		COPAY TPL		DETAIL EOBS	0.00	213.03
NAME: PAISLEY CROCKER 2024109082501 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798	RECIPIENT ID.: 530001047774 I1611519 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224 11.00 041524 041524 220224		041524	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 0.00	PAID 112.00 22.00 22.00 308.00	DETAIL EOBS 9918 9918 9918	0.00	464.00
NAME: COLTON CROCKETT 2024103025152 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633	RECIPIENT ID.: 530000574858 11605685 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022124 022124 220224 1.00 022124 022124 220224 1.00 022124 022124 220224 1.00 022124 022124 220224	MRN: 022124	022124	BILLED AMOUNT	629.64 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	COPAY	PAID	DETAIL EOBS 9918 9918 9918	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

123

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		AID OUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORS		
81	87640	MODIFIERD		022124 022124	220224			37.07	22.00	0.00		9918	EODD		
01	0,010		1.00	022221 022221				37.07	15.07	0.00	22.00	3320			
81	87641	59	1.00	022124 022124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00	022124 022124	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00	022124 022124	220224			336.00	224.00	0.00	224.00	9918			
0.1	0.00.0		1 00	000104 000104	000004			150.00	112.00	0.00	10.61	0010			
81	87635		1.00	022124 022124	220224			150.00	43.61	0.00	43.61	9918			
									106.39	0.00					
NAME:	: .TA MTRA	CLE CROSBY		PECIDIENT ID	.: 530000995933	MRN:									
INATITE		.07012221	I161044		. • 5500000775755	041124	041124	1,049.12	629.64		419.48	0.00	0.	.00	629.64
	20211	.0,01222	1101011	SERVICE DATES	RENDERING	011121	0 11121	BILLED	ALLOWED	COPAY	117.10	0.00	0.		027.01
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87635			041124 041124	220224			150.00	43.61	0.00		9918			
									106.39	0.00					
81	87486	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918			
0.1	07501	F.O.	1 00	041104 041104	000004			40.00	15.07	0.00	00.00	0.01.0			
81	87581	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918			
81	87633		1 00	041124 041124	220224			318.05	14.00 212.03	0.00	212.03	0010			
OI	07033		1.00	041124 041124	22022 1			310.03	106.02	0.00	212.03	9910			
81	87640		1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918			
0_	0,010			011111 011111					15.07	0.00		2220			
81	87641	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00	041124 041124	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
יאר אורי.	: AKARI C	ים∩פעדע		ספּרדחדפּאיי דח	.: 530002140340	MRN:									
IN₩IN₽•		.07012237	I161044		550002140540	MRN · 040624	040624	219 55	213.03		106 52	0.00	Λ	.00	213.03
	20241	.0,01227	TT0T044	SERVICE DATES	RENDERING	010024	010024		ALLOWED		100.52	0.00	0.	. 00	<u></u>
POS	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-Allowed		PAID	DETAIL	EOBS		
	87507			040624 040624				319.55			213.03				
										0.00					

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DAT		ALLOWED AMOUNT	NON ALLOWI			PL OUNT	PAID AMOUNT
NAME: AMBER CROWLEY 2024107012248 POS PROC CD MODIFIERS 81 83036	RECIPIENT ID.: 530002275836 I1608222 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224	MRN: 041024 041	14.00 BILLED AMOUNT 14.00	NON-Allowed	COPAY	PATD	0.00 DETAIL EOBS 9918	0.00	12.00
NAME: EVERLEIGH CRUCE 2024099022317 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001693603 11600653 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030524 030524 220224	MRN: 030524 030	30524 49.86 BILLED AMOUNT 49.86	NON-AllOWED	COPAY	PAID	0.00 DETAIL EOBS 9918 9936	0.00	18.94
NAME: DAIJA CRUMPTON 2024102042741 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59 81 87633 81 87798 81 87651		MRN: 022024 022	764.98 BILLED AMOUNT 150.00 37.07 42.00 318.05 168.00 49.86	445.64 ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00 28.00 21.86	319 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		9918 9918 9918 9918	0.00	445.64
NAME: AIDEN CRUSE-BRYANT 2024103025171 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59	RECIPIENT ID.: 530000789305 11605696 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224	MRN: 031224 031	1,049.12 BILLED AMOUNT 150.00 42.00 37.07	629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	9.48 PAID 0.00 28.00 22.00	9918	0.00	128.00

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO. SERVICE DA	TES RENDERING		SERVICE ROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS		IRU PROVIDER				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORG		
81	87581	59		031224 031					42.00	28.00	0.00		9918	EODO		
01	0,301	3,5	1.00	031221 031					12.00	14.00	0.00	20.00	J J I O			
81	87633		1.00	031224 031	224 220224				318.05	212.03	0.00	0.00	5000			
01	0,000		1.00	031221 031					310.03	106.02	0.00	0.00	2000			
81	87640		1.00	031224 031	224 220224				37.07	22.00	0.00	0.00	5000			
0_	0.010		_,,,	001111						15.07	0.00	0.00				
81	87641	59	1.00	031224 031	224 220224				37.07	22.00	0.00	22.00	9918			
-										15.07	0.00					
81	87651	59	1.00	031224 031	224 220224				49.86	28.00	0.00	28.00	9918			
										21.86	0.00					
81	87798		8.00	031224 031	224 220224				336.00	224.00	0.00	0.00	5000			
										112.00	0.00					
NAME:	: CHIQUIT	'A CUNNINGHAM		RECIPIEN'	ID.: 53000219	3875	MRN:									
	20241	.07012260	I160822	16		0	41124	041124	565.12	374.03		191.09	0.00		0.00	374.03
				SERVICE DA	TES RENDERING				BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS		HRU PROVIDER				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87498	59	1.00	041124 041	L24 220224				37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87581	59	1.00	041124 041	L24 220224				42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87633		1.00	041124 041	L24 220224				318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81	87798		4.00	041124 041	124 220224				168.00	112.00	0.00	112.00	9918			
										56.00	0.00					
3733477		CITATAT TATCATA NA			T	\	ACD AT A									
NAME:		CUNNINGHAM	T160000		r ID.: 53000142		MRN:	040404	700 67	474 00		240 67	0 00		0 00	474 00
	20241	07012271	I160822	:/ SERVICE DA'		U	140424	040424	722.67			248.67	0.00		0.00	474.00
DOG	PROC CD	MODIFIERS	UNITS		TES RENDERING RU PROVIDER				BILLED	ALLOWED	COPAY	ח א א ח	ד גייים כו	EODC		
81	87481	59		FROM TI					AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL 9918	FORS		
OΤ	0/401	39	4.00	040424 040	124 220224				100.00	56.00	0.00	112.00	9910			
81	87640	50	1 00	040424 040	124 220224				37.07	22.00	0.00	22 00	9918			
01	07040		1.00	0 10 12 1 0 10	124 220224				37.07	15.07	0.00	22.00	J J I U			
81	87653	59	1 00	040424 040	124 220224				37.07	22.00	0.00	22 00	9918			
01	07033	3,5	1.00	0 10 12 1 0 10					37.07	15.07	0.00	22.00	JJ10			
81	87798		11 00	040424 040	124 220224				462.00	308.00	0.00	308.00	9918			
0 ±	000		00	310121 010					102.00	154.00	0.00	300.00	2210			
81	87086		1.00	040424 040	124 220224				18.53	10.00	0.00	10.00	9918			
J <u> </u>	0.000		1.00	3 2 3 2 2 2 2 3 2 0 1 0					10.33	8.53	0.00	10.00	2210			
										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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY TE	PL DUNT	PAID AMOUNT
2024107012287 POS PROC CD MODIFIERS 81 80307	1.00 033024 033024 220224	MRN: 033024		258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AlloWED 55.87 27.94	COPAY TPL 0.00 0.00			0.00	172.09
NAME A DECOME AN GUEDAN	1.00 033024 033024 220224 RECIPIENT ID.: 530001257841 I1610443 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1 00 041124 041124 220224	MRN: 041124			58.11	0.00 0.00		0.00	0.00	10.00
31 37000	1.00 041124 041124 220224			AMOUNT 18.53	NON-AllOWED 10.00	\mathtt{TPL}	PAID 10.00	DETAIL EOBS 9918		
2024103025182 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001586321 I1605704 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224 4.00 041024 041024 220224	MRN: 041024	041024	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		DETAIL EOBS 9918 9918 9918	0.00	374.03
NAME: JOSIAH CURRY 2024107012321 POS PROC CD MODIFIERS 81 82306 81 83540 81 83550 81 82728	RECIPIENT ID.: 530001586321 11608230 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224 1.00 041024 041024 220224 1.00 041024 041024 220224	MRN: 041024	041024	BILLED AMOUNT	NON-AllOWED	COPAY TPL	PAID 29.00	9918 9918 9918	0.00	75.00

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED	SERVICE DAT				BILLED	ALLOWED	COPAY	D 3 T D		10DG	
POS PROC CD : 81 83036	MODIFIERS	UNITS FROM THE 1.00 041024 0410				AMOUNT 14.00	NON-AllOWED 12.00	TPL 0.00	PAID	DETAIL E 9918	IOBS	
01 03030		1.00 041024 0410					2.00	0.00	12.00	9910		
81 36415		1.00 041024 0410	24 220224			4.50	0.00	0.00	0 00	3323		
01 30113		1.00 011021 0110				1.30	4.50	0.00	0.00	3323		
81 85049		1.00 041024 0410	24 220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NIAME: TOCTAIL C	IIDDV	RECIPIENT	TD • E20001E06221	MRN:								
	7012344	I1608231	1D. 330001360321		041024	23 00	10.00	1	13.00	0.00	0.00	10.00
202410	7012344	SERVICE DAT	ES RENDERING	041024	041024	BILLED	ALLOWED	COPAY	13.00	0.00	0.00	10.00
POS PROC CD	MODIFIERS	UNITS FROM THE				AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 85045	1102 11 1110	1.00 041024 0410					5.00			9918		
							3.00	0.00				
81 86140		1.00 041024 0410	24 220224			8.00 15.00	5.00	0.00		9918		
							10.00	0.00				
NIAME: MADIEV C	TIDDV	RECIPIENT	TD • 530001/08153	MRN:								
	2042755	I1603357	ID.: 330001498133		021324	596 98	333.64	L	263.34	0.00	0.00	333.64
202110	2012733		ES RENDERING	021321	021321	BILLED	ALLOWED	COPAY	203.31	0.00	0.00	333.01
POS PROC CD	MODIFIERS	UNITS FROM THE	RU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 021324 0213	24 220224			150.00	43.61	0.00		9918		
							106.39	0.00				
81 87498	59	1.00 021324 0213	24 220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 021324 0213	24 220224			42.00	28.00	0.00	28.00	9918		
01 08622		1 00 001204 0012	24 000004			210 05	14.00	0.00	010 02	0010		
81 87633		1.00 021324 0213	24 220224			318.05	212.03	0.00	212.03	9918		
81 87651		1.00 021324 0213	24 220224			49.86	106.02 28.00	0.00	28.00	0010		
01 0/031		1.00 021324 0213	24 220224			49.00	21.86	0.00	20.00	9910		
							21.00	0.00				
NAME: K BREAUN	NA CURTIS	RECIPIENT	ID.: 530000190368	MRN:								
202410	2042765	I1603358		022024	022024	457.83	291.50)	166.33	0.00	0.00	263.50
			ES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM TH				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 87389		1.00 022024 0220	24 220224			36.00	23.88	0.00	23.88	9918		
01 05005		1 00 000004 0000	24 000004			10.00	12.12	0.00	F 00	0010		
81 85027		1.00 022024 0220	24 220224			12.00	5.00	0.00	5.00	9918		
81 36415		1.00 022024 0220	24 220224			4.50	7.00 0.00	0.00	0 00	3323		
01 20412		1.00 022024 0220	27 27774			4.30	4.50	0.00	0.00	J J <u> </u>		
							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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		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	EOBS	
81	87491	59	1.00	022024 022024	220224			49.86	28.00	0.00	0.00	5490		
0.1	0.00	F-0	1 00		000004			40.00	21.86	0.00	00.00	0010		
81	87591	59	1.00	022024 022024	220224			42.00	28.00	0.00	28.00	9918		
0.1	07661		1 00	000004 000004	000004			20 20	14.00	0.00	01 52	0010		
81	87661		1.00	022024 022024	220224			32.30	21.53	0.00	21.53	9918		
81	87086		1 00	022024 022024	220224			18.53	10.77 10.00	0.00	10 00	9918		
0.1	07000		1.00	0 0 2 2 0 2 4 0 0 2 2 0 2 4	220224			10.33	8.53	0.00	10.00	9910		
81	81015		1 00	022024 022024	220224			4.50	3.00	0.00	3 00	9918		
01	01013		1.00	022024 022024	220224			4.50	1.50	0.00	3.00	9910		
81	80307		1 00	022024 022024	220224			83.81	55.87	0.00	55 87	9918		
01	00307		1.00	022021 022021	220221			03.01	27.94	0.00	33.07	JJ±0		
81	G0482		1.00	022024 022024	220224			174.33	116.22	0.00	116.22	9918		
0_	00101		_,,	00				_ / _ / 0 0	58.11	0.00		2220		
NAME:	K BREAU	NNA CURTIS		RECIPIENT ID	.: 530000190368	MRN:								
		02042785	I160335			022024	022024	302.00	134.85		167.15	0.00	0.00	130.85
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	81001		1.00	022024 022024	220224			5.00	4.00	0.00	0.00	5911 59	912	
									1.00	0.00				
81	85660		1.00	022024 022024	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81	86850		1.00	022024 022024	220224			30.00	8.00	0.00	8.00	9918		
0.1	0.5001		4 00		000004				22.00	0.00	0.01	0010		
81	86901		1.00	022024 022024	220224			9.00	2.91	0.00	2.91	9918		
0.1	0.5000		1 00	000004 000004	000004			0 00	6.09	0.00	0 04	0010		
81	86900		1.00	022024 022024	220224			9.00	2.94	0.00	2.94	9918		
81	96593		1 00	000004 000004	220224			7.00	6.06 5.00	0.00	E 00	0010		
0.1	86592		1.00	022024 022024	220224			7.00	2.00	0.00	5.00	9918		
81	86762		1 00	022024 022024	220224			42.00	18.00	0.00	18 00	9918		
01	00702		1.00	022024 022024	220224			42.00	24.00	0.00	10.00	JJ10		
81	87340		1 00	022024 022024	220224			15.00	13.00	0.00	13 00	9918		
01	0,310		1.00	022021 022021	220221			13.00	2.00	0.00	13.00	J J ± 0		
81	82677		1.00	022024 022024	220224			72.00	27.00	0.00	27.00	9918		
	- - · ·							. =	45.00	0.00	= · • • • •			
81	84702		1.00	022024 022024	220224			22.00	12.00	0.00	12.00	9918		
-	-								10.00	0.00		-		
81	82105		1.00	022024 022024	220224			51.00	20.00	0.00	20.00	9918		
									31.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 86336 LC	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 32.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 17.00 15.00	NC ALI COPAY TPL 0.00 0.00		COPAY TP: AMOUNT AMO DETAIL EOBS 5001 9918		PAID AMOUNT
NAME: K BREAUNNA CURTIS 2024109082514 POS PROC CD MODIFIERS 81 87491 59 81 87591 59 81 87661	RECIPIENT ID.: 530000190368 I1612859 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624	124.16 BILLED AMOUNT 49.86 42.00 32.30	77.53 ALLOWED NON-AllOWED 28.00 21.86 28.00 14.00 21.53 10.77	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID		0.00	49.53
NAME: ISLAH CUSHION 2024107012353 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.: 530001704326 I1608233 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 8.00 032924 032924 220224 200224	MRN: 032924 032924	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00	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 22.00 28.00	9918 9918 9918 9918 9918	0.00	586.03
NAME: LASHAWDO CUTLER 2024103025194 POS PROC CD MODIFIERS 81 85027	RECIPIENT ID.: 530001244397 11605705 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924	35.50 BILLED AMOUNT 12.00	NON-AllOWED	COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOBS 9918	0.00	14.00

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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

130

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AlloWED	NC ALL	ON OWED	COPAY TP: AMOUNT AMO		PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	0.00	3323		
81 82951	1.00 040924 040924 220224		19.00	9.00 10.00	0.00	9.00	9918		
NAME: LASHAWDO CUTLER 2024103025208	RECIPIENT ID.: 530001244397	MRN: 040924 040924	37.00	13.00	$C \cap D \Delta V$			0.00	13.00
POS PROC CD MODIFIERS 81 86850	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 30.00	NON-AllOWED 8.00 22.00	\mathtt{TPL}	PAID 8.00	DETAIL EOBS 9918		
			7.00	5.00 2.00	0.00	8.00 5.00	9918		
NAME: MELISSA DABBS 2024102043729	RECIPIENT ID.: 530001980670 I1604313 SERVICE DATES RENDERING	MRN: 040324 040324	174.33 BILLED	116.22 ALLOWED	2 COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	I1604313 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
NAME: SAMUEL DAILY 2024102043737	RECIPIENT ID.: 530001057999 I1604314 SERVICE DATES RENDERING	MRN: 040824 040824	49.86 BILLED	28.00) COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	I1604314 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
NAME: TYLAR DANIEL 2024102043746	RECIPIENT ID.: 530002312952 I1604315 SERVICE DATES RENDERING	MRN: 032924 032924		55.48 ALLOWED		69.52	0.00	0.00	55.48
POS PROC CD MODIFIERS 81 G0480	UNITS FROM THRU PROVIDER 1.00 032924 032924 220224		AMOUNT 125.00	NON-AllOWED	TPL 0.00	PAID 55.48			
NAME: CONNER DANLEY 2024103025213	RECIPIENT ID.: 530002318917 I1605713 SERVICE DATES RENDERING	MRN: 041024 041024		586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		AMOUNT 42.00	NON-AllOWED			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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS	PROC CD	MODIFIERS	SERVICE DATE UNITS FROM THE				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ORG	
81	87498	59	1.00 041024 04102	4 220224			37.07	22.00 15.07	0.00	22.00	9918	OBS	
81	87581	59	1.00 041024 04102	4 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041024 04102	4 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041024 04102	4 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041024 04102				37.07	22.00 15.07	0.00		9918		
81	87651	59	1.00 041024 04102				49.86	28.00 21.86	0.00		9918		
81	87798		8.00 041024 04102	4 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	KADYN D	ARK 03025222	RECIPIENT	ID.: 530000171217	MRN: 120723	120723	12.50	5.00)	7.50	0.00	0.00	5.00
		MODIFIERS			120,23	120,120	BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 5.00 3.00	COPAY TPL 0.00 0.00	PAID 5.00			3.00
81	36415		1.00 120723 12072	3 220224			4.50	0.00 4.50	0.00		3323		
NAME:		VIDSON 02042806	RECIPIENT I1603364 SERVICE DATE	ID.: 530000948480 S RENDERING	MRN: 040524	040524	319.55 BILLED	213.03	COPAY	106.52	0.00	0.00	213.03
	PROC CD 87507	MODIFIERS	UNITS FROM THE 1.00 040524 04052	U PROVIDER			AMOUNT 319.55	NON-Allowed	\mathtt{TPL}	213.03		OBS	
NAME:	AMARI D 20241	AVIS 07012374	I1608250	ID.: 530000645648		041124		217.53		124.49	0.00	0.00	189.53
POS 81	PROC CD 87798	MODIFIERS	SERVICE DATE UNITS FROM THE 3.00 041124 04112	U PROVIDER			BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL E 9918	OBS	
81	87491	59	1.00 041124 04112	4 220224			49.86	28.00 21.86	0.00		5490		
81	87511	59	1.00 041124 04112	4 220224			42.00	28.00 14.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

132

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	ORS	
81	87529	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00		9918	000	
81	87591	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661	59	1.00 041124 041124	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	EMBER D	DAVTS	RECIPTENT ID	.: 530002299486	MRN:								
14111111		L02042820	I1603365	. 330002233100		040524	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	OBS	
81	87486	59	1.00 040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040524 040524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040524 040524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040524 040524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		LA DAVIS L07012388	RECIPIENT ID	.: 530001187235	MRN: 041124	041124	342.02	217.53		124.49	0.00	0.00	189.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87798		3.00 041124 041124	220224			126.00	84.00 42.00	0.00	84.00	9918		
81	87491	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	1.00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

133

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU		ALLOWED AMOUNT	NC ALI		COPAY T AMOUNT AM	PL OUNT	PAID AMOUNT
POS PROC CD 81 87591	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224				ALLOWED	COPAY TPL	PAID 28.00	DETAIL EOBS		
81 87661		1.00 041124 041124 220224			32.30	21.53 10.77	0.00		9918		
NAME: JABRIA 20241	DAVIS L03025234	RECIPIENT ID.: 5300011957	70 MRN: 022624	022624	124.16	77.53		46.63	0.00	0.00	49.53
POS PROC CD 81 87491	MODIFIERS 59	RECIPIENT ID.: 5300011957 11605727 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022624 022624 220224 1.00 022624 022624 220224 1.00 022624 022624 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 0.00			
81 87591	59	1.00 022624 022624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661		1.00 022624 022624 220224			32.30	21.53 10.77	0.00	21.53	9918		
	NE DAVIS L09082525	RECIPIENT ID.: 5300016783	27 MRN: 041624	041624	150.00	43.61 ALLOWED	COPAY				43.61
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 150.00	43.61	TPL 0.00 0.00	43.61	DETAIL EOBS 9918		
NAME: CHOSEN		RECIPIENT ID.: 5300014600	24 MRN:	040424	1 040 12	629.64		410 40	0 00	0.00	620 64
)99022329	I1600703 SERVICE DATES RENDERING		040424	DITTED	ATT OUTED	COPAY				629.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224 1.00 040424 040424 220224 1.00 040424 040424 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 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040424 040424 220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040424 040424 220224			42.00	15.07 28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040424 040424 220224			318.05	212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640		1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040424 040424 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00		BS	
81 87798		8.00 040424 040424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: MICHAEL			.: 530001460023	MRN:								
202410	2042830	I1603366	DENDEDING	040424	040424	13.50			9.50	0.00	0.00	4.00
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	RS	
81 36415	MODIFIEND	1.00 040424 040424	220224			4.50	0.00 4.50	0.00		3323	טם	
81 85049		1.00 040424 040424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: AUBREY D)₽M∩₽ Q₽	PECIDIENT ID	.: 530001926472	MRN:								
	3025248	I1605758	330001720472	020724	020724	101.54	73.93		27.61	0.00	0.00	73.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 80053		1.00 020724 020724	220224			15.84	12.00	0.00	12.00	9918		
01 02026		1 00 000704 000704	000004			14 00	3.84	0.00	10.00	0010		
81 83036		1.00 020724 020724	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81 80061		1.00 020724 020724				20.00	14.00	0.00	14.00	9918		
01 00001		1.00 020721 020721	220221			20.00	6.00	0.00	11.00	JJ±0		
81 84443		1.00 020724 020724	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 84439		1.00 020724 020724	220224			13.00	9.00	0.00	9.00	9918		
01 06415		1 00 000004 000004	000004			4 50	4.00	0.00	0.00	2222		
81 36415		1.00 020724 020724	220224			4.50	0.00	0.00	0.00	3323		
81 85049		1.00 020724 020724	220224			9.00	4.50 4.00	0.00 0.00	4 00	9918		
01 03042		1.00 020724 020724	220221			3.00	5.00	0.00	4.00	JJ10		
NAME: CONNOR D	DEMORSE	RECIPTENT ID	.: 530001926473	MRN:								
	3025261	11605759		020824	020824	87.54	61.93		25.61	0.00	0.00	61.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		BS	
81 80053		1.00 020824 020824	220224			15.84	12.00	0.00	12.00	9918		
01 00061		1 00 020024 020024	220224			20.00	3.84	0.00	14 00	0010		
81 80061		1.00 020824 020824	ZZUZZ 4			20.00	14.00 6.00	0.00 0.00	14.00	∃∃⊥δ		

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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020824 020824 220224			BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93	COPAY TPL 0.00	PAID 22.93	DETAIL 1 9918	EOBS	
81 84439)	1.00 020824 020824 220224			13.00	2.27 9.00 4.00	0.00 0.00 0.00	9.00	9918		
81 36415	5	1.00 020824 020824 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049)	1.00 020824 020824 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: PAYTO	ON DENARD 24102042854	RECIPIENT ID.: 53000054698		040324	10 52	10.00		8.53	0.00	0.00	10.00
202	24102042654	SERVICE DATES RENDERING	040324	040324	BILLED	ALLOWED	COPAY	0.55	0.00	0.00	10.00
	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL 1	EOBS	
81 87086		1.00 040324 040324 220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME: BRYCE	E DENISH	RECIPIENT ID.: 53000224235	59 MRN:								
202	24107012433	I1610458	041224	041224		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 1	EOBS	
81 87635		1.00 041224 041224 220224			150.00	43.61	0.00	43.61		2020	
0.1					40.00	106.39	0.00		0.01.0		
81 87486	5 59	1.00 041224 041224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	3 59	1.00 041224 041224 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	L 59	1.00 041224 041224 220224			42.00	28.00	0.00	28.00	9918		
81 87633	Ω	1.00 041224 041224 220224			318.05	14.00 212.03	0.00	212.03	9919		
01 0705	,	1.00 041224 041224 220224			310.03	106.02	0.00	212.03	JJ10		
81 87640)	1.00 041224 041224 220224			37.07	22.00	0.00	22.00	9918		
01 07641		1 00 041004 041004 000004			25 05	15.07	0.00	00.00	0010		
81 87641	L 59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	L 59	1.00 041224 041224 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798	3	8.00 041224 041224 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: GREGO	ORY DENNY	RECIPIENT ID.: 53000237419	97 MRN:								
	24099022351	I1600717		012924	563.12	298.81		264.31	0.00	0.00	298.81

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

136

		ICN	PAT ACCT NO.	D-1170-1170	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	, EOBS	
81	87486	59	1.00 012924 012924	220224			42.00	18.94 23.06	0.00		9918 9		
81	87498	59	1.00 012924 012924	220224			37.07	18.94 18.13	0.00	18.94	9918 9	936	
81	87581	59	1.00 012924 012924	220224			42.00	18.94 23.06	0.00	18.94	9918 9	936	
81	87633		1.00 012924 012924	220224			318.05	185.17 132.88	0.00	185.17	9918 9	936	
81	87640		1.00 012924 012924	220224			37.07	18.94 18.13	0.00	18.94	9918 9	936	
81	87641	59	1.00 012924 012924	220224			37.07	18.94 18.13	0.00	18.94	9918 9	936	
81	87651	59	1.00 012924 012924	220224			49.86	18.94 30.92	0.00	18.94	9918 9	936	
NAME:		ENTON		0.: 530002213842	MRN:								
	20241	L03025268	I1605760	DENDEDING	021924	021924		891.81		582.16	0.00	0.00	891.81
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER			AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS	
	87486	59	1.00 021924 021924	220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 021924 021924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 021924 021924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 021924 021924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87634	59	1.00 021924 021924	220224			105.30	49.14 56.16	0.00	49.14	9918		
81	87640		1.00 021924 021924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641		1.00 021924 021924				37.07	15.07	0.00		9918		
81	87651	59	1.00 021924 021924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 021924 021924	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 021924 021924	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87507		1.00 021924 021924	220224			319.55	213.03 106.52	0.00	213.03	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

137

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
NAME:	SARAH D 20241	DEPEW L03025300	RECIPIENT ID I1605763 SERVICE DATES	.: 530001583621 RENDERING	MRN: 031224	031224	1,746.92 BILLED	1,104.62 ALLOWED	COPAY	642.30	0.00	0	.00	641.53
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	87798	59	9.00 031224 031224	220224			378.00	252.00	0.00	252.00				
								126.00	0.00					
81	87481	59	2.00 031224 031224	220224			84.00	56.00	0.00	56.00	9918			
								28.00	0.00					
81	87491	59	1.00 031224 031224	220224			49.86	28.00	0.00	0.00	5490			
								21.86	0.00					
81	87511	59	1.00 031224 031224	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87529	59	2.00 031224 031224	220224			99.72	56.00	0.00	56.00	9918			
0.1	07501	ГО	1 00 021224 021224	220224			40.00	43.72	0.00	20.00	0.01.0			
81	87591	59	1.00 031224 031224	220224			42.00	28.00	0.00	28.00	9918			
81	87653	59	2.00 031224 031224	220224			74.14	14.00 44.00	0.00 0.00	0 00	5900			
OΤ	07055	39	2.00 031224 031224	220224			/1.11	30.14	0.00	0.00	3900			
81	87661	59	1.00 031224 031224	220224			32.30	21.53	0.00	21 53	9918			
01	0,001		1.00 031221 031221				32.30	10.77	0.00	21.00	3310			
81	87563		1.00 031224 031224	220224			42.50	0.00	0.00	0.00	4021			
								42.50	0.00					
81	87640	59	1.00 031224 031224	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87481	59	4.00 031224 031224	220224			168.00	112.00	0.00	112.00	9918			
								56.00	0.00					
81	87640	59	1.00 031224 031224	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.000	5 0	1 00 001004 001004	000004			25.25	15.07	0.00	00.00	0010			
81	87653	59	1.00 031224 031224	220224			37.07	22.00	0.00	22.00	9918			
0.1	07700		11 00 021224 021224	220224			462.00	15.07	0.00	0 00	E000			
81	87798		11.00 031224 031224	220224			462.00	308.00 154.00	0.00 0.00	0.00	5000			
81	87641	59	1.00 031224 031224	220224			37.07	22.00	0.00	22 00	9918			
01	07041	37	1.00 031224 031224	220224			37.07	15.07	0.00	22.00	JJ10			
81	87798		2.00 031224 031224	220224			84.00	56.00	0.00	0.00	5000			
0_	00		_,,,,				01.00	28.00	0.00	0.00				
81	87086		1.00 031224 031224	220224			18.53	10.00	0.00	0.00	5000			
								8.53	0.00					
81	87186		1.00 031224 031224	220224			13.50	9.00	0.00	0.00	5000			
								4.50	0.00					
81	87088		1.00 031224 031224	220224			8.09	8.09	0.00	0.00	5000			
								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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

138

ICN	PAT ACCT NO.	SERVICE D	DATES CHRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: SEBASTIAN DERBFUSS 2024107012455 POS PROC CD MODIFIERS 81 87481 59	RECIPIENT ID.: 530001871680 11608263 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 041124 041124 220224	MRN: 041124 0)41124	704.14 BILLED AMOUNT 168.00	464.00 ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	240.14 PAID 112.00	0.00 DETAIL E 9918	0.00 COBS	464.00
81 87640 59	1.00 041124 041124 220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653 59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 041124 041124 220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: SEBASTIAN DERBFUSS 2024107012465	RECIPIENT ID.: 530001871680 I1610459	MRN: 041124 0)41124	222.58	50.00		172.58	0.00	0.00	46.00
POS PROC CD MODIFIERS 81 84156	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00	PAID 4.00	DETAIL E 9918	OBS	
81 82570	1.00 041124 041124 220224			8.00	4.00 6.00 2.00	0.00 0.00 0.00	6.00	9918		
81 83069	1.00 041124 041124 220224			8.00	4.00 4.00	0.00	4.00	9918		
81 84311	2.00 041124 041124 220224			32.00	14.00 18.00	0.00	14.00	9918		
81 82010	1.00 041124 041124 220224			16.00	0.00 16.00	0.00	0.00	4524		
81 82945	1.00 041124 041124 220224			8.00	4.00	0.00	4.00	9918		
81 82247 59	1.00 041124 041124 220224			8.00	5.00 3.00	0.00	5.00	9918		
81 83986	1.00 041124 041124 220224			7.00	3.00 4.00	0.00	3.00	9918		
81 81007	2.00 041124 041124 220224			120.00	4.00 116.00	0.00	0.00	5900		
81 82043 QW	1.00 041124 041124 220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME: KYLEIGH DESHAZIER 2024103025330 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000742824 11605766 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022824 022824 220224		22824	1,049.12 BILLED AMOUNT 150.00	629.64 ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	419.48 PAID 43.61	0.00 DETAIL E 9918	0.00 SOBS	629.64

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DA		BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022824 022824 220224		BII	LLED DUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			
81 87498	8 59	1.00 022824 022824 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87583	1 59	1.00 022824 022824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	3	1.00 022824 022824 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 022824 022824 220224			37.07	22.00 15.07	0.00		9918		
81 87643		1.00 022824 022824 220224			37.07	22.00 15.07	0.00		9918		
81 87653		1.00 022824 022824 220224			49.86	28.00 21.86	0.00		9918		
81 87798	0	8.00 022824 022824 220224			336.00	224.00 112.00	0.00	224.00	9910		
	HEW DEWRELL 24107012478	RECIPIENT ID.: 53000067251 I1608273	6 MRN: 040424 0	40424	1,049.12	629.64	<u> </u>	419.48	0.00	0.00	629.64
POS PROC (SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BII	LLED OUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID		ZOD C	
81 8763!		1.00 040424 040424 220224		MA	150.00	43.61 106.39	0.00 0.00		DETAIL E 9918	2005	
81 87486	5 59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	8 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87583		1.00 040424 040424 220224			42.00	28.00 14.00	0.00		9918		
81 87633	3	1.00 040424 040424 220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640	0	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	1 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	1 59	1.00 040424 040424 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	3	8.00 040424 040424 220224			336.00	224.00 112.00	0.00	224.00	9918		
	MIAH DIAMOND 24107012505	RECIPIENT ID.: 53000210700 I1610461	02 MRN: 032624 03	32624	18.00	0.00		18.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

140

		FROM	DATES THRU	7 MOTINT	ALLOWED AMOUNT	NO ALL	OWED	COPAY T AMOUNT AM	OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 83655	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032624 032624 220224			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 0.00 18.00	COPAY TPL 0.00 0.00	0.00	DETAIL EOBS 9918 9936		
NAME: KIMBERLY DICKEY 2024109082534 POS PROC CD MODIFIERS 81 82306	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032624 032624 220224 RECIPIENT ID.: 530001050084 I1611550 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224	MRN: 031824	031824	81.89 BILLED AMOUNT 44.00	62.93 ALLOWED NON-AllOWED 29.00 15.00	COPAY TPL		DETAIL EOBS		62.93
81 84443 81 80048	1.00 031824 031824 220224 1.00 031824 031824 220224			25.20 12.69	22.93 2.27 11.00 1.69	0.00 0.00 0.00 0.00	22.93			
NAME: VAUGHN DILLS	RECIPIENT ID.: 530002031079 I1610462 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN:			116.22 ALLOWED NON-AllOWED 116.22	COPAY TPL 0.00 0.00	58.11 PAID 116.22	0.00 DETAIL EOBS 9918	0.00	116.22
2024099022373 HEADER EOBS: 9003	RECIPIENT ID.: 530001675700 11600743 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224			BILLED	0.00 ALLOWED NON-AlloWED 0.00	COPAY TPL	PAID	DETAIL EOBS		0.00
2024107012533	I1608277 SERVICE DATES RENDERING	MRN: 040524	040524	חשוודם	217.53 ALLOWED NON-AllOWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00	CODAY	PAID 84.00 0.00 28.00	0.00 DETAIL EOBS 9918 5490 9918 9918		189.53

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

81 8	ROC CD 87591 87661	ICN MODIFIERS 59 59	PAT ACCT NO. SERVICE DATES UNITS FROM THRU 1.00 040524 040524 1.00 040524 040524	RENDERING PROVIDER 220224 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 42.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00 14.00 21.53 10.77	NO ALL COPAY TPL 0.00 0.00 0.00	PAID 28.00	COPAY AMOUNT DETAIL 9918 9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME: N	MARVIN : 20241	DIXON 09082548	RECIPIENT ID 11611555	.: 530001979603	MRN: 032724	032724	396.91	166.22		230.69	0.00	0.	00 5.00
	ROC CD 84156	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032724 032724	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00 4.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 5000	EOBS	
81 8	82570		1.00 032724 032724	220224			8.00	6.00 2.00	0.00	0.00	5000		
81 8	83069		1.00 032724 032724	220224			8.00	4.00 4.00	0.00	0.00	5000		
81 8	84311		2.00 032724 032724	220224			32.00	14.00	0.00	0.00	5000		
81 8	82010		1.00 032724 032724	220224			16.00	18.00 0.00	0.00	0.00	4524		
81 8	82945		1.00 032724 032724	220224			8.00	16.00 4.00	0.00	0.00	5000		
81 8	82247	59	1.00 032724 032724	220224			8.00	4.00 5.00	0.00	5.00	9918		
81 8	83986		1.00 032724 032724	220224			7.00	3.00 3.00	0.00	0.00	5000		
81 8	81007		2.00 032724 032724	220224			120.00	4.00 4.00	0.00	0.00	5900		
81 8	82043	QW	1.00 032724 032724	220224			7.58	116.00 6.00	0.00	0.00	5000		
81 (G0482	59	1.00 032724 032724	220224			174.33	1.58 116.22 58.11	0.00 0.00 0.00	0.00	5930		
NAME: A		DOBBINS 07012549	RECIPIENT ID I1610465 SERVICE DATES	.: 530001289451	MRN: 021924	021924	49.86 BILLED	18.94 ALLOWED	COPAY	30.92	0.00	0.	00 18.94
POS PF 81 8		MODIFIERS		PROVIDER			AMOUNT 49.86	NON-AllOWED 18.94 30.92	TPL 0.00 0.00	PAID 18.94	DETAIL 9918 99		
NAME: A		DOBBINS 07012567	RECIPIENT ID	.: 530001289451	MRN: 031124	031124	49.86	18.94		30.92	0.00	0.	00 18.94

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

142

PAGE:

ICN	PAT ACCT NO.	SERVICE I	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY TP		PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031124 031124 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 18.94 30.92	COPAY TPL 0.00 0.00	PAID 18.94	DETAIL EOBS 9918 9936		
NAME: COLTON DOBBINS 2024103025375	RECIPIENT ID.: 530001477992 I1605775 SERVICE DATES RENDERING	MRN: 122123	122123	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 122123 122123 220224			AMOUNT 83.81	NON-Allowed 55.87 27.94	TPL 0.00 0.00	PAID 55.87	DETAIL EOBS 9918		
81 G0482	1.00 122123 122123 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: KARLI DOBYNE 2024109082576	RECIPIENT ID.: 530001552258 I1611557	MRN: 041524 (041524	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224			BILLED AMOUNT 42.00	NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87498 59	1.00 041524 041524 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00			
81 87581 59 81 87633	1.00 041524 041524 220224 1.00 041524 041524 220224			42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
81 87640	1.00 041524 041524 220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00			
81 87641 59	1.00 041524 041524 220224			37.07	22.00 15.07	0.00	22.00			
81 87651 59 81 87798	1.00 041524 041524 220224 8.00 041524 041524 220224			49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00	28.00 224.00			
81 87635	1.00 041524 041524 220224			150.00	112.00 43.61 106.39	0.00 0.00 0.00	43.61	9918		
	RECIPIENT ID.: 500002338880 I1610467	MRN: 041224 (041224	198.16	133.00		65.16	0.00	0.00	133.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224				ALLOWED NON-AlloWED			DETAIL EOBS		

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 82607	MODIFIERS	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 22.00	ALLOWED NON-AlloWED 17.00	COPAY TPL 0.00	PAID 17.00	DETAIL EG		
81 82746		1.00 041224 041224 220	0224		22.00	5.00 13.00 9.00	0.00 0.00 0.00	13.00	9918		
81 83540		1.00 041224 041224 220	0224		9.71	7.00 2.71	0.00	7.00	9918		
81 83550		1.00 041224 041224 220	0224		13.11	10.00 3.11	0.00	10.00	9918		
81 84481		1.00 041224 041224 220	0224		24.00	16.00 8.00	0.00	16.00	9918		
81 86376		1.00 041224 041224 220	0224		21.00	15.00 6.00	0.00	15.00	9918		
81 84436	59	1.00 041224 041224 220	0224		10.00	7.00 3.00	0.00	7.00	9918		
81 36415		1.00 041224 041224 220	0224		4.50	0.00 4.50	0.00	0.00	3323		
81 86800		1.00 041224 041224 220	0224		23.00	15.00 8.00	0.00 0.00	15.00	9918		
81 84432		1.00 041224 041224 220	0224		24.00	17.00 7.00	0.00 0.00	17.00	9918		
81 85049		1.00 041224 041224 220	0224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: ADDISON 2024:	N DODD 109082589	RECIPIENT ID.: 5	041224	041224	40.00	15.00		25.00	0.00	0.00	15.00
POS PROC CD 81 86038	MODIFIERS	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 40.00	ALLOWED NON-AllOWED 15.00 25.00	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL E	OBS	
NAME: JACORI 2024:	DORTCH 103025387	RECIPIENT ID.: 5		011924	900.12	545.53	3	354.59	0.00	0.00	473.53
POS PROC CD 81 87798					BILLED AMOUNT 378.00		COPAY TPL 0.00 0.00	PAID 252.00	DETAIL E		
81 87481	59	2.00 011924 011924 220	0224		84.00	56.00 28.00	0.00	56.00	9918		
81 87491	59	1.00 011924 011924 220	0224		49.86	28.00 21.86	0.00	0.00	5490		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		OPAY MOUNT	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	87511	59	1.00 011924 011924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	2.00 011924 011924	220224			99.72	56.00	0.00	56.00	9918		
								43.72	0.00				
81	87591	59	1.00 011924 011924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87653	59	2.00 011924 011924	220224			74.14	44.00	0.00	0.00	5900		
								30.14	0.00				
81	87661	59	1.00 011924 011924	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81	87563		1.00 011924 011924	220224			42.50	0.00	0.00	0.00	4021		
								42.50	0.00				
81	87640	59	1.00 011924 011924	220224			37.07	22.00	0.00	22.00	9918		
0.4	0.000			000004			10 -0	15.07	0.00	10.00	0010		
81	87086		1.00 011924 011924	220224			18.53	10.00	0.00	10.00	9918		
								8.53	0.00				
		DODERGII.	DEGIDIENT		1001								
NAME:	JANYRIA			D.: 530001454244	MRN:	100000	1 205 22	007 53		407 00	0 00	0 00	725 52
	20241	103025397	I1605781	DENDEDING	122823	122823	1,305.33	807.53		497.80	0.00	0.00	735.53
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		HODG	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS	
81	87798	59	9.00 122823 122823	220224			378.00	252.00	0.00	252.00	9918		
81	87481	59	2.00 122823 122823	220224			84.00	126.00	0.00	F6 00	0010		
0.1	0/401	59	2.00 122023 122023	220224			04.00	56.00	0.00	56.00	9910		
81	87491	59	1.00 122823 122823	220224			49.86	28.00	0.00	0 00	E 4 0 0		
0.1	0/491	39	1.00 122023 122023	220224			49.00	28.00 21.86	0.00	0.00	3490		
81	87511	59	1.00 122823 122823	220224			42.00	28.00	0.00	28.00	0010		
0.1	0/311	39	1.00 122023 122023	220224			42.00	14.00	0.00	20.00	9910		
81	87529	59	2.00 122823 122823	220224			99.72	56.00	0.00	56.00	0010		
01	07525	37	2.00 122025 122025	220224			77.12	43.72	0.00	30.00	フフェロ		
81	87591	59	1.00 122823 122823	220224			42.00	28.00	0.00	28.00	9918		
01	07351	3,7	1.00 122025 122025	220221			12.00	14.00	0.00	20.00	J J ± 0		
81	87653	59	2.00 122823 122823	220224			74.14	44.00	0.00	0.00	5900		
01	07033	33	2.00 122025 122025	220221			, 1.11	30.14	0.00	0.00	3700		
81	87661	59	1.00 122823 122823	220224			32.30	21.53	0.00	21.53	9918		
91	0,001		1.00 122025 122025				52.50	10.77	0.00	21.33	J J ± 0		
81	87563		1.00 122823 122823	220224			42.50	0.00	0.00	0.00	4021		
0.1	0,000		1.00 122020 122025				12.50	42.50	0.00	0.00	1001		
81	87640	59	1.00 122823 122823	220224			37.07	22.00	0.00	22.00	9918		
	- · •						5	15.07	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

145

	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	EOBS	
81 87481	59	1.00 122823 122823 220224		42.00	28.00 14.00	0.00	28.00			
81 87640	59	1.00 122823 122823 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 122823 122823 220224		37.07	22.00	0.00	22.00	9918		
81 87798	59	6.00 122823 122823 220224		252.00	15.07 168.00	0.00	168.00	9918		
81 87641	59	1.00 122823 122823 220224		37.07	84.00 22.00	0.00	22.00	9918		
81 87086		1.00 122823 122823 220224		18.53	15.07 10.00 8.53	0.00 0.00 0.00	10.00	9918		
NAME: BRITTN 2024	EY DOSS 107012594	RECIPIENT ID.: 530000394144	4 MRN: 040424 040424	125.00	55.48	1	69.52	0.00	0.00	55.48
POS PROC CD		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81 G0480	NODII IIIKO	1.00 040424 040424 220224		125.00	55.48 69.52	0.00	55.48			
NAME: LANEY		RECIPIENT ID.: 530001469323								
2024	109082599	I1612875 SERVICE DATES RENDERING	041624 041624	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 PROVIDER 1.00 041624 041624 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL 9918	EOBS	
81 87486	59	1.00 041624 041624 220224		42.00	106.39 28.00	0.00	28.00	9918		
81 87498	59	1.00 041624 041624 220224		37.07	14.00 22.00	0.00	22.00	9918		
81 87640	59	1.00 041624 041624 220224		37.07	15.07 22.00	0.00	22.00	9918		
81 87581	59	1.00 041624 041624 220224		42.00	15.07 28.00	0.00	28.00			
					14.00	0.00				
81 87633	F.0	1.00 041624 041624 220224		318.05	212.03 106.02	0.00	212.03			
81 87641		1.00 041624 041624 220224		37.07	22.00 15.07	0.00	22.00			
81 87651	59	1.00 041624 041624 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

146

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	OC CD 7798	MODIFIERS	UNITS 8.00	SERVICE DATES FROM THRU 041624 041624	RENDERING PROVIDER 220224			BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID	DETAIL		
NAME: JA		DOUGLAS 09082622	I161156		.: 530001545536	MRN: 041524	041524	1,049.12	629.64		119.48	0.00	0.00	629.64
500 550	00.00	1400		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T. T. D.	D	5050	
	OC CD 7635	MODIFIERS	UNITS	FROM THRU 041524	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43 61	DETAIL 9918	EOBS	
01 07	7033		1.00	011321 011321	220221			130.00	106.39	0.00	13.01	JJ10		
81 87	7486	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
81 87	7498	59	1 00	041524 041524	220224			37.07	14.00 22.00	0.00	22 00	9918		
01 07	7470	37	1.00	041324 041324	220224			37.07	15.07	0.00	22.00	JJ±0		
81 87	7581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
81 87	7633		1 00	041524 041524	220224			318.05	14.00 212.03	0.00 0.00	212.03	0010		
01 07	7033		1.00	041324 041324	ZZUZZ I			310.03	106.02	0.00	212.03	9910		
81 87	7640		1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81 87	7641	59	1 00	041524 041524	220224			37.07	15.07 22.00	0.00	22 00	9918		
O1 07	7041	59	1.00	041524 041524	220224			37.07	15.07	0.00 0.00	22.00	9910		
81 87	7651	59	1.00	041524 041524	220224			49.86	28.00	0.00	28.00	9918		
01 07	7700		0 00	041504 041504	220224			226 00	21.86	0.00	224 00	0010		
81 87	7798		8.00	041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SY			T160000		.: 530001501528	MRN:	040104	157 54	111 02		45 61	0 00	0.00	111 02
	202410	07012610	I160828	SERVICE DATES	RENDERING	040124	040124	157.54 BILLED	111.93 ALLOWED	COPAY	45.61	0.00	0.00	111.93
POS PRO	OC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 80	0053		1.00	040124 040124	220224			15.84	12.00	0.00	12.00	9918		
81 82	2607		1 00	040124 040124	220224			22.00	3.84 17.00	0.00	17 00	9918		
01 02	2007		1.00	010121 010121	220221			22.00	5.00	0.00	17.00	JJ10		
81 82	2306		1.00	040124 040124	220224			44.00	29.00	0.00	29.00	9918		
81 83	3036		1 00	040124 040124	220224			14.00	15.00 12.00	0.00 0.00	12 00	9918		
01 03	3030		1.00	010121 010121	220221			11.00	2.00	0.00	12.00	J J ± U		
81 80	0061		1.00	040124 040124	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

147

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 84443	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93 2.27	COPAY TPL 0.00 0.00	PAID	DETAIL E		
81 85027		1.00 040124 040124 220224			12.00	5.00 7.00	0.00	5.00	9918		
81 36415		1.00 040124 040124 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: KARSON D 202410	OOYLE 07012633	RECIPIENT ID.: 530000955		041224	899.12	586.03		313.09	0.00	0.00	586.03
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E	OBS	
	59	1.00 041224 041224 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00		9918		
81 87581 81 87633	59	1.00 041224 041224 220224 1.00 041224 041224 220224			42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00	9918		
81 87640		1.00 041224 041224 220224			37.07	106.02 22.00	0.00		9918		
81 87641	59	1.00 041224 041224 220224			37.07	15.07 22.00	0.00	22.00	9918		
81 87651	59	1.00 041224 041224 220224			49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798		8.00 041224 041224 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KOURTNEY 202410	7 DRAKE 07012646	RECIPIENT ID.: 530000076	405 MRN: 040924	040924	258.14			86.05	0.00	0.00	172.09
POS PROC CD 81 80307	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			BILLED AMOUNT 83.81	ALLOWED NON-AlloWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL E	OBS	
81 G0482		1.00 040924 040924 220224			174.33	116.22 58.11	0.00		9918		
		RECIPIENT ID.: 530001127 I1605794 SERVICE DATES RENDERING		040924		50.00 ALLOWED	COPAY	172.58	0.00	0.00	46.00
POS PROC CD 81 84156		UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			AMOUNT 8.00	NON-AllowED 4.00 4.00	TPL 0.00 0.00	4.00	DETAIL E	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

1	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MOI 81 82570	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 6.00	COPAY TPL 0.00	PAID	DETAIL EOB		
81 83069		1.00 040924 040924	220224			8.00	2.00 4.00 4.00	0.00 0.00 0.00	4.00	9918		
81 84311		2.00 040924 040924	220224			32.00	14.00 18.00	0.00	14.00	9918		
81 82010		1.00 040924 040924	220224			16.00	0.00 16.00	0.00	0.00	4524		
81 82945		1.00 040924 040924	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 82247 59		1.00 040924 040924	220224			8.00	5.00 3.00	0.00	5.00	9918		
81 83986		1.00 040924 040924	220224			7.00	3.00 4.00	0.00	3.00	9918		
81 81007		2.00 040924 040924	220224			120.00	4.00 116.00	0.00	0.00	5900		
81 82043 QW		1.00 040924 040924	220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME: LATOYA DRAE 202410701		RECIPIENT ID	.: 530001127427	MRN: 041124	041124	565.12	374.03		191.09	0.00	0.00	374.03
	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	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	S	
81 87581 59		1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 041124 041124	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: LATOYA DRAE 202410701		RECIPIENT ID I1610472 SERVICE DATES	.: 530001127427	MRN: 041124	041124		10.00 ALLOWED	COPAY	8.53	0.00	0.00	10.00
POS PROC CD MOI 81 87086	DIFIERS		PROVIDER			AMOUNT 18.53	NON-AlloWED 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EOB 9918	S	
NAME: KORI DRUMMO 202410302		RECIPIENT ID	.: 530001277519	MRN: 031424	031424	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDTNA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY MOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 031424 031424	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00		EOBS	
NAME: JIRAN I	DUBOSE	RECIPIENT ID	.: 530000924153	MRN:								
	102042866	I1603375		040524	040524	969.98			345.95	0.00	0.00	624.03
DOG DDOG GD	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חאדה	די עיייייי	EODC	
POS PROC CD 81 86308	MODIFIERS	UNITS FROM THRU 1.00 040524 040524	PROVIDER 220224			AMOUNT 7.50	NON-AllOWED 6.00	TPL 0.00	PAID 6 00	DETAIL 9918	FORS	
01 00300		1.00 010321 010321					1.50	0.00	0.00	JJ 10		
81 36415		1.00 040524 040524	220224			4.50	0.00	0.00	0.00	3323		
01 05040		1 00 040504 040504	22224			0.00	4.50	0.00	4 00	0010		
81 85049		1.00 040524 040524	22022 4			9.00	4.00 5.00	0.00 0.00	4.00	9918		
81 87486	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040524 040524	220224			42.00	15.07 28.00	0.00 0.00	28.00	9918		
01 07001		1.00 010321 010321				12.00	14.00	0.00	20.00	3310		
81 87633		1.00 040524 040524	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 040524 040524	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00 040524 040524	22022 4			37.07	22.00 15.07	0.00 0.00	22.00	9910		
81 87641	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040524 040524	220224			49.86	28.00	0.00	28.00	9918		
81 87798		8.00 040524 040524	220224			336.00	21.86 224.00	0.00 0.00	224.00	9918		
01 07770		0.00 010321 010321				330.00	112.00	0.00	221.00	3310		
81 87651		1.00 040524 040524	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
NAME: JOURNE	E DUBOSE	RECIPIENT ID	.: 530000639463	MRN:								
	103025441	I1605798			041024	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 041024 041024	PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61		EOBS	
01 07033		1.00 041024 041024	77071			130.00	106.39	0.00	43.0I	J J ± 0		
81 87486	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO).		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SER	VICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FRO	M THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87498	59	1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00 041	.024 041024	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 041	.024 041024	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00 041	.024 041024	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00 041	.024 041024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	PAISLEY			ECIPIENT ID	530000774406	MRN:								
	20241	.03025450	I1605799			041024	041024	1,049.12	629.64		419.48	0.00	0.00	629.64
			SER	VICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FRO	M THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00 041	.024 041024	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00 041	.024 041024	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00 041	.024 041024	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 041	.024 041024	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00 041	.024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00 041	.024 041024	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00 041	.024 041024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
					= 000015====									
NAME:	AIDEN D			RECIPIENT ID	530001355759	MRN:	0.40.40.4	10 -0	4 00		0. 50	0 00	0.00	4 00
	20241	.02042885	I1603376			040424	040424	13.50	4.00		9.50	0.00	0.00	4.00

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

151

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

LAKE ROAD	NPI ID	1598266421
AL 35235-2718	CHECK/EFT NUMBER ISSUE DATE	083131776 04/19/2024

	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MO 81 36415	DDIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00		DETAIL EOBS 3323		
81 85049		1.00 040424 040424	220224			9.00	4.00	0.00	4.00	9918		
NAME: JAYLIN DUD 20240990		I1600777	: 530001355760 RENDERING	MRN: 040424	040424	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MO 81 87635	DIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT 150.00	NON-Allowed 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87486 59			220224			42.00	28.00 14.00	0.00	28.00			
81 87498 59 81 87581 59			220224			37.07 42.00	22.00 15.07 28.00	0.00 0.00 0.00	22.00			
81 87633		1.00 040424 040424	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640			220224			37.07	22.00 15.07	0.00	22.00			
81 87641 59 81 87651 59		1.00 040424 040424 1.00 040424 040424	220224 220224			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00			
81 87798		8.00 040424 040424	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: JAYLIN DUD 20241020		I1603377	: 530001355760	MRN: 040424	040424	13.50			9.50	0.00	0.00	4.00
POS PROC CD MO 81 36415	DIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 3323		
81 85049		1.00 040424 040424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: SADIE DUKE 20241070		RECIPIENT ID.		MRN: 040324	040324		586.03		313.09	0.00	0.00	586.03
POS PROC CD MO 81 87486 59			RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT	
DOG		MODIFIED	INITEG	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 TD		TODG		
POS 81	PROC CD 87498	MODIFIERS 59	UNITS	FROM THRU 040324	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL 9918	EOBS		
0.1	0/490	39	1.00	040324 040324	220224			37.07	15.07	0.00	22.00	9910			
81	87581	59	1 00	040324 040324	220224			42.00	28.00	0.00	20 00	9918			
0.1	0/301	39	1.00	010321 010321	220224			12.00	14.00	0.00	20.00	9910			
81	87633		1 00	040324 040324	220224			318.05	212.03	0.00	212.03	9918			
01	07033		1.00	040324 040324	220224			310.03	106.02	0.00	212.03	J J ± 0			
81	87640		1 00	040324 040324	220224			37.07	22.00	0.00	22 00	9918			
01	07040		1.00	040324 040324	220224			37.07	15.07	0.00	22.00	J J ± 0			
81	87641	59	1 00	040324 040324	220224			37.07	22.00	0.00	22 00	9918			
01	07011		1.00	010321 010321	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87651	59	1 00	040324 040324	220224			49.86	28.00	0.00	28 00	9918			
01	07031	3,7	1.00	010521 010521	220221			17.00	21.86	0.00	20.00	JJ±0			
81	87798		8 00	040324 040324	220224			336.00	224.00	0.00	224.00	9918			
0 ±	07750		0.00	010321 010321	220221			330.00	112.00	0.00	221.00	J J I O			
									112.00	0.00					
NAME	ROBERT	DUNCAN		RECIPIENT ID	.: 530002311591	MRN:									
		03025460	I160580		. 33333232232	040124	040124	258.14	172.09		86.05	0.00	0.	00 172.0	09
		00020100		SERVICE DATES	RENDERING	0 1 0 1 1	0 10 1 1	BILLED	ALLOWED	COPAY					0.2
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	$ ext{TPL}$	PAID	DETAIL	EOBS		
81		-		040124 040124				83.81	55.87	0.00		9918			
									27.94	0.00					
81	G0482		1.00	040124 040124	220224			174.33	116.22	0.00	116.22	9918			
									58.11	0.00					
NAME	: VALENCI	A DUNN		RECIPIENT ID	·: 530001295397	MRN:									
	20241	07012716	I160830	5		041024	041024	87.34	57.00		30.34	0.00	0.	00 57.0	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	041024 041024	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	82306		1.00	041024 041024	220224			44.00	29.00	0.00	29.00	9918			
									15.00	0.00					
81	83036		1.00	041024 041024	220224			14.00	12.00	0.00	12.00	9918			
									2.00	0.00					
81	36415		1.00	041024 041024	220224			4.50	0.00	0.00	0.00	3323			
									4.50	0.00	_				
81	85049		1.00	041024 041024	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
		- DIDD~		DD0TD		1 m									
NAME		E DUNNING	T160020		0.: 530002008672	MRN:	041104	000 10	F06 00		212 00	0 00	^	00 500	0.0
	20241	07012745	I160830	1		041124	041124	899.12	586.03		313.09	0.00	0.	00 586.0	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

153

		ICN	PAT ACC			SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
D00	DD 0.0 GD	MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			FORG	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81	87486	59		041124 041124				42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00	041124 041124	220224			37.07	106.02 22.00	0.00	22.00	9918		
0.1	07641	F 0	1 00	041104 041104	000004			27 07	15.07	0.00	22.00	0.01.0		
81	87641	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	28.00	9918		
0.1	05500		0.00	0.411.04.0411.04	000004			226 22	21.86	0.00	004.00	0.01.0		
81	87798		8.00	041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	CORGIAN	I DUSSETT		RECIPIENT ID	.: 530002278453	MRN:								
	20241	.07012764	I160830			041124	041124		629.64		419.48	0.00	0.00	629.64
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00	041124 041124	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	59	1 00	041104 041104	220224			42.00	15.07	0.00	20 00	0010		
81	87581	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	041124 041124	220224			37.07		0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
יש ארדא	MALI DY	· r		סבירטוניתי דר	.: 530001695426	MRN:								
11411111.		.09082638	I161157		330001093420		041524	397.12	262.03	3	135.09	0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

154

		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 EO	3.5	
81	87498	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00		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		
NAME:	EMMI DY	ER.	RECIPIENT II	D.: 530002359292	MRN:								
		.07012776	I1608312		040324	040324	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 EO	3S	
81	87635		1.00 040324 040324	220224			150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		GH EASTRIDGE		D.: 530001587283	MRN:	000004	500 65	454 00		0.40 65	0.00	0.00	454 00
	20241	.02042902	I1603378	DENDEDING	022024	022024	722.67	474.00		248.67	0.00	0.00	474.00
DOG	DDOG GD	MODIFIERS	SERVICE DATES				BILLED	ALLOWED	COPAY	חז גח	ריים דו גיים מ		
81	PROC CD 87481	MODIFIERS 59	UNITS FROM THRU 4.00 022024 022024	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00 56.00	TPL 0.00 0.00	PAID 112.00	DETAIL EON 9918	טט	
81	87640	59	1.00 022024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 022024 022024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87798 81 87086	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 11.00 022024 022024 220224 1.00 022024 022024 220224		ΓHRU	BILLED AMOUNT BILLED AMOUNT 462.00	AMOUNT ALLOWED NON-AlloWED	NO ALI COPAY TPL 0.00 0.00 0.00	PAID 308.00	AMOUNT A DETAIL EOB 9918	TPL MOUNT S	PAID AMOUNT
NAME: JAIDA EDMONDSON 2024107012809 POS PROC CD MODIFIERS 81 83540 81 83550 81 85027	RECIPIENT ID.: 530001514452 I1608316 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224 1.00 041024 041024 220224	MRN: 041024 (041024			COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 7.00 10.00	DETAIL EOB 9918		22.00
	RECIPIENT ID.: 530001514452 I1611586 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 041024 041024 220224 1.00 041024 041024 220224	041024 (041024			COPAY TPL	PAID 44.00	DETAIL EOB 9918		62.00
NAME: ZIASHIA EDOUARD 2024102043752 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87086	RECIPIENT ID.: 530001265868 I1604324 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 11.00 030524 030524 220224 11.00 030524 030524 220224	MRN: 030524 (030524	722.67 BILLED AMOUNT 168.00 37.07 37.07 462.00 18.53	474.00 ALLOWED NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00 154.00 10.00 8.53	COPAY TPL	PAID 112.00	DETAIL EOB 9918 9918 9918 9918		474.00
NAME: AUBREE EDWARDS 2024103025500	RECIPIENT ID.: 530001027915 I1605826	MRN: 031324 (031324	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	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		
0.4	0.7.5.0			000004			0	15.07	0.00		2212		
81	87653	59	1.00 031324 031324	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.7700		11 00 021204 021204	000004			460.00	15.07	0.00	200.00	0010		
81	87798		11.00 031324 031324	220224			462.00	308.00	0.00	308.00	9918		
0.1	07641	F 0	1 00 021204 021204	000004			27 07	154.00	0.00	00.00	0010		
81	87641	59	1.00 031324 031324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700		2 00 021224 021224	220224			0.4.00	15.07	0.00	0 00	F000		
81	87798		2.00 031324 031324	220224			84.00	56.00	0.00	0.00	5000		
0.1	07006		1 00 021224 021224	220224			10 52	28.00	0.00	10.00	0010		
81	87086		1.00 031324 031324	220224			18.53	10.00	0.00	10.00	9918		
0.1	07106		1 00 021224 021224	220224			12 50	8.53	0.00	0 00	0010		
81	87186		1.00 031324 031324	220224			13.50	9.00	0.00	9.00	9918		
0.1	87088		1 00 021224 021224	220224			8.09	4.50	0.00	8.09			
81	0/000		1.00 031324 031324	220224			0.09	8.09 0.00	0.00	0.09			
								0.00	0.00				
NAME:	R∩BFRT	FCCFRS	PECTOTENT II	530002078718	MRN:								
NAME:	ROBERT			o.: 530002078718	MRN: 041524	041524	514 56	338 46		176 10	0 00	0 00	310 46
NAME:		EGGERS 109082659	I1611589		MRN: 041524	041524	514.56	338.46		176.10	0.00	0.00	310.46
	20241	109082659	I1611589 SERVICE DATES	RENDERING		041524	BILLED	ALLOWED	COPAY				310.46
POS	20241 PROC CD		I1611589 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		041524	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		310.46
	20241	109082659	I1611589 SERVICE DATES	RENDERING PROVIDER		041524	BILLED	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID			310.46
POS 81	20241 PROC CD 87798	MODIFIERS	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524	RENDERING PROVIDER 220224		041524	BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL 9918		310.46
POS	20241 PROC CD	109082659	I1611589 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER 220224		041524	BILLED AMOUNT	ALLOWED NON-AlloWED 84.00 42.00 28.00	COPAY TPL 0.00 0.00 0.00	PAID 84.00	DETAIL		310.46
POS 81	20241 PROC CD 87798	MODIFIERS	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524	RENDERING PROVIDER 220224 220224		041524	BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00 0.00	DETAIL 9918		310.46
POS 81	20241 PROC CD 87798 87491	MODIFIERS 59	I1611589	RENDERING PROVIDER 220224 220224		041524	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 9918 5490		310.46
POS 81	20241 PROC CD 87798 87491	MODIFIERS 59	I1611589	RENDERING PROVIDER 220224 220224 220224		041524	BILLED AMOUNT 126.00 49.86	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 0.00 28.00	DETAIL 9918 5490		310.46
POS 81 81	20241 PROC CD 87798 87491 87511	MODIFIERS 59 59	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224		041524	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 9918 5490 9918		310.46
POS 81 81	20241 PROC CD 87798 87491 87511	MODIFIERS 59 59	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224		041524	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	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 84.00 0.00 28.00 28.00	DETAIL 9918 5490 9918		310.46
POS 81 81 81	20241 PROC CD 87798 87491 87511 87529	MODIFIERS 59 59 59	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224		041524	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 9918 5490 9918 9918		310.46
POS 81 81 81	20241 PROC CD 87798 87491 87511 87529	MODIFIERS 59 59 59	I1611589 SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224		041524	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 9918 5490 9918 9918		310.46
POS 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591 87661	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041524	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 21.77	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 9918 5490 9918 9918 9918		310.46
POS 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041524	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 21.77 12.00	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 28.00 21.53	DETAIL 9918 5490 9918 9918		310.46
POS 81 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591 87661 80053	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30 15.84	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 12.00 3.84	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 12.00	DETAIL 9918 5490 9918 9918 9918 9918		310.46
POS 81 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591 87661	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		041524	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 12.00 3.84 17.00	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 21.53 12.00	DETAIL 9918 5490 9918 9918 9918		310.46
POS 81 81 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591 87661 80053 82607	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30 15.84 22.00	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 12.00 3.84 17.00 5.00	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 21.53 12.00 17.00	DETAIL 9918 5490 9918 9918 9918 9918 9918		310.46
POS 81 81 81 81 81	20241 PROC CD 87798 87491 87511 87529 87591 87661 80053	MODIFIERS 59 59 59 59	SERVICE DATES UNITS FROM THRU 3.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524 1.00 041524 041524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30 15.84	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 12.00 3.84 17.00	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 21.53 12.00 17.00	DETAIL 9918 5490 9918 9918 9918 9918		310.46

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOR	3S	
81	84403		1.00	041524 041524	220224			38.00	31.00	0.00	31.00	9918		
0.1	00006		1 00	0.41.50.4.0.41.50.4	000004			1.4.00	7.00	0.00	10.00	0010		
81	83036		1.00	041524 041524	220224			14.00	12.00	0.00	12.00	9918		
0.1	00061		1 00	041504 041504	220224			20.00	2.00	0.00	14.00	0010		
81	80061		1.00	041524 041524	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1 00	041524 041524	220224			25.20	22.93	0.00	22 03	9918		
0.1	01113		1.00	041324 041324	220224			23.20	2.27	0.00	22.93	9910		
81	86431		1 00	041524 041524	220224			20.00	5.00	0.00	5 00	9918		
01	00131		1.00	011521 011521	220221			20.00	15.00	0.00	3.00	7710		
81	36415		1.00	041524 041524	220224			4.50	0.00	0.00	0.00	3323		
01	30113		1.00	011321 011321	220221			1.30	4.50	0.00	0.00	3323		
81	85049		1.00	041524 041524	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
NAME:	JACKSON	I EGNOR		RECIPIENT ID	.: 530000309126	MRN:								
	20241	.02042913	I160338	0		110723	110723	818.42	73.67		744.75	0.00	295.01	73.67
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOR		
81	87635		1.00	110723 110723	220224			150.00	6.33	0.00	6.33	5001 9918	9936	
									143.67	0.00				
81	87486	59	1.00	110723 110723	220224			42.00	3.78	0.00	3.78	9918 9936		
0.1	05400	F.0	1 00	110000 110000	000004			25 25	38.22	0.00	2 50	0010 0006		
81	87498	59	1.00	110723 110723	220224			37.07	3.78	0.00	3.78	9918 9936		
0.1	07501	го	1 00	110702 110702	220224			42.00	33.29	0.00	2 70	0010 0026		
81	87581	59	1.00	110723 110723	220224			42.00	3.78 38.22	0.00	3./8	9918 9936		
81	87633		1 00	110723 110723	220224			318.05	37.03	0.00	27 02	9918 9936		
0.1	07033		1.00	110/23 110/23	220224			310.03	281.02	0.00	37.03	9910 9930		
81	87634	59	1 00	110723 110723	220224			105.30	7.63	0.00	7 63	9918 9936		
01	07031	3,7	1.00	110/25 110/25	220221			103.30	97.67	0.00	7.00	7710 7750		
81	87640		1.00	110723 110723	220224			37.07	3.78	0.00	3.78	9918 9936		
									33.29	0.00				
81	87641	59	1.00	110723 110723	220224			37.07	3.78	0.00	3.78	9918 9936		
									33.29	0.00				
81	87651	59	1.00	110723 110723	220224			49.86	3.78	0.00	3.78	9918 9936		
									46.08	0.00				
NAME:	SHEILA		.		.: 530001960248	MRN:								.
	20241	.02049495	1160473	U		040324	040324	258.14	116.22		141.92	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	LOWED A	COPAY TP AMOUNT AMO		PAID AMOUNT
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			AMOUNT 83.81	NON-AllOWED 0.00 83.81	TPL 0.00 0.00	0.00	DETAIL EOBS 6340		
81 G0482	1.00 040324 040324 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: TARAJEE ELLINGTON 2024107012820	RECIPIENT ID.: 530001383088 I1608320 SERVICE DATES RENDERING	MRN: 040224	040224	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 28.00	DETAIL EOBS 9918		
NAME: JERRY ELLIOTT 2024102042923	RECIPIENT ID.: 530001051488 I1603381 SERVICE DATES RENDERING	MRN: 022024	022024	565.12 BILLED	374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224			AMOUNT 37.07	NON-AlloWED 22.00 15.07	TPL 0.00 0.00	22.00	DETAIL EOBS 9918		
81 87581 59	1.00 022024 022024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224			318.05	212.03 106.02	0.00 0.00		9918		
81 87798	4.00 022024 022024 220224			168.00	112.00 56.00	0.00		9918		
NAME: ELIJAH ELROD 2024109082679	RECIPIENT ID.: 530000355610 I1611590 SERVICE DATES RENDERING	MRN: 041524	041524	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 041524 041524 220224			AMOUNT 4.50	NON-Allowed		0.00	DETAIL EOBS 3323		
81 85049	1.00 041524 041524 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: BRITTANEY ENFINGER 2024107012827			041224		430.00 ALLOWED		251.00	0.00	0.00	430.00
POS PROC CD MODIFIERS 81 87798 59					NON-AllOWED	\mathtt{TPL}	364.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
POS PROC CD 81 87640	MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 45.00	ALLOWED NON-AlloWED 22.00 23.00	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS		
81 87641	59	1.00 041224 041224	220224			45.00	22.00 23.00	0.00	22.00	9918			
81 87653	59	1.00 041224 041224	220224			45.00	22.00 23.00	0.00	22.00	9918			
NAME: STORMII 2024:	E ERSEN 109082687	I1611596	: 530001490541	MRN: 041524	041524	881.59	535.53		346.06	0.00		0.00	463.53
			RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD			PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 87798	59	9.00 041524 041524	220224			378.00	252.00	0.00	252.00	9918			
01 07401	F.O.	0 00 041504 041504	000004			04.00	126.00	0.00	F.C. 0.0	0010			
81 87481	59	2.00 041524 041524	220224			84.00	56.00	0.00	56.00	9918			
01 07401	Γ0	1 00 041524 041524	220224			40.06	28.00	0.00	0 00	F 4 0 0			
81 87491	59	1.00 041524 041524	220224			49.86	28.00	0.00	0.00	5490			
01 07511	Γ.Ο.	1 00 041504 041504	220224			40.00	21.86	0.00	20.00	0010			
81 87511	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918			
01 07500	Γ0	2 00 041524 041524	220224			00 70	14.00	0.00	F.C. 0.0	0010			
81 87529	59	2.00 041524 041524	220224			99.72	56.00	0.00	56.00	9918			
01 07501	Γ.Ο.	1 00 041504 041504	220224			40.00	43.72	0.00	20.00	0010			
81 87591	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918			
01 07653	F.O.	0 00 041504 041504	000004			74 14	14.00	0.00	0.00	F000			
81 87653	59	2.00 041524 041524	220224			74.14	44.00	0.00	0.00	5900			
01 07661	ΕO	1 00 041524 041524	220224			22 20	30.14	0.00	01 50	0010			
81 87661	59	1.00 041524 041524	220224			32.30	21.53	0.00	21.53	9918			
01 07562		1 00 041524 041524	220224			40 E0	10.77	0.00	0 00	4001			
81 87563		1.00 041524 041524	220224			42.50	0.00 42.50	0.00	0.00	4021			
81 87640	ΕO	1.00 041524 041524	220224			37.07	22.00	0.00	22 00	9918			
01 0/040	39	1.00 041524 041524	220224			37.07	15.07	0.00	22.00	9910			
							13.07	0.00					
NAME: JOHN EI	DM T M	סבירטדבאיי דט	.: 530001593553	MRN:									
	107012849	I1608328	330001393333		041024	105 60	75.93		29.76	0.00		0.00	75.93
202 1 .	10/014049	SERVICE DATES	DEMDEDING	041024	041024		ALLOWED	COPAY	49.1U	0.00		0.00	13.33
POS PROC CD	MUDIFIEDG		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	דעעבור	FORS		
81 80053	MODILIENS	1.00 041024 041024				15.84	12.00	0.00	12.00		GOOG		
01 00000		1.00 041024 041024	22022I			13.01	3.84	0.00	12.00	J J ± U			
81 83036		1.00 041024 041024	220224			14.00	12.00	0.00	12.00	9918			
01 03030		1.00 011021 011024	220221			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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

160

		ICN	PAT ACCI	r NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
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		
										2.27	0.00				
81	83525		1.00	041024	041024	220224			17.15	11.00	0.00	11.00	9918		
										6.15	0.00				
81	36415		1.00	041024	041024	220224			4.50	0.00	0.00	0.00	3323		
0.4	0=040				0.4.1.0.0.4	000004				4.50	0.00	4 00	2212		
81	85049		1.00	041024	041024	220224			9.00	4.00	0.00	4.00	9918		
										5.00	0.00				
27226		G T D G T M T T		5565		- 530000305350	14D17 -								
NAME:	NISAN E		T1602206		TEN.I. ID	.: 530002385359	MRN:	000004	715 10	417 64		007 40	0 00	0 00	417 64
	202 4 1	02042934	I1603382		י האחבים	DENDEDING	022024	022024	715.12			297.48	0.00	0.00	417.64
DOG	PROC CD	MODIFIERS		SERVICE	THRU	RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	ים דו גיייםים	AD C	
81	87635	MODIFIERS		FROM 022024		PROVIDER 220224			150.00	43.61	0.00	43.61		JBS	
OΤ	07033		1.00	022024	022024	220224			150.00	106.39	0.00	43.01	JJIO		
81	87498	59	1 00	022024	022024	220224			37.07	22.00	0.00	22.00	0010		
01	0/490	39	1.00	022024	022024	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	022024	022024	220224			42.00	28.00	0.00	28.00	9918		
01	0/301	37	1.00	022024	022024	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1 00	022024	022024	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00	022021	022021	220221			310.03	106.02	0.00	212.05	JJ±0		
81	87798		4 00	022024	022024	220224			168.00	112.00	0.00	112.00	9918		
01	01150		1.00	022021	022021	220221			100.00	56.00	0.00	112.00	JJ±0		
										30.00	0.00				
NAME:	ZURI ES	PINOZA VARGA	AS	RECIE	PIENT ID	.: 530001396221	MRN:								
		07012862	I1608330				032924	032924	865.33	569.09		296.24	0.00	0.00	513.09
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87481			032924		220224			168.00	112.00	0.00				
										56.00	0.00				
81	87640	59	1.00	032924	032924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87653	59	1.00	032924	032924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87798		11.00	032924	032924	220224			462.00	308.00	0.00	308.00	9918		
										154.00	0.00				
81	87641	59	1.00	032924	032924	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				

REPORT: CRA-PRPD-R 3524808 RA#:

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 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 083131776 ISSUE DATE 04/19/2024

DOS	PROC CD	ICN MODIFIERS	PAT ACC	T NO. SERVICE DATES FROM THRU	RENDERING PROVIDER	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED	NO AL: COPAY TPL			PL OUNT	PAID AMOUNT
81	87798	MODIFIERS		032924 032924	220224			84.00	56.00 28.00	0.00		5000		
81	87086		1.00	032924 032924	220224			18.53	10.00	0.00	10.00	9918		
81	87186		1.00	032924 032924	220224			13.50	9.00 4.50	0.00	9.00	9918		
81	87088		1.00	032924 032924	220224			8.09	8.09 0.00	0.00	8.09			
NAME	: AXEL ES: 20241	PITIA 07012878	I161048		.: 530000594948	MRN: 030924	030924	48.84	19.67	,	29.17	0.00	0.00	19.67
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81	80053		1.00	030924 030924	220224			15.84	8.87 6.97	0.00	8.87	9918 9936		
81	85652		1.00	030924 030924	220224			4.00	2.27 1.73	0.00	2.27	9918 9936		
81	86431		1.00	030924 030924	220224			20.00	4.77 15.23	0.00	4.77	9918 9936		
81	85049		1.00	030924 030924	220224			9.00	3.76 5.24	0.00	3.76	9918 9936		
NAME		ETHRIDGE	I160833		.: 530001087569	MRN:	040224	F6F 10	274 02	,	101 00	0 00	0.00	274 02
	20241	07012895	1100033	SERVICE DATES	RENDERING	040224	040224	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		
	87498	59		040224 040224	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00	040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040224 040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00	040224 040224	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME	CHARLIE	EVANS		RECIPIENT ID	.: 530002336616	MRN:								
		02043759	I160432			040824	040824	150.00	43.61		106.39	0.00	0.00	43.61
	PROC CD 87635	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 040824 040824	PROVIDER			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	\mathtt{TPL}	43.61	DETAIL EOBS 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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

162

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
NAME:	CHARLIE 20241	EVANS 02049509	I1604733	DENDEDING	MRN: 040824	040824	899.12	586.03		313.09	0.00	0 .	.00	586.03
DOG T	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	FORG		
	87486	59	1.00 040824 040824	220224			42.00	28.00	0.00		9918	EODS		
01	07100		1.00 010021 010021	220221			12.00	14.00	0.00	20.00	J J I O			
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918			
0.1	07641	Γ0	1 00 040004 040004	22224			27 07	15.07	0.00	22.00	0010			
81	87641	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28 00	9918			
01	07031		1.00 010021 010021	220221			19.00	21.86	0.00	20.00	JJ±0			
81	87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918			
								112.00	0.00					
NAME:		TE EVANS).: 530002385065	MRN:									
	20241	02043770	I1604328		030524	030524	899.12			313.09	0.00	0 .	.00	586.03
DOC T	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	די גיייים די	EODG		
	87486	59	1.00 030524 030524	220224			42.00	28.00	0.00		DETAIL 9918	FODS		
01	07100	5,5	1.00 030321 030321	220221			12.00	14.00	0.00	20.00	JJ10			
81	87498	59	1.00 030524 030524	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87581	59	1.00 030524 030524	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 030524 030524	220224			318.05	212.03	0.00	212.03	9918			
0.1	07640		1 00 030534 030534	22224			27 07	106.02	0.00	22.00	0010			
81	87640		1.00 030524 030524	220224			37.07	22.00	0.00	22.00	9918			
81	87641	59	1.00 030524 030524	220224			37.07	15.07 22.00	0.00	22 00	9918			
0 ±	0,011		1.00 030321 030321	220221			57.07	15.07	0.00	22.00	J J ± 0			
81	87651	59	1.00 030524 030524	220224			49.86	28.00	0.00	28.00	9918			
								21.86	0.00					
81	87798		8.00 030524 030524	220224			336.00	224.00	0.00	224.00	9918			
								112.00	0.00					

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3524808

1930 EDWARDS LAKE ROAD

REPORT: CRA-PRPD-R

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
NAME: EMILY EVA 202409 HEADER EOBS:	9022413	RECIPIENT ID	.: 530001182984	MRN: 030524	030524	713.12	0.00		713.12	0.00	330.49	0.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EON	3S	
81 87635		1.00 030524 030524	220224			150.00	0.00 150.00	0.00	0.00	9918 9936		
81 87486	59	1.00 030524 030524	220224			42.00	0.00	0.00	0 00	9918 9936		
01 07100		1.00 030321 030321	220221			12.00	42.00	0.00	0.00	JJ10 JJ30		
81 87498	59	1.00 030524 030524	220224			37.07	0.00	0.00	0.00	9918 9936		
							37.07	0.00				
81 87640	59	1.00 030524 030524	220224			37.07	0.00	0.00	0.00	9918 9936		
01 07501	Γ0	1 00 030504 030504	000004			40.00	37.07	0.00	0 00	0010 0036		
81 87581	59	1.00 030524 030524	220224			42.00	0.00 42.00	0.00	0.00	9918 9936		
81 87633		1.00 030524 030524	220224			318.05	0.00	0.00	0.00	9918 9936		
01 07000		1.00 030321 030321				310.03	318.05	0.00	0.00	3310 3330		
81 87641	59	1.00 030524 030524	220224			37.07	0.00	0.00	0.00	9918 9936		
							37.07	0.00				
81 87651	59	1.00 030524 030524	220224			49.86	0.00	0.00	0.00	9918 9936		
							49.86	0.00				
NAME: HUDSON E	ZNAV	RECIPTENT ID	.: 530002419205	MRN:								
	7012909	11608334	. 330002119203		040324	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	\mathtt{TPL}		DETAIL EO	3S	
81 87635		1.00 040324 040324	220224			150.00	43.61	0.00	43.61	9918		
01 05406	F 0	1 00 040204 040204	000004			40.00	106.39	0.00	00.00	0.01.0		
81 87486	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040324 040324	220224			37.07	22.00	0.00	22 00	9918		
01 0/100		1.00 010321 010321	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 040324 040324	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040324 040324	220224			318.05	212.03	0.00	212.03	9918		
01 00040		1 00 040204 040204	000004			25 25	106.02	0.00	00.00	0.01.0		
81 87640		1.00 040324 040324	ZZUZZ 4			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22 00	9918		
01 07011		1.00 010321 010321	220221			37.07	15.07	0.00	22.00	J J ± 0		
81 87651	59	1.00 040324 040324	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

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	COWED	AMOUNT AI	TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIER 81 87798	S UNITS FROM THRU PROVIDER 8.00 040324 040324 220224		AMOUNT 336.00	NON-AllOWED 224.00 112.00	TPL 0.00 0.00	PAID 224.00	DETAIL EOB; 9918	5	
NAME: HUDSON EVANS	RECIPIENT ID.: 53000241920				_				
2024107012921	I1610490	040324 040324	319.55			106.52	0.00	0.00	213.03
POS PROC CD MODIFIER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	2	
81 87507	1.00 040324 040324 220224		319.55	213.03 106.52	0.00			,	
NAME: HUDSON EVANS	RECIPIENT ID.: 53000241920	5 MRN:							
2024109082709	I1612887	041624 041624	899.12	586.03	3	313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87486 59	1.00 041624 041624 220224		42.00	28.00	0.00	28.00	9918		
81 87498 59	1.00 041624 041624 220224		37.07	14.00	0.00	22.00	0.01.0		
81 87498 59	1.00 041624 041624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041624 041624 220224		42.00	28.00	0.00	28.00	9918		
01 07001 07				14.00	0.00		,,,,		
81 87633	1.00 041624 041624 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
01 07641 50	1 00 041604 041604 000004		27 07	15.07	0.00	00.00	0.01.0		
81 87641 59	1.00 041624 041624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 041624 041624 220224		49.86	28.00	0.00	28 00	9918		
01 07031 39	1.00 011021 011021 220221		17.00	21.86	0.00	20.00	JJ±0		
81 87798	8.00 041624 041624 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: MAKAYLA EVANS	RECIPIENT ID.: 53000108776	O MDN:							
2024102043781	I1604329	8 MRN: 040824 040824	1 223 61	753.06	5	470.55	0.00	0.00	625.06
2021102013701	SERVICE DATES RENDERING	010021 010021	BILLED	ALLOWED	COPAY	170.55	0.00	0.00	025.00
POS PROC CD MODIFIER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87798 59	9.00 040824 040824 220224		378.00	252.00	0.00	252.00			
				126.00	0.00				
81 87481 59	2.00 040824 040824 220224		84.00	56.00	0.00	56.00	9918		
01 07401 50	1 00 040004 040004 000004		40.00	28.00	0.00	0.00	F 4 0 0		
81 87491 59	1.00 040824 040824 220224		49.86	28.00 21.86	0.00	0.00	5490		
				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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

165

		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 87511	MODIFIERS 59	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	TORS	
81	0/311	39	1.00 040824 040824	220224			42.00	28.00 14.00	0.00 0.00	20.00	9918		
81	87529	59	2.00 040824 040824	220224			99.72	56.00	0.00	56 00	9918		
01	07323	37	2.00 010021 010021	220224			77.12	43.72	0.00	30.00	J J ± 0		
81	87591	59	1.00 040824 040824	220224			42.00	28.00	0.00	0 00	5490		
01	07371	3,5	1.00 010021 010021	220221			12.00	14.00	0.00	0.00	3170		
81	87653	59	2.00 040824 040824	220224			74.14	44.00	0.00	0 00	5900		
0 1	07033	37	2.00 010021 010021	220221			, 1 • ± 1	30.14	0.00	0.00	3700		
81	87661	59	1.00 040824 040824	220224			32.30	21.53	0.00	21 53	9918		
0 1	07001	37	1.00 010021 010021	220221			32.30	10.77	0.00	21.33	JJ±0		
81	87563		1.00 040824 040824	220224			42.50	0.00	0.00	0 00	4021		
0 1	07303		1.00 010021 010021	220221			12.50	42.50	0.00	0.00	1021		
81	87640	59	1.00 040824 040824	220224			37.07	22.00	0.00	22 00	9918		
01	0,010	3,5	1.00 010021 010021				37.07	15.07	0.00	22.00	3310		
81	87798		3.00 040824 040824	220224			126.00	84.00	0.00	84.00	9918		
01	0,,,,0		3.00 010021 010021				120.00	42.00	0.00	01.00	3310		
81	87491	59	1.00 040824 040824	220224			49.86	28.00	0.00	0.00	5490		
-								21.86	0.00				
81	87511	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
_								14.00	0.00				
81	87529	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
_								21.86	0.00				
81	87591	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87661	59	1.00 040824 040824	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
NAME:	MARY EV	ANS	RECIPIENT II).: 530002283471	MRN:								
	20241	.07012927	I1608335		032924	032924	1,047.79	592.00		455.79	0.00	0.0	0 532.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81	87481	59	4.00 032924 032924	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87640	59	1.00 032924 032924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 032924 032924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798		11.00 032924 032924	220224			462.00	308.00	0.00	308.00	9918		
_								154.00	0.00				
81	87641	59	1.00 032924 032924	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				

REPORT: CRA-PRPD-R 3524808 RA#:

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

DATE: 04/19/2024

PAGE: 166

PAYEE ID

220224

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 04/19/2024 ISSUE DATE

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY TE	PL DUNT	PAID AMOUNT
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC C: 81 87798	O MODIFIERS	UNITS FROM THRU PROVIDER 2.00 032924 032924 220224		AMOUNT 84.00	NON-AllOWED 56.00	TPL 0.00	PAID 0.00	DETAIL EOBS 5000		
					28.00	0.00				
81 84156		1.00 032924 032924 220224		8.00	4.00 4.00	0.00 0.00	4.00	9918		
81 82570		1.00 032924 032924 220224		8.00	6.00	0.00	6.00	9918		
01 02060		1 00 020004 020004 000004		0.00	2.00	0.00	4 00	0.01.0		
81 83069		1.00 032924 032924 220224		8.00	4.00 4.00	0.00 0.00	4.00	9918		
81 84311		2.00 032924 032924 220224		32.00	14.00	0.00	14.00	9918		
01 00010		1 00 020004 020004 000004		16.00	18.00	0.00	0.00	4504		
81 82010		1.00 032924 032924 220224		16.00	0.00 16.00	0.00 0.00	0.00	4524		
81 82945		1.00 032924 032924 220224		8.00	4.00	0.00	4.00	9918		
01 00047	F 0	1 00 022024 022024 220224		0.00	4.00	0.00	F 00	0.01.0		
81 82247	59	1.00 032924 032924 220224		8.00	5.00 3.00	0.00 0.00	5.00	9918		
81 83986		1.00 032924 032924 220224		7.00	3.00	0.00	3.00	9918		
81 81007		2.00 032924 032924 220224		120 00	4.00	0.00	0 00	5900		
81 81007		2.00 032924 032924 220224		120.00	4.00 116.00	0.00 0.00	0.00	5900		
81 82043	QW	1.00 032924 032924 220224		7.58	6.00	0.00	6.00	9918		
					1.58	0.00				
NAME: JOSIE	ANN EVATT	RECIPIENT ID.: 53000086507	9 MRN:							
202	4109082719	I1611597	041524 041524	547.12			41.48	0.00	0.00	305.64
DOG DDOG G	O MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED	ALLOWED	COPAY	חזיד			
POS PROC C: 81 87635	J MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EOBS 9918		
					106.39	0.00				
81 87498	59	1.00 041524 041524 220224		37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 041524 041524 220224		42.00	15.07 28.00	0.00 0.00	28.00	9918		
					14.00	0.00				
81 87633		1.00 041524 041524 220224		318.05	212.03 106.02	0.00 0.00	212.03	9918		
					100.02	0.00				
NAME: PAISL		RECIPIENT ID.: 53000168122		564.00	4.45 . 6.4		10.04	0.00	0 00	115
202	4103025514	I1605845 SERVICE DATES RENDERING	040924 040924		445.64 ALLOWED		19.34	0.00	0.00	445.64
POS PROC C	O MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT			PAID	DETAIL EOBS		
81 87498	59	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
DOC DDOC CD MODIETER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED	COPAY TPL	PAID		ı.C	
POS PROC CD MODIFIEF 81 87581 59	S UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		42.00	NON-AllOWED 28.00	0.00		DETAIL EOE 9918	55	
01 07301 35	1.00 010921 010921 220221		12.00	14.00	0.00	20.00	JJ10		
81 87633	1.00 040924 040924 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87798	4.00 040924 040924 220224		168.00	112.00	0.00	112.00	9918		
01 07651	1 00 040004 040004 020004		40.06	56.00	0.00	20.00	0010		
81 87651	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87635	1.00 040924 040924 220224		150.00	43.61	0.00	43.61	9918		
01 07000	1.00 010921 010921 220221		130.00	106.39	0.00	13.01	JJ10		
NAME: MICAH EZELL	RECIPIENT ID.: 530002243	6682 MRN:							
2024107012956	I1608338	040324 040324	49.86	28.00		21.86	0.00	0.00	28.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER			AMOUNT			PAID		SS	
81 87529	1.00 040324 040324 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
NAME: GALVIN FAIRLEY	RECIPIENT ID.: 530001126	401 MRN:							
2024102042943	I1603383	040524 040524	13.50	4.00		9.50	0.00	0.00	4.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIER	S UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL			SS	
81 36415	1.00 040524 040524 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040524 040524 220224		9.00	4.00	0.00	4.00	9918		
01 03019	1.00 010321 010321 220221		2.00	5.00	0.00	1.00	JJ10		
NAME: NORRIE FAIRLEY	RECIPIENT ID.: 530000828								
2024107012965	I1608339	040224 040224	899.12			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	PAID	DETAIL EOE	. C	
81 87486 59	1.00 040224 040224 220224		42.00	28.00		28.00		00	
01 0,100 33	1.00 010221 010221 220221		12.00	14.00	0.00	20.00	JJ 10		
81 87498 59	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 040224 040224 220224		42.00	28.00	0.00	28.00	9918		
01 07622	1 00 040224 040224 220224		210 05	14.00	0.00	010 02	0010		
81 87633	1.00 040224 040224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
3.0-0			27.37	15.07	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
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOU		PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS		
81	87641	59	1.00	040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040224 040224	220224			49.86	28.00	0.00	28.00	9918			
0_	0,001		_,,	010221 010221				-27.00	21.86	0.00		,,,,			
81	87798		8.00	040224 040224	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	JESSICA	FANNIN		RECIPIENT ID	.: 530000815860	MRN:									
		.09082730	I161159				041524	285.64	197.93	3	87.71	0.00		0.00	197.93
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	84550		1.00	041524 041524	220224			6.78	6.00	0.00	6.00	9918			
									0.78	0.00					
81	84436	59	1.00	041524 041524	220224			10.00	7.00	0.00	7.00	9918			
									3.00	0.00					
81	86431		1.00	041524 041524	220224			20.00	5.00	0.00	5.00	9918			
0.1	0.6000		1 00	0.41504 0.41504	000004			02.00	15.00	0.00	15 00	0010			
81	86800		1.00	041524 041524	220224			23.00	15.00	0.00	15.00	9918			
81	84432		1 00	041524 041524	220224			24.00	8.00 17.00	0.00	17.00	9919			
01	04452		1.00	041324 041324	220224			24.00	7.00	0.00	17.00	JJ10			
81	85049		1.00	041524 041524	220224			9.00	4.00	0.00	4.00	9918			
0_	00012		_,,	011011 011011				2.00	5.00	0.00		,,,,			
81	80053		1.00	041524 041524	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	82607		1.00	041524 041524	220224			22.00	17.00	0.00	17.00	9918			
									5.00	0.00					
81	82306		1.00	041524 041524	220224			44.00	29.00	0.00	29.00	9918			
0.4	00-40		4 00	0.44.50.4.04.50.4	000004			0 71	15.00	0.00	= 00	0010			
81	83540		1.00	041524 041524	220224			9.71	7.00	0.00	7.00	9918			
0.1	02550		1 00	041504 041504	220224			10 11	2.71	0.00	10 00	0010			
81	83550		1.00	041524 041524	220224			13.11	10.00 3.11	0.00	10.00	9918			
81	85652		1 00	041524 041524	220224			4.00		0.00	3 00	9918			
01	03032		1.00	011321 011321	220224			4.00	1.00	0.00	3.00	9910			
81	83036		1 00	041524 041524	220224			14.00	12.00	0.00	12.00	9918			
5 ±			±.00	011021				11.00	2.00	0.00	12.00	2210			
81	84481		1.00	041524 041524	220224			24.00	16.00	0.00	16.00	9918			
-	-								8.00	0.00		-			
81	86376		1.00	041524 041524	220224			21.00	15.00	0.00	15.00	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

169

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI	LOWED	AMOUNT A	TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84443	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224			AMOUNT 25.20	NON-Allowed 22.93 2.27	TPL 0.00 0.00	PAID 22.93	DETAIL EOB 9918	S	
NAME: DEMORYON FANNING 2024102042948 POS PROC CD MODIFIERS 81 36415 81 85049	RECIPIENT ID.: 530000224761 I1603384 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224	040524		BILLED	4.50	COPAY	PAID 0.00	DETAIL EOB		4.00
NAME: ASHLEY FARMER 2024099022439 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001052959 11600846 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032524 032524 220224 1.00 032524 032524 220224	MRN: 032524		BILLED AMOUNT 83.81	NON-AllOWED	COPAY TPL 0.00 0.00 0.00 0.00	PAID 7.50	0.00 DETAIL EOB 9918 9936 9918 9936	83.29 S	15.00
NAME: JAMES FARNSWORTH 2024107012972 POS PROC CD MODIFIERS 81 84156 81 82570 81 83069 81 84311 81 82010 81 82945 81 82247 59 81 83986	RECIPIENT ID.: 530001305426 I1610495 SERVICE DATES RENDERING PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224	MRN: 041124	041124	222.58 BILLED AMOUNT	NON-AllOWED	COPAY	PAID 4.00 6.00 4.00 14.00 0.00 4.00 5.00			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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

170

	ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED	NC ALL	OWED A	COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD 81 81007	MODIFIERS	UNITS FROM THRU PROVIDER 2.00 041124 041124 220224 1.00 041124 041124 220224		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID 0.00	DETAIL EOBS 5900		
81 82043	QW	1.00 041124 041124 220224		7.58	6.00 1.58			9918		
	ARRAND 03025526		041024 041024		28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		AMOUNT	28.00	\mathtt{TPL}	28.00			
	ARRAND 03025536	RECIPIENT ID.: 530001338872 I1605853 SERVICE DATES RENDERING		49.86	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		AMOUNT	NON-AllOWED 28.00	\mathtt{TPL}	PAID 28.00	DETAIL EOBS 9918		
	FAUST 09082753	RECIPIENT ID.: 530001342696	MRN: 041524 041524	704 14	464 00		240 14	0 00	0.00	464.00
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			0.00	101.00
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM THRU PROVIDER 4.00 041524 041524 220224 1.00 041524 041524 220224		AMOUNT 168.00	NON-AllOWED 112.00 56.00		PAID 112.00	DETAIL EOBS 9918		
81 87640	59				22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 041524 041524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 041524 041524 220224		462.00	308.00 154.00	0.00	308.00	9918		
NAME: MICHAEL		RECIPIENT ID.: 530002305348								
20241	02043798	I1604331 SERVICE DATES RENDERING	020224 020224	715.12 BILLED		COPAY	297.48	0.00	0.00	417.64
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 020224 020224 220224		AMOUNT 150.00			PAID 43.61	DETAIL EOBS 9918		
81 87498	59	1.00 020224 020224 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL AMOUNT	PAID AMOUNT
	PROC CD 87581	MODIFIERS 59		SERVICE DATES FROM THRU 020224 020224	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOF 9918	3S	
81	87633		1.00	020224 020224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00	020224 020224	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		REGRINO-CALI).: 530002263409	MRN:	0.401.04		00.00		1.0.00	0.00	0.00	00.00
	20240	99022473	I1600869	9 SERVICE DATES	RENDERING	040124	040124	33.00 BILLED	20.00 ALLOWED	COPAY	13.00	0.00	0.00	20.00
POS 1	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOR	3S	
81	86140		1.00	040124 040124	220224			15.00	5.00	0.00	5.00	9918		
81	83655		1.00	040124 040124	220224			18.00	10.00 15.00 3.00	0.00 0.00 0.00	15.00	9918		
NAME:	KYNSLEY	FERRARA		RECIPTENT II).: 530000338987	MRN:								
		07012990	I160834	7			041124		305.64		241.48	0.00	0.00	305.64
ם פחם	PROC CD	MODIFIERS		SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	חז גם	DETAIL EOR	20	
	87498			041124 041124	220224			37.07	22.00	0.00	22.00		55	
0.1	0.000	5 0	1 00	0.4.1.0.4.0.4.1.1.0.4	000004			40.00	15.07	0.00	22.22	0.01.0		
81	87581	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
0.1	07625		1 00	041104 041104	000004			150.00	106.02	0.00	42 61	0010		
81	87635		1.00	041124 041124	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	ROWAN F	TELDS		RECIPTENT II).: 530002078488	MRN:								
		07013008	I1608350	0		040124	040124		305.64		241.48	0.00	0.00	305.64
DOC 1	מס מס	MODIFIEDC		SERVICE DATES				BILLED	ALLOWED	COPAY TPL	DATD		n C	
81	87498	MODIFIERS 59		FROM THRU 040124				AMOUNT 37.07	NON-AllOWED 22.00	0.00	22.00	DETAIL EOE 9918	35	
									15.07	0.00				
81	87581	59	1.00	040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040124 040124	220224			318.05	212.03	0.00	212.03	9918		
0.1	07625		1 00	040104 040104	220224			150.00	106.02	0.00	42 61	0.01.0		
81	87635		1.00	040124 040124	ZZUZZ4			150.00	43.61 106.39	0.00	43.61	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

172

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AIDEN FIKES 2024107013018	RECIPIENT ID.: 530000826247 I1610499 SERVICE DATES RENDERING	MRN: 041224	041224	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 041224 041224 220224			AMOUNT 4.50	NON-Allowed 0.00 4.50	TPL 0.00 0.00	PAID 0.00	DETAIL 3	EOBS	
81 85049	1.00 041224 041224 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: KARIYAH FIKES 2024099022483	RECIPIENT ID.: 530001878209 I1600873	MRN: 040424	040424		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 040424 040424 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL 1 9918	EOBS	
81 87486 59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00			
81 87581 59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00		9918		
81 87633 81 87640	1.00 040424 040424 220224 1.00 040424 040424 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03			
81 87641 59	1.00 040424 040424 220224			37.07	15.07 22.00	0.00	22.00			
81 87651 59	1.00 040424 040424 220224			49.86	15.07 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81 87798	8.00 040424 040424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KEIRA FINCH 2024103025549	RECIPIENT ID.: 530001037296 I1605861 SERVICE DATES RENDERING		031524	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 031524 031524 220224			AMOUNT 49.86	NON-Allowed 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL 1 9918	EOBS	
NAME: GRAYSON FINE 2024102049525	RECIPIENT ID.: 530002249022 I1604736	MRN: 040824	040824	285.07	196.14		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

173

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500	DD 0 0 0D		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. 1. T. D.	DDD1.11 D	107.0	
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81	87529		2.00 040824 040824	220224			99.72	56.00 43.72	0.00	0.00	5910		
81	87640	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	ГО	1 00 040004 040004	220224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 040824 040824	220224			37.07	22.00	0.00	22 00	9918		
01	07033	3,7	1.00 040024 040024	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87801		2.00 040824 040824	220224			74.14	74.14	0.00	74.14			
01	0,001		2.00 010021 010021				, 1.11	0.00	0.00	, 1, 11			
NAME	: CLIFTON	1 FINLEY	RECIPIENT II	o.: 530001099254	MRN:								
		.02043810	I1604333		022924	022924	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				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87635		1.00 022924 022924	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 022924 022924	220224			42.00	28.00	0.00	28 00	9918		
0 ±	07100	3,5	1.00 022,21 022,21	220221			12.00	14.00	0.00	20.00	J J I U		
81	87498	59	1.00 022924 022924	220224			37.07	22.00	0.00	22.00	9918		
				-				15.07	0.00				
81	87581	59	1.00 022924 022924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 022924 022924	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 022924 022924	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00.4.1	5 0	1 00 000004 000004	000004			25.25	15.07	0.00	00.00	0010		
81	87641	59	1.00 022924 022924	220224			37.07	22.00	0.00	22.00	9918		
0.1	87651	ΕO	1 00 022024 022024	220224			10.06	15.07	0.00	20 00	0.01.0		
81	0/051	59	1.00 022924 022924	220224			49.86	28.00 21.86	0.00	20.00	9918		
81	87798		8.00 022924 022924	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00 022724 022724	220224			330.00	112.00	0.00	224.00	J J ± 0		
								112.00	0.00				
NAME	: NOVA FI	NLEY	RECIPIENT II	o.: 530002212101	MRN:								
		99022496	I1600887			040424	565.12	374.03		191.09	0.00	0.00	374.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS		PROVIDER								OBS	
81	87498	59	1.00 040424 040424	220224			37.07			22.00	9918		
								15.07	0.00				

REPORT: CRA-PRPD-R 3524808 RA#:

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 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 083131776 ISSUE DATE 04/19/2024

10	CN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU			NC ALI COPAY	OWED	AMOUNT A	TPL MOUNT	PAID AMOUNT
POS PROC CD MODE 81 87581 59	IFIERS	UNITS FROM THRU 1.00 040424 040424	PROVIDER 220224			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00		SS	
81 87633		1.00 040424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 040424 040424	220224			168.00	112.00 56.00	0.00	112.00	9918		
		RECIPIENT ID		MRN:	040404	150.00	42 61		106 20	0.00	0.00	42 61
2024102042	2957	I1603385 SERVICE DATES	RENDERING	040424	040424		43.61 ALLOWED	COPAY	106.39	0.00	0.00	43.61
POS PROC CD MOD	IFIERS		PROVIDER			AMOUNT	NON-AllowED		PAID	DETAIL EOE	SS	
81 87635		1.00 040424 040424	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: GUNNER FISH	ER	RECIPIENT ID	.: 530001229470	MRN:								
2024103025	5562	I1605865		021524	021524		374.03		191.09	0.00	0.00	374.03
DOG DDOG GD MOD	T. T. T. D. C.	SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD MODE 81 87498 59	IFIERS	UNITS FROM THRU 1.00 021524 021524	220221			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	22.00	DETAIL EOE	35	
01 0/490 39		1.00 021324 021324	220224			37.07	15.07	0.00	22.00	9910		
81 87581 59		1.00 021524 021524	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 021524 021524				318.05	212.03	0.00	212.03	9918		
0.1		4 00 001504 001504	000004			160.00	106.02	0.00	110 00	0010		
81 87798		4.00 021524 021524	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: ASTER FITTS		RECIPIENT ID	.: 530002254375	MRN:								
2024102042		I1603386		040524	040524	13.50	4.00		9.50	0.00	0.00	4.00
		SERVICE DATES				BILLED	ALLOWED	COPAY		_	_	
POS PROC CD MODE		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOE	BS	
81 36415		1.00 040524 040524	220224			4.50		0.00	0.00	3323		
81 85049		1.00 040524 040524	220224			9.00	4.00	0.00	4.00	9918		
01 00019		1.00 010321 010321				J.00	5.00	0.00	1.00	3310		
NAME: ASTER FITTS		RECIPIENT ID	: 530002254375	MRN:								
2024103025		I1605867	. 250002251575	040524	040524	18.00	15.00		3.00	0.00	0.00	15.00
		SERVICE DATES	RENDERING				ALLOWED	COPAY				
POS PROC CD MODE			PROVIDER			AMOUNT				DETAIL EOE	SS	
81 83655		1.00 040524 040524	220224			18.00	15.00 3.00	0.00	15.00	9918		
							3.00	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

175

	IC	CN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: NOVA 20 POS PROC 81 8750	024109082 CD MODI	2817	I161160 UNITS 1.00	8 SERVICI FROM	E DATES THRU	: 530002137384 RENDERING PROVIDER 220224	MRN: 040124	040124	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 1 9918	0.00 EOBS	213.03
NAME: ELLA 20 POS PROC 81 8749	024099022 CD MODI	2514		1	E DATES THRU	: 530002275105 RENDERING PROVIDER 220224	MRN: 040424	040424	565.12 BILLED AMOUNT 37.07	374.03 ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	191.09 PAID 22.00	0.00 DETAIL 1 9918	0.00 EOBS	374.03
81 8758 81 8763 81 8779	33		1.00	040424	040424 040424 040424				42.00 318.05 168.00	15.07 28.00 14.00 212.03 106.02 112.00	0.00 0.00 0.00 0.00 0.00	28.00 212.03 112.00	9918		
NAME: SHEL 20	LBY FLIPE 024103025	5581	I160587	RECII 0 SERVICI	PIENT ID E DATES	.: 530001250852 RENDERING	MRN: 031124	031124	1,049.12 BILLED	56.00 629.64 ALLOWED	0.00 COPAY		0.00	0.00	150.00
POS PROC 81 8763		IFIERS		FROM 031124	THRU 031124	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 0.00	DETAIL I 5000	EOBS	
81 8748										28.00 14.00	0.00	28.00			
81 8749 81 8764					031124				37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
81 8758					031124				42.00	15.07 28.00	0.00	28.00			
81 8763	33		1.00	031124	031124	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	0.00	5000		
81 8764					031124	220224			37.07	22.00 15.07	0.00	22.00			
81 8765 81 8779					031124	220224			49.86	28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00	5000		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

176

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL IOUNT	PAID AMOUNT
NAME: SERENITY FLOTT 2024103025619	RECIPIENT ID.: 530000413473 I1605876 SERVICE DATES RENDERING	MRN: 040924	040924	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 040924 040924 220224			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 040924 040924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224			318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 040924 040924 220224			37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 040924 040924 220224			49.86	28.00 21.86	0.00		9918		
81 87798	8.00 040924 040924 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: MADILYN FORD 2024109082828	RECIPIENT ID.: 530001339545 I1612893	MRN: 041624	041624	565.12	374.03		191.09	0.00	0.00	374.03
2024107002020	SERVICE DATES RENDERING	041024	041024	BILLED	ALLOWED	COPAY	171.07	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 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00		9918		
81 87633	1.00 041624 041624 220224			318.05	212.03 106.02	0.00	212.03			
81 87798	4.00 041624 041624 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: TIFFANIE FORD 2024109082838	RECIPIENT ID.: 530001934001 I1611614 SERVICE DATES RENDERING	MRN: 032524	032524	24.00 BILLED	16.00 ALLOWED		8.00	0.00	0.00	16.00
POS PROC CD MODIFIERS 81 84481	UNITS FROM THRU PROVIDER 1.00 032524 032524 220224			AMOUNT 24.00		TPL	PAID 16.00	DETAIL EOBS 9918	3	
	RECIPIENT ID.: 530001338806 I1603388	MRN: 040524	040524	101.15	70.00		31.15	0.00	0.00	70.00

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

177

ICN POS PROC CD MODIFIERS 81 83002 81 83001 81 82670 81 36415	PAT ACCT NO. SERVICE DATES RENDERING PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224	SERVICE DATES FROM THRU		AMOUNT ALLOWED CO	ALLOWED OPAY PAID 0.00 21.00 0.00 22.00 0.00 27.00 0.00 27.00	COPAY TPL AMOUNT AMOUNT DETAIL EOBS) 9918) 9918) 9918) 3323	
2024107013025 POS PROC CD MODIFIERS 81 82627 81 84402	RECIPIENT ID.: 530001338806 I1608364 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224 RECIPIENT ID.: 530001461480		71.00 BILLED AMOUNT 33.00	ALLOWED CO	11.00 DPAY TPL PAID 0.00 28.00 0.00 32.00 0.00	DETAIL EOBS) 9918	0.00 60.00
NAME: ETHAN FORTENBERRY 2024103025631 POS PROC CD MODIFIERS 81 87651	I1605885 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020724 020724 220224	MRN: 020724 020724	49.86 BILLED AMOUNT 49.86	ALLOWED CO NON-Allowed T	21.86 DPAY FPL PAID 0.00 28.00 0.00	DETAIL EOBS	0.00 28.00
	RECIPIENT ID.: 530001325291 I1600912 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031424 031424 220224	MRN: 031424 031424	49.86 BILLED AMOUNT 49.86	NON-Allowed T	OPAY FPL PAID	0.00 DETAIL EOBS) 9918 9936	18.94 0.00
NAME: CALEB FOSTER 2024102042982 POS PROC CD MODIFIERS 81 80053 81 82306	RECIPIENT ID.: 530001358338 11603389 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224 1.00 040424 040424 220224	MRN: 040424 040424		NON-Allowed T	OPAY IPL PAID 0.00 12.00 0.00	DETAIL EOBS	0.00 41.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

PAGE:

DATE: 04/19/2024

178

ICN POS PROC CD MODIFIERS 81 36415	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 4.50	ALLOWED AMOUNT ALLOWED NON-AlloWED 0.00 4.50	NON ALLOW COPAY TPL 0.00 0.00	VED AN	OPAY TP MOUNT AMO DETAIL EOBS 3323		PAID AMOUNT
NAME: CASE FOSTER 2024102043822 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000872449 11604335 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224	MRN: 040824 040824	150.00 BILLED AMOUNT 150.00	NON-AllOWED	COPAY TPL		DETAIL EOBS	0.00	43.61
NAME: CASE FOSTER 2024102049537 POS PROC CD MODIFIERS 59 81 87498 59 81 87640 59 81 87581 59 81 87633 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530000872449 11604739 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 8.00 040824 040824 220224	MRN: 040824 040824	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 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 28.00 21.86 224.00 112.00	31 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 28.00 22.00 22.00 28.00 212.03 22.00 28.00 224.00	DETAIL EOBS 9918 9918 9918 9918 9918 9918 9918 9918	0.00	586.03
NAME: SHAH FRAISE 2024109082850 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87640 59	RECIPIENT ID.: 530001027578 I1611617 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224	MRN: 041524 041524	899.12 BILLED AMOUNT 42.00 37.07	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 22.00 15.07	31 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

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

179

1	ICN	PAT ACCT NO.			DATES THRU	BILLED AMOUNT	ALLOWED NO. AMOUNT ALL			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD MOT	DIEIEDG	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		ODG	
POS PROC CD MOD 81 87581 59	DIFIERS	UNITS FROM THRU 1.00 041524 041524	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL E	OBS	
01 07301 39		1.00 041324 041324	ZZUZZ I			12.00	14.00	0.00	20.00	9910		
81 87633		1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 011321 011321	220221			310.03	106.02	0.00	212.03	J J ± 0		
81 87641 59		1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651 59		1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
			50000000000									
NAME: DAVID FRALE			.: 530000873887	MRN:	041504	40.06	20.00		01 06	0.00	0 00	20.00
202410908	82862	I1611618	DENIDEDING	041524	041524	49.86	28.00		21.86	0.00	0.00	28.00
POS PROC CD MOD	טדהדהטפ	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ODC	
81 87651	DILIEKS		220224			49.86	28.00		28.00		OBS	
81 87031		1.00 041324 041324	ZZUZZ I			49.00	21.86	0.00	20.00	9910		
							21.00	0.00				
NAME: EDWIN FRANC	CISCO	RECIPIENT ID	.: 530001111731	MRN:								
202410701		I1608374		041024	041024	182.49	123.00		59.49	0.00	0.00	123.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MOD	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 80053		1.00 041024 041024	220224			15.84	12.00	0.00	12.00	9918		
							3.84	0.00				
81 83036		1.00 041024 041024	220224			14.00	12.00	0.00	12.00	9918		
01 04401		1 00 041024 041024	220224			24.00	2.00	0.00	16.00	0010		
81 84481		1.00 041024 041024	220224			24.00	16.00 8.00	0.00 0.00	16.00	9918		
81 80061		1.00 041024 041024	220224			20.00	14.00	0.00	14.00	9918		
01 00001		1.00 041024 041024	22022 1			20.00	6.00	0.00	14.00	JJ±0		
81 86376		1.00 041024 041024	220224			21.00	15.00	0.00	15.00	9918		
							6.00	0.00				
81 84436 59		1.00 041024 041024	220224			10.00	7.00	0.00	7.00	9918		
							3.00	0.00				
81 83525		1.00 041024 041024	220224			17.15	11.00	0.00	11.00	9918		
							6.15	0.00				
81 36415		1.00 041024 041024	220224			4.50	0.00	0.00	0.00	3323		
0.1		1 00 041004 04160	000004			22.25	4.50	0.00	4 = 65	0.01.0		
81 86800		1.00 041024 041024	220224			23.00	15.00	0.00	15.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 84432	MODIFIERS	UNITS	SERVICE DATES FROM THRU 041024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 24.00	ALLOWED NON-AllOWED 17.00 7.00	COPAY TPL 0.00 0.00	PAID 17.00	DETAIL E 9918	EOBS	
81	85049		1.00	041024 041024	220224			9.00	4.00	0.00	4.00	9918		
NAME:		IANO FRANCIS 99022543	I1600917	7	530000852720	MRN: 120423	120423	1,004.42			369.25	0.00	0.00	635.17
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
81	87486	59	1.00	120423 120423	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1 00	120423 120423	220224			37.07	22.00	0.00	22.00	9918		
01	07100	33	1.00	120125 120125	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87640	59	1.00	120423 120423	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	120423 120423	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00	100400 100400	000004			210.05	14.00	0.00	010 00	0.01.0		
81	87633		1.00	120423 120423	220224			318.05	212.03	0.00	212.03	9918		
81	87634	59	1 00	120423 120423	220224			105.30	106.02 49.14	0.00	49.14	0010		
OΤ	0/034	39	1.00	120423 120423	22022 4			103.30	56.16	0.00	49.14	9910		
81	87641	59	1.00	120423 120423	220224			37.07	22.00	0.00	22.00	9918		
0 ±	0,011		1.00	120123 120123	220221			37.07	15.07	0.00	22.00	JJ 10		
81	87651	59	1.00	120423 120423	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	120423 120423	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NT 7\ N (T = 1	• DDTGTI3	EDANGIGGO		DECIDIENT II		MID NT •								
NAME .		FRANCISCO 09082874	I1611619).: 530002432896	MRN: 041124	041124	865.33	569.09		296.24	0.00	0.00	513.09
	20241	09002074		SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	290.24	0.00	0.00	313.09
POS	PROC CD	MODIFIERS			PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
	87481			041124 041124				168.00			112.00			
									56.00	0.00				
81	87640	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
	0.000				000004				15.07	0.00				
81	87653	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
81	87798		11 00	041124 041124	220224			160 00	15.07 308.00	0.00	200 00	0010		
0.1	01170		11.00	041174 041174	44U44 1			462.00	154.00	0.00	308.00	フ フエロ		
									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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	PROC CD 87641 87798 87086 87186 87088	ICN MODIFIERS 59	UNITS 1.00 2.00 1.00	SERVICE DATES	220224 220224 220224	SERVICE FROM	DATES THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 22.00 15.07 56.00 28.00 10.00 8.53 9.00 4.50 8.09 0.00		PAID 22.00 0.00 10.00	9918 5000 9918 9918	TPL AMOUNT OBS	PAID AMOUNT
POS 1	20241	FRANCISCO 09082883 MODIFIERS	I1611620 UNITS 1.00) SERVICE DATES	PROVIDER 220224	MRN: 031424	031424		27.09 ALLOWED NON-AllOWED 10.00 8.53 9.00	COPAY TPL 0.00 0.00 0.00	PAID 10.00	DETAIL E	0.00 OBS	27.09
81	87088			031424 031424				8.09	4.50 8.09 0.00	0.00 0.00 0.00	8.09			
POS 181 81 81 81 81	20241 PROC CD 87481 87640 87653 87798 87641 87798	FRANCISCO 09082886 MODIFIERS 59 59 59	I1612895 UNITS 4.00 1.00 1.00 1.00 2.00	SERVICE DATES FROM THRU 031424 031424 031424 031424 031424 031424 031424 031424 031424 031424 031424 031424	PROVIDER 220224 220224 220224 220224 220224 220224		031424		542.00 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		PAID 112.00 22.00 22.00 308.00 22.00	9918 9918	0.00 OBS	486.00
NAME:		RANCISCO GON 07013052	IZA I1608372		.: 530001319186	MRN: 040124	040124	15.17	8.00		7.17	0.00	0.00	8.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

IC POS PROC CD MODI 81 87081	N FIERS	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	SERVICE FROM	E DATES THRU	BILLED AMOUNT BILLED AMOUNT 15.17	ALLOWED	NO ALI COPAY TPL 0.00 0.00	LOWED FAID 8.00	DETAIL EO	TPL AMOUNT BS	PAID AMOUNT
NAME: CONNOR FRANK 2024102043 POS PROC CD MODI 81 87651	832 FIERS	RECIPIENT ID.: 530001163785 11604336 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032024 032024 220224		032024	49.86 BILLED AMOUNT 49.86	NON-AllowED	COPAY TPL	PAID 28.00	DETAIL EO	0.00 BS	28.00
NAME: EDNA FRANKLI 2024099022 POS PROC CD MODI 81 87498 59 81 87581 59 81 87633 81 87634 81 87798		RECIPIENT ID.: 530001927030 11600922 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 122023 122023 220224 1.00 122023 122023 220224 1.00 122023 122023 220224 4.00 122023 122023 220224		122023		423.17 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 49.14 21.06 112.00 56.00		PAID	DETAIL EO 9918 9918 9918 5910	0.00 BS	374.03
NAME: MACKENZIE FR 2024102049 POS PROC CD MODI 81 87498 59 81 87581 59 81 87633 81 87635 NAME: PAIZLEY FRAN	552 FIERS	RECIPIENT ID.: 530000535769 I1604740 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 RECIPIENT ID.: 530002203150	040924	040924	547.12 BILLED AMOUNT 37.07 42.00 318.05 150.00			PAID 22.00 28.00	DETAIL EO 9918 9918 9918	0.00 BS	305.64
2024107013		I1608375		040124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

FROM THRU AMOUNT AMOUNT ALLOWED AN SERVICE DATES RENDERING BILLED ALLOWED COPAY	MOUNT AMOUNT AMOUNT
	DETAIL EOBS
81 87486 59 1.00 040124 040124 220224 42.00 28.00 0.00 28.00 14.00 0.00	
81 87498 59 1.00 040124 040124 220224 37.07 22.00 0.00 22.00 15.07 0.00	9918
81 87581 59 1.00 040124 040124 220224 42.00 28.00 0.00 28.00 14.00 0.00	9918
81 87633 1.00 040124 040124 220224 318.05 212.03 0.00 212.03 106.02 0.00	9918
81 87640 1.00 040124 040124 220224 37.07 22.00 0.00 22.00 15.07 0.00	9918
81 87641 59 1.00 040124 040124 220224 37.07 22.00 0.00 22.00 15.07 0.00	9918
81 87651 59 1.00 040124 040124 220224 49.86 28.00 0.00 28.00 21.86 0.00	9918
81 87798 8.00 040124 040124 220224 336.00 224.00 0.00 224.00 112.00 0.00	9918
NAME: ANTONIO FRAZIER RECIPIENT ID.: 530001305956 MRN:	
2024102049568	0.00 0.00 10.00
	DETAIL EOBS
81 87086 1.00 040424 040424 220224 18.53 10.00 0.00 10.00 8.53 0.00	9918
NAME: KAITLYN FRAZIER RECIPIENT ID.: 530001589309 MRN:	
	0.00 0.00 75.93
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 022024 022024 220224 15.84 12.00 0.00 12.00	
3.84 0.00	0.01.0
$81 83036 \qquad \qquad 1.00 022024 022024 220224 \qquad \qquad 14.00 \qquad 12.00 \qquad 0.00 \qquad 12.00 \qquad $	9910
81 80061 1.00 022024 022024 220224 200224 200224 20020 14.00 0.00 14.00 6.00 0.00	9918
81 83525 1.00 022024 022024 220224 17.15 11.00 0.00 11.00 6.15 0.00	9918
81 36415 1.00 022024 022024 220224 4.50 0.00 0.00 0.00 4.50 0.00	3323
81 85049 1.00 022024 022024 220224 9.00 4.00 0.00 4.00 5.00 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD : 81 84443	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 25.20	ALLOWED NON-AlloWED 22.93 2.27	COPAY TPL 0.00 0.00		DETAIL EO	BS	
NAME: LISA FRA 202410	ZZETTO 9082893	I1612899	.: 530001301225	MRN: 041624	041624	899.12			313.09	0.00	0.00	586.03
81 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041624 041624	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	28.00	9918	BS	
	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00 0.00	22.00			
81 87581	59	1.00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041624 041624	220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640		1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041624 041624	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 041624 041624	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: AMANDA F			.: 530001260793	MRN:	040004	200 22	172.00		107 04	0.00	0.00	172 00
	2043840	i1604337 SERVICE DATES	RENDERING	040224	040224	BILLED	172.09 ALLOWED	COPAY		0.00	0.00	172.09
POS PROC CD 1 81 80307	MODIFIERS	UNITS FROM THRU 1.00 040224 040224	PROVIDER 220224			AMOUNT 125.00	NON-AllOWED 55.87 69.13	TPL 0.00 0.00	PAID 55.87	DETAIL EO	BS	
81 G0482		1.00 040224 040224	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: CANDANCE 202410	FREEMAN 3025683	RECIPIENT ID 11605901 SERVICE DATES	.: 530002097759 RENDERING	MRN: 020124	020124	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 1.00 020124 020124	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EO	BS	
81 87486	59	1.00 020124 020124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

185

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL OUNT	PAID AMOUNT
POS PROC CD 81 87498	MODIFIERS 59	SERVICE DATES RENDERII UNITS FROM THRU PROVIDEI 1.00 020124 020124 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 020124 020124 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 020124 020124 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 020124 020124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 020124 020124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 020124 020124 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 020124 020124 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CHANDLE 20241	R FREEMAN 02043010	RECIPIENT ID.: 530003 11603393 SERVICE DATES RENDERII	032924	032924	557.47 BILLED	172.09	COPAY	385.38	0.00	0.00	172.09
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDE			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID			
81 80307		1.00 032924 032924 220224			83.81	55.87 27.94	0.00		9918		
81 G0482		1.00 032924 032924 220224			174.33	116.22 58.11	0.00	116.22	9918		
81 80307		1.00 032924 032924 220224			125.00	0.00 125.00	0.00	0.00	5000 6340		
81 G0482		1.00 032924 032924 220224			174.33	0.00 174.33	0.00	0.00	5000 6341		
NAME: CHANDLE 20241	R FREEMAN .09082912	RECIPIENT ID.: 530003	041024	041024		172.09		127.24	0.00	0.00	172.09
POS PROC CD 81 80307	MODIFIERS	SERVICE DATES RENDERII UNITS FROM THRU PROVIDEI 1.00 041024 041024 220224			BILLED AMOUNT 125.00	ALLOWED NON-AllOWED 55.87 69.13	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL EOBS 9918		
81 G0482		1.00 041024 041024 220224			174.33	116.22 58.11		116.22	9918		
NAME: JAXSON 20241	FREEMAN .07013083	RECIPIENT ID.: 530000 11608378	041124	041124		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486		SERVICE DATES RENDERII UNITS FROM THRU PROVIDEI 1.00 041124 041124 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00		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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY TE	L UNT	PAID AMOUNT
POS PROC CD 81 87498	MODIFIERS 59		RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID	DETAIL EOBS 9918		
81 87581	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041124 041124				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
POS PROC CD	.07013102		RENDERING PROVIDER	MRN: 032624	032624	BILLED AMOUNT	3.78 ALLOWED NON-AlloWED	COPAY TPL	PAID	0.00 DETAIL EOBS	15.16	3.78
81 87651		1.00 032624 032624				49.86	3.78 46.08	0.00	3.78	9918 9936		
NAME: SERENA 20241 POS PROC CD 81 87651	07013116	RECIPIENT ID I1610507 SERVICE DATES UNITS FROM THRU 1.00 032624 032624	RENDERING PROVIDER	MRN: 032624	032624	49.86 BILLED AMOUNT 49.86	3.78 ALLOWED NON-AllOWED 3.78	COPAY TPL	46.08 PAID 3.78	0.00 DETAIL EOBS 9918 9936	15.16	3.78
							46.08	0.00				
20241 POS PROC CD	02049579	SON RECIPIENT ID 11604742 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER	MRN: 040324	040324	BILLED AMOUNT	116.22 ALLOWED NON-AllOWED	COPAY TPL	PAID	0.00 DETAIL EOBS	0.00	116.22
81 80307 81 G0482		1.00 040324 040324 1.00 040324 040324				83.81 174.33	0.00 83.81 116.22 58.11	0.00 0.00 0.00 0.00	116.22	6340 9918		
NAME: BRYLEE 20241	FRIZZELL 03025698	RECIPIENT ID I1605907	.: 530001724898	MRN: 031224	031224	1,049.12	629.64		419.48	0.00	0.00	128.00

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS :	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 031224 031224	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL I 9918	EOBS	
81	87498	59	1.00 031224 031224	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 031224 031224	220224			318.05	212.03 106.02	0.00		5000		
81	87640		1.00 031224 031224	220224			37.07	22.00 15.07	0.00		5000		
81	87641	59	1.00 031224 031224	220224			37.07	22.00 15.07	0.00		9918		
81 81	87651 87798	59	1.00 031224 031224 8.00 031224 031224	220224			49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00		9918 5000		
81	87635		1.00 031224 031224				150.00	112.00 43.61	0.00		5000		
								106.39	0.00				
NAME:	KORRIE 20241	FROST .02049595).: 530001639178	MRN:	0.4.0.0.4						0.00	506.00
			11604743		040874	040824	899 12	586 03	ς .	313 09	() ()()	() ()()	586 03
			I1604743 SERVICE DATES	RENDERING	040824	040824	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	040824	040824	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL I		586.03
POS :			SERVICE DATES		040824	040824	BILLED	ALLOWED	COPAY	PAID			586.03
	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER	040824	040824	BILLED AMOUNT	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL I		586.03
81 81 81	PROC CD 87486 87498 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224 220224	040824	040824	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 1 9918 9918 9918		586.03
81 81	PROC CD 87486 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224	040824	040824	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	PAID 28.00 22.00	DETAIL 1 9918 9918 9918		586.03
81 81 81	PROC CD 87486 87498 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224 220224 220224	040824	040824	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 1 9918 9918 9918		586.03
81 81 81	PROC CD 87486 87498 87581 87633	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224 220224 220224 220224	040824	040824	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 19918 9918 9918 9918		586.03
81 81 81 81	PROC CD 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224 220224 220224 220224 220224	040824	040824	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	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 19918 9918 9918 9918 9918		586.03
81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	SERVICE DATES FROM THRU 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824 1.00 040824 040824	PROVIDER 220224 220224 220224 220224 220224 220224 220224	040824	040824	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 19918 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	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	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87486	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00		-	
81 87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040824 040824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SHERRI	FRY	RECIPIENT ID	.: 530001960393	MRN:								
20241	02043028	I1603395		040524	040524	68.04			12.11	0.00	0.00	55.93
POS PROC CD	MODIFIEDO	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EOB	C	
81 80053	MODIFIERS	1.00 040524 040524	220224			15.84	12.00 3.84	0.00	12.00		٥	
81 83036		1.00 040524 040524	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 84443		1.00 040524 040524	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439		1.00 040524 040524	220224			13.00	9.00 4.00	0.00	9.00	9918		
NAME: TANESHA	FULGHAM 07013129	RECIPIENT ID	.: 530001055323	MRN: 032924	032924	881.59	535.53		346.06	0.00	0.00	463.53
		SERVICE DATES	RENDERING	002721	002722	BILLED		COPAY	0 10 10 0			200,00
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87798	59	9.00 032924 032924				378.00	252.00 126.00	0.00	252.00			
81 87481	59	2.00 032924 032924	220224			84.00	56.00 28.00	0.00	56.00			
81 87491	59	1.00 032924 032924	220224			49.86	28.00 21.86	0.00	0.00	5490		

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

189

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALI	JOWED		PL DUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	חזעה	DETAIL EOBS		
81	PROC CD 87511	MODIFIERS 59	UNITS FROM THRU 1.00 032924 032924	220224			42.00	28.00	0.00		9918		
01	07311	3,7	1.00 032321 032321	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87529	59	2.00 032924 032924	220224			99.72	56.00	0.00	56.00	9918		
								43.72	0.00				
81	87591	59	1.00 032924 032924	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87653	59	2.00 032924 032924	220224			74.14	44.00	0.00	0.00	5900		
								30.14	0.00				
81	87661	59	1.00 032924 032924	220224			32.30	21.53	0.00	21.53	9918		
0.1	07563		1 00 030004 030004	000004			40 50	10.77	0.00	0.00	4001		
81	87563		1.00 032924 032924	220224			42.50	0.00	0.00	0.00	4021		
81	87640	ΕO	1.00 032924 032924	220224			37.07	42.50 22.00	0.00	22 00	9918		
0.1	0/040	59	1.00 032924 032924	220224			37.07	15.07	0.00	22.00	9910		
								13.07	0.00				
NAME	: ELIJAH	FULLER	RECIPIENT ID	.: 530001882503	MRN:								
		99022576	I1600939		040324	040324	319.55	213.03		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	\mathtt{TPL}	PAID	DETAIL EOBS		
81	87507		1.00 040324 040324	220224			319.55	213.03		213.03	9918		
								106.52	0.00				
			_										
NAME	: LUCY FU			.: 530000428719	MRN:	000004	565 10	254 02		101 00	0.00	0.00	254 02
	20241	.03025713	I1605914	DENDEDING	022224	022224		374.03		191.09	0.00	0.00	374.03
DOG	PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
	87498		1.00 022224 022224	220224			37.07	22.00	0.00		9918		
01	07470	3,5	1.00 022224 022224	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 022224 022224	220224			42.00	28.00	0.00	28.00	9918		
0_	0.00=						12.00	14.00	0.00		J J _ 0		
81	87633		1.00 022224 022224	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87798		4.00 022224 022224	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME			RECIPIENT ID	.: 530002189193		0.40=0.4		=0.5.55		0.1.0			=0.6.05
	20241	.03025728	I1605915		040724	040724		586.03		313.09	0.00	0.00	586.03
DOC.	DD00 05	MODIETED	SERVICE DATES					ALLOWED		D 7 T D			
		MODIFIERS		PROVIDER			AMOUNT		TPL		DETAIL EOBS		
ЯΤ	87486	59	1.00 040724 040724	ZZUZZ 4			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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	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 C 81 87498		UNITS FROM THRU 1.00 040724 040724	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL I 9918	EOBS	
01 07470	3)	1.00 040724 040724	220224			37.07	15.07	0.00	22.00	JJ10		
81 87581	. 59	1.00 040724 040724	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040724 040724	220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81 87640)	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1:00 010/21 010/21	220221			37.07	15.07	0.00	22.00	J J I O		
81 87641	. 59	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
01 00651	5 0	1 00 040504 040504	000004			40.06	15.07	0.00	00.00	0010		
81 87651	. 59	1.00 040724 040724	220224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81 87798		8.00 040724 040724	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JAKYL			.: 530001239833	MRN:	040224	111 10	02 02		20 26	0 00	0 00	82.93
202	4107013145	I1608384 SERVICE DATES	RENDERING	040324	040324	111.19 BILLED	82.93 ALLOWED	COPAY	28.26	0.00	0.00	04.93
POS PROC C	D MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL I	EOBS	
81 80053		1.00 040324 040324	220224			15.84	12.00	0.00		9918		
			000001			14.00	3.84	0.00	10.00	0010		
81 83036		1.00 040324 040324	220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81 80061		1.00 040324 040324	220224			20.00	14.00	0.00	14.00	9918		
01 00001	•	1.00 010321 010321				20.00	6.00	0.00	11.00	JJ 10		
81 84443		1.00 040324 040324	220224			25.20	22.93	0.00	22.93	9918		
01 04426		1 00 040204 040204	000004			10.00	2.27	0.00	7 .00	0.01.0		
81 84436	59	1.00 040324 040324	220224			10.00	7.00 3.00	0.00 0.00	7.00	9918		
81 83525		1.00 040324 040324	220224			17.15	11.00	0.00	11.00	9918		
							6.15	0.00				
81 85049		1.00 040324 040324	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NAME: WILLI	AM FIIOIIA	RECIPIENT ID	: 530001718357	MRN:								
	4103025741	I1605917	. 230001,10007		041024	49.86	28.00		21.86	0.00	0.00	28.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	D MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL I	EOBS	
81 87651		1.00 041024 041024	ZZUZZ 4			49.86	28.00 21.86	0.00 0.00	28.00	9918		
							21.00	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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATI		ALLOWED AMOUNT	NO ALL			PL IOUNT	PAID AMOUNT
NAME: DANTE FUSCONE 2024109082930	RECIPIENT ID.: 530001912901 I1611623 SERVICE DATES RENDERING	MRN: 041524 041!	524 715.12 BILLED	417.64 ALLOWED	COPAY	297.48	0.00	0.00	417.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918	}	
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		
81 87798	4.00 041524 041524 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: JOSIAH GABLE 2024102043045	RECIPIENT ID.: 530001470872 I1603397 SERVICE DATES RENDERING	MRN: 022024 0220	024 565.12 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 022024 022024 220224		37.07	22.00 15.07	0.00	22.00			
81 87581 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 022024 022024 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: HANNAH GADDY 2024103025751	RECIPIENT ID.: 530001655076 I1605923	MRN: 013124 0133		7.00		10.50	0.00	0.00	7.00
POS PROC CD MODIFIERS 81 85652	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 013124 013124 220224		BILLED AMOUNT 4.00		COPAY TPL 0.00 0.00	PAID 3.00	DETAIL EOBS 9918	}	
81 36415	1.00 013124 013124 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 013124 013124 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: HANNAH GADDY 2024103025763	RECIPIENT ID.: 530001655076 I1605924	MRN: 013124 013	124 47.00	19.00		28.00	0.00	0.00	19.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

192

ICN POS PROC CD MODIFIE 81 82150 59 81 83690 81 86140	PAT ACCT NO. SERVICE DATES RENDE RS UNITS FROM THRU PROVI 1.00 013124 013124 22022 1.00 013124 013124 22022	RING DER 4	DATES THRU	BILLED AMOUNT BILLED AMOUNT 18.00 14.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 7.00 11.00 7.00 7.00 5.00	NON ALLO COPAY TPL 0.00 0.00 0.00 0.00	PAID 7.00 7.00		PL OUNT	PAID AMOUNT
NAME: KHLOE GADDY 2024102043057 POS PROC CD MODIFIE 81 87498 59	RECIPIENT ID.: 530 11603399 SERVICE DATES RENDE	002398129 MRN: 040524 RING DER	040524		10.00 417.64 ALLOWED NON-AllOWED 22.00	0.00		0.00 DETAIL EOBS	0.00	417.64
81 87581 59 81 87633 81 87798 81 87635	1.00 040524 040524 22022 1.00 040524 040524 22022 4.00 040524 040524 22022 1.00 040524 040524 22022	4		42.00 318.05 168.00 150.00	15.07 28.00 14.00 212.03 106.02 112.00 56.00 43.61 106.39	0.00 0.00 0.00 0.00 0.00 0.00 0.00	28.00 212.03 112.00 43.61	9918 9918		
NAME: BROOKE GAINES 2024103025766 POS PROC CD MODIFIE 81 80053 81 82306 81 84443 81 36415 81 85049	SERVICE DATES RENDE	040924 RING DER 4	040924	98.54 BILLED AMOUNT 15.84 44.00 25.20 4.50 9.00	67.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 22.93 2.27		PAID 12.00 29.00 22.93 0.00	9918	0.00	67.93
NAME: MACI GAINES 2024103025780 POS PROC CD MODIFIE 81 87086	SERVICE DATES RENDE	040824 RING DER	040824	18.53 BILLED AMOUNT 18.53	NON-AllOWED	COPAY TPL 0.00 0.00	8.53 PAID 10.00		0.00	10.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: STEFANO GALAN 2024102043067	RECIPIENT ID.: 530000886385 I1603401 SERVICE DATES RENDERING	MRN: 040424	040424	101.54 BILLED	73.93 ALLOWED	S COPAY	27.61	0.00	0.00	73.93
POS PROC CD MODIFIERS 81 80053					NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL E 9918	COBS	
81 83036	1.00 040424 040424 220224			14.00	12.00	0.00	12.00	9918		
81 80061					14.00 6.00	0.00	14.00			
81 84443	1.00 040424 040424 220224			25.20	22.93 2.27	0.00		9918		
81 84439 81 36415	1.00 040424 040424 220224 1.00 040424 040424 220224			13.00 4.50	9.00 4.00 0.00	0.00 0.00 0.00		9918 3323		
81 85049	1.00 040424 040424 220224			9.00	4.50 4.00	0.00		9918		
					5.00	0.00				
NAME: CAMDYN GALLANT 2024102043892	RECIPIENT ID.: 530000600748 11604339 SERVICE DATES RENDERING	MRN: 011724	011724	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	UNITS FROM THRU PROVIDER 1.00 011724 011724 220224			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 28.00		COBS	
NAME: STETSON GANN 2024102049604	RECIPIENT ID.: 530002352054 I1604744 SERVICE DATES RENDERING	MRN: 040924	040924	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			AMOUNT 37.07	NON-AllOWED		PAID 22.00	DETAIL E 9918	COBS	
81 87581 59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87635	1.00 040924 040924 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: NATASHA GANT 2024103025787	RECIPIENT ID.: 530001301894 I1605931	MRN: 040424	040424	174.33	116.22	?	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

194

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIER 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11		PAID 116.22			
NAME: TRADONA GANTT 2024107013157	RECIPIENT ID.: 530001072440 I1610510 SERVICE DATES RENDERING	MRN: 041224 041224	361.66 BILLED	230.41 ALLOWED	. COPAY	131.25	0.00	0.00	202.41
POS PROC CD MODIFIER 81 87798	S UNITS FROM THRU PROVIDER 1.00 041224 041224 220224		AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87481	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87491 59	1.00 041224 041224 220224		49.86	28.00 21.86	0.00		5490		
81 87511 59 81 87591 59	1.00 041224 041224 220224 1.00 041224 041224 220224		42.00	28.00 14.00 28.00	0.00 0.00 0.00		9918 9918		
81 87389	1.00 041224 041224 220224		36.00	14.00 23.88	0.00 0.00	23.88	9918		
81 36415	1.00 041224 041224 220224		4.50	12.12 0.00 4.50	0.00 0.00 0.00	0.00	3323		
81 87661	1.00 041224 041224 220224		32.30	21.53 10.77	0.00 0.00		9918		
81 80074	1.00 041224 041224 220224		71.00	45.00 26.00	0.00	45.00	9918		
NAME: TRADONA GANTT 2024107013180	RECIPIENT ID.: 530001072440	MRN: 041224 041224	7.00)	2.00	0.00	0.00	5.00
POS PROC CD MODIFIER 81 86592	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224		BILLED AMOUNT 7.00	ALLOWED NON-AllOWED 5.00 2.00	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL EOBS 9918		
NAME: KAHLIEL GARCIA 2024103025801	RECIPIENT ID.: 530002357242	MRN: 111723 111723		5.00		3.00	0.00	0.00	5.00
POS PROC CD MODIFIER 81 82247 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 111723 111723 220224		BILLED AMOUNT 8.00		\mathtt{TPL}		DETAIL EOBS 9918		
NAME: KAHLIEL GARCIA 2024103025809	RECIPIENT ID.: 530002357242 I1605933	MRN: 112023 112023	8.00	5.00		3.00	0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

195

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT		NO ALL			TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 82247	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 112023 112023	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AllOWED 5.00 3.00	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL EOI 9918	3S	
NAME: MIRANDA 202409	GARCIA 99022593	RECIPIENT ID 11600957 SERVICE DATES	:: 530000980445 RENDERING	MRN: 112823	112823	28.84 BILLED	19.00 ALLOWED	COPAY	9.84	0.00	0.00	19.00
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU 1.00 112823 112823	PROVIDER 220224			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOI 9918	3S	
81 85652		1.00 112823 112823	220224			4.00	3.00 1.00	0.00	3.00	9918		
81 85049		1.00 112823 112823	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: MIRANDA 202409	GARCIA 99022612	RECIPIENT ID 11600958 SERVICE DATES	:: 530000980445 RENDERING	MRN: 112823	112823	147.00 BILLED	81.00	COPAY	66.00	0.00	0.00	81.00
POS PROC CD 81 82150	MODIFIERS 59	UNITS FROM THRU 1.00 112823 112823	PROVIDER 220224			AMOUNT 18.00	NON-AllOWED 7.00 11.00	TPL 0.00 0.00	PAID 7.00	DETAIL EOI 9918	3S	
81 83690		1.00 112823 112823	220224			14.00	7.00	0.00	7.00	9918		
81 86140		1.00 112823 112823	220224			15.00	5.00 10.00	0.00	5.00	9918		
81 86665		2.00 112823 112823	220224			70.00	44.00 26.00	0.00		9918		
81 86664		1.00 112823 112823	220224			30.00	18.00 12.00	0.00	18.00	9918		
NAME: SANTIAGO 202410	O GARCIA 02043080	RECIPIENT ID 11603403 SERVICE DATES	D:: 530002353437	MRN: 022024	022024	23.00 BILLED	10.00	COPAY	13.00	0.00	0.00	10.00
POS PROC CD 81 82247	MODIFIERS 59	UNITS FROM THRU 1.00 022024 022024	PROVIDER			AMOUNT 8.00	NON-AllOWED 5.00 3.00		PAID 5.00	DETAIL EOI 9918	3S	
81 82248		1.00 022024 022024	220224			15.00	5.00 10.00	0.00	5.00	9918		
NAME: SANTOS (20241)	GARCIA 02043088	RECIPIENT ID	530002015660	MRN: 040324	040324	18.53	10.00		8.53	0.00	0.00	10.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

196

		ICN	PAT ACCT NO.	DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY MOUNT	TPL AMOUNT	PAID AMOUNT
	OC CD 7086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040324 040324	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL 9918	EOBS	
373 North - 771		G. D. G. T.			14727			0.00					
NAME: Y		GARCIA 07013182	RECIPIENT ID	0.: 530000553812	MRN: 040324	040324	391.88	245.53		146.35	0.00	0.00	217.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 8	7491	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00 0.00	0.00	5490		
81 8	7511		1.00 040324 040324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8	7529		2.00 040324 040324	220224			99.72	56.00	0.00	56.00	9918		
01 0	7591		1 00 040224 040224	220224			42.00	43.72	0.00	20 00	0010		
81 8	7591		1.00 040324 040324	220224			42.00	28.00 14.00	0.00 0.00	28.00	9910		
81 8	7661		1.00 040324 040324	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81 8	7798	59	3.00 040324 040324	220224			126.00	84.00 42.00	0.00 0.00	84.00	9918		
								42.00	0.00				
NAME: P.				530001866719	MRN:								
	202410	03025812	I1605935	D = 11D = D = 11G	031124	031124	1,049.12	629.64		419.48	0.00	0.00	629.64
חחק חח	OC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORC	
	7635	MODIFIERS	1.00 031124 031124	220224			150.00	43.61	0.00	43.61		EODO	
								106.39	0.00				
81 8	7486	59	1.00 031124 031124	220224			42.00	28.00	0.00	28.00	9918		
81 8	7498	59	1.00 031124 031124	220224			37.07	14.00 22.00	0.00 0.00	22.00	0010		
01 0	7430	59	1.00 031124 031124	220224			37.07	15.07	0.00	22.00	9910		
81 8	7581	59	1.00 031124 031124	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8	7633		1.00 031124 031124	220224			318.05	212.03	0.00	212.03	9918		
81 8	7640		1.00 031124 031124	220224			37.07	106.02 22.00	0.00 0.00	22.00	9918		
01 0							37.07	15.07	0.00	22.30			
81 8	7641	59	1.00 031124 031124	220224			37.07	22.00	0.00	22.00	9918		
01 0	7651	E O	1 00 021124 021124	220224			40.00	15.07	0.00	20 00	0010		
81 8	7651	59	1.00 031124 031124	22U22 4			49.86	28.00 21.86	0.00 0.00	28.00	ЭЭТВ		
								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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU		ALLOWED AMOUNT	N(ALI	JOWED		TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 031124 031124 220224				ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EON 9918	3S	
NAME: KIERAN 2024: POS PROC CD		RECIPIENT ID.: 53000088 11603404 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224		040524	29.34 BILLED	16.00 ALLOWED NON-AllOWED	COPAY	13.34 PAID			16.00
81 80053		1.00 040524 040524 220224			15.84	12.00		12.00			
81 36415		1.00 040524 040524 220224			4.50	0.00 4.50	0.00		3323		
81 85049		1.00 040524 040524 220224			9.00	4.00 5.00	0.00	4.00	9918		
	NIE GARLAND 109082943	RECIPIENT ID.: 53000044 I1611628 SERVICE DATES RENDERING		041124		116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD 81 G0482		UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 174.33	NON-AllOWED 116.22	\mathtt{TPL}	116.22		3S	
	GARNER 107013197	RECIPIENT ID.: 53000117 I1608393 SERVICE DATES RENDERING	2496 MRN: 040224	040224	1,243.74 BILLED	684.46	COPAY	559.28	0.00	0.00	603.46
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOIINT	NON-AllowED		PAID	DETATI EOI	3.5	
81 87798		9.00 040224 040224 220224			AMOUNT 378.00 84.00 49.86	252.00 126.00	0.00				
81 87481	59	2.00 040224 040224 220224			84.00	56.00 28.00	0.00	56.00	9918		
81 87491						21.00	0.00	0.00			
81 87511		1.00 040224 040224 220224			42.00	28.00 14.00	0.00	28.00			
81 87529	59	2.00 040224 040224 220224			99.72	56.00 43.72	0.00		9918		
81 87591	59	1.00 040224 040224 220224			42.00	28.00 14.00	0.00		9918		
81 87653	59	2.00 040224 040224 220224			74.14	44.00 30.14	0.00		5900		
81 87661	59	1.00 040224 040224 220224			32.30	21.53 10.77	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

198

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PA] JOMA	
				RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87563		1.00 040224 040224 2	220224			42.50	0.00	0.00	0.00	4021			
								42.50	0.00					
81	87640	59	1.00 040224 040224 2	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.41.5.6		1 00 040004 040004 0	00004			0 00	15.07	0.00	4 00	0010			
81	84156		1.00 040224 040224 2	20224			8.00	4.00	0.00	4.00	9918			
0.1	00550		1 00 040004 040004 0	00004			0 00	4.00	0.00	6.00	0010			
81	82570		1.00 040224 040224 2	20224			8.00	6.00	0.00	6.00	9918			
0.1	02060		1 00 040004 040004 0	000004			0 00	2.00	0.00	4 00	0010			
81	83069		1.00 040224 040224 2	20224			8.00	4.00	0.00	4.00	9918			
0.1	04211		0 00 040004 040004 0	00004			20.00	4.00	0.00	14 00	0010			
81	84311		2.00 040224 040224 2	20224			32.00	14.00	0.00	14.00	9918			
0.1	00010		1 00 040004 040004 0	00004			16.00	18.00	0.00	0 00	4504			
81	82010		1.00 040224 040224 2	320224			16.00	0.00	0.00	0.00	4524			
0.1	00045		1 00 040004 040004 0	00004			0 00	16.00	0.00	4 00	0010			
81	82945		1.00 040224 040224 2	320224			8.00	4.00	0.00	4.00	9918			
0.1	00047	го	1 00 040224 040224 2	220224			0 00	4.00	0.00	0 00	F 470			
81	82247	59	1.00 040224 040224 2	320224			8.00	5.00	0.00	0.00	5472			
0.1	02006		1 00 040224 040224 2	220224			7.00	3.00	0.00	2 00	0010			
81	83986		1.00 040224 040224 2	120224			7.00	3.00	0.00	3.00	9918			
0.1	01007		2 00 040224 040224 2	220224			120.00	4.00 4.00	0.00	0 00	EOOO			
81	81007		2.00 040224 040224 2	120224			120.00		0.00	0.00	5900			
0.1	82043	QW	1.00 040224 040224 2	220224			7.58	116.00	0.00	6 00	9918			
81	02043	QW	1.00 040224 040224 2	120224			7.50	6.00 1.58	0.00	0.00	9910			
81	80053		1.00 040224 040224 2	20224			15.84	12.00	0.00	12 00	9918			
01	00055		1.00 040224 040224 2	120221			13.01	3.84	0.00	12.00	9910			
81	82306		1.00 040224 040224 2	20224			44.00	29.00	0.00	29 00	9918			
01	02300		1.00 040224 040224 2	120224			44.00	15.00	0.00	۷,00	JJ10			
81	83036		1.00 040224 040224 2	20224			14.00	12.00	0.00	12 00	9918			
01	03030		1.00 010221 010221 2	120221			11.00	2.00	0.00	12.00	JJ±0			
81	84443		1.00 040224 040224 2	20224			25.20	22.93	0.00	22 93	9918			
0 =	01110		1.00 010221 010221 2				23.20	2.27	0.00	22.73	3310			
81	84439		1.00 040224 040224 2	20224			13.00	9.00	0.00	9.00	9918			
0 =	01107		1.00 010221 010221 2				13.00	4.00	0.00	J.00	3310			
81	85049		1.00 040224 040224 2	20224			9.00	4.00	0.00	4.00	9918			
0_	00012							5.00	0.00		,,,,			
81	87086		1.00 040224 040224 2	20224			18.53	10.00	0.00	10.00	9918			
								8.53	0.00					
NAME:	TALAIYA	GARNER	RECIPIENT ID.:	530001549537	MRN:									
	20241	.03025825	I1605938		041024	041024	1,049.12	629.6	4	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC C		SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	BS	
81 87635		1.00 041024 041024	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	5 59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	. 59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 041024 041024	220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640	1	1.00 041024 041024	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641	. 59	1.00 041024 041024	220224			37.07	15.07 22.00	0.00 0.00	22.00	9918		
81 87651	. 59	1.00 041024 041024	220224			49.86	15.07 28.00	0.00 0.00	28.00	9918		
81 87798	1	8.00 041024 041024	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
	NA CADATED	DEGIDIENE ID		MDNI •			112.00	0.00				
NAME: TALAI 202	14107013233	I1608394	.: 530001549537	MRN: 041024	041024	825.21	542.00		283.21	0.00	0.00	178.00
POS PROC C		SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	BS	
81 87481	. 59	4.00 041024 041024	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87640	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	1	11.00 041024 041024	220224			462.00	308.00 154.00	0.00	0.00	5000		
81 87641	. 59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	1	2.00 041024 041024	220224			84.00	56.00 28.00	0.00	0.00	5000		
	HA GARRETT 4099022624	RECIPIENT ID	.: 530000703517	MRN: 040124	040124	174 33	116.22		58.11	0.00	0.00	116.22
	D MODIFIERS	SERVICE DATES	RENDERING PROVIDER	0.10124	010124	BILLED AMOUNT	ALLOWED	COPAY		DETAIL EO		110.22
81 G0482		1.00 040124 040124				174.33	116.22 58.11	0.00	116.22		20	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		GARRISON 99022641	RECIPIENT ID I1600969 SERVICE DATES	.: 530001006033	MRN: 122223	122223	111.19 BILLED	82.93	COPAY	28.26	0.00	0.00	82.93
POS 81	PROC CD 80053	MODIFIERS	UNITS FROM THRU 1.00 122223 122223	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL 9918	EOBS	
81	83036		1.00 122223 122223	220224			14.00	3.84 12.00 2.00	0.00 0.00 0.00	12.00	9918		
81	80061		1.00 122223 122223	220224			20.00	14.00 6.00	0.00 0.00	14.00	9918		
81	84443		1.00 122223 122223	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	84436	59	1.00 122223 122223	220224			10.00	7.00 3.00	0.00	7.00	9918		
81	83525		1.00 122223 122223	220224			17.15	11.00 6.15	0.00	11.00	9918		
81	85049		1.00 122223 122223	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:	JASLYN		RECIPIENT ID	.: 530002284547	MRN:	040224	1 242 67	012 12		420 E4	0 00	0.00	012 12
		.07013258	SERVICE DATES	RENDERING	040324	040324	1,243.67 BILLED	813.13 ALLOWED	COPAY		0.00	0.00	813.13
POS 81	87486	MODIFIERS 59	UNITS FROM THRU 1.00 040324 040324	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87498	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87507		1.00 040324 040324	220224			319.55	213.03 106.52	0.00	213.03	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT N			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOU		PAID AMOUNT
POS 81	PROC CD 86258	MODIFIERS	UNITS FR		RENDERING PROVIDER 220224			BILLED AMOUNT 17.25	ALLOWED NON-AllOWED 8.07 9.18	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS		
81	86003		1.00 04	0324 040324	220224			7.75	6.00 1.75	0.00	6.00	9918			
NAME:		GARY		RECIPIENT ID	.: 530000441126	MRN:									
	20241	03025862	I1605945	RVICE DATES	RENDERING	021924	021924	299.33 BILLED	172.09 ALLOWED	COPAY	127.24	0.00		0.00	172.09
	PROC CD 80307	MODIFIERS	UNITS FR		PROVIDER			AMOUNT 125.00	NON-Allowed 55.87 69.13	TPL 0.00 0.00	PAID 55.87	DETAIL 9918	EOBS		
81	G0482		1.00 02	1924 021924	220224			174.33	116.22 58.11	0.00	116.22	9918			
NAME:		H GARY		RECIPIENT ID	.: 530002204912	MRN:									
	20241	07013283	I1608400		DEMDEDING	040524	040524		629.64		419.48	0.00		0.00	629.64
POS	PROC CD	MODIFIERS	UNITS FR	RVICE DATES OM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
	87635			0524 040524				150.00	43.61	0.00		9918			
81	87486	59	1 00 04	0524 040524	220224			42.00	106.39 28.00	0.00	28 00	9918			
01	0,100		1.00 01	0321 010321	220221				14.00	0.00	20.00	J J ± 0			
81	87498	59	1.00 04	0524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 04	0524 040524	220224			42.00	28.00	0.00	28.00	9918			
0.1	07.00							010 05	14.00	0.00	010 00	2212			
81	87633		1.00 04	0524 040524	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 04	0524 040524	220224			37.07	22.00	0.00	22.00	9918			
81	87641	59	1 00 04	0524 040524	220224			37.07	15.07 22.00	0.00	22 00	9918			
0.1	0/041	39	1.00 04	0324 040324	220224			37.07	15.07	0.00	22.00	9910			
81	87651	59	1.00 04	0524 040524	220224			49.86	28.00	0.00	28.00	9918			
81	87798		8.00 04	0524 040524	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918			
NAME:	TERRA G			RECIPIENT ID	.: 530000245192	MRN:	040004	1 602 26	1 050 00		EE2 22	0 00		0.00	026 02
	ZUZ41	02043901	I1604340 SE	RVICE DATES	RENDERING	040824	040024	1,603.26 BILLED	1,050.03 ALLOWED	COPAY	553.23	0.00		0.00	826.03
POS 81	PROC CD 87481	MODIFIERS 59	UNITS FR		PROVIDER			AMOUNT 168.00	NON-AllOWED 112.00 56.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81 87640	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00		1020		
0_ 0,0_0						37.07	15.07	0.00		,,,,			
81 87653	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 87798		11.00 040824 040824	220224			462.00	308.00	0.00	308.00	9918			
							154.00	0.00					
81 87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81 87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918			
01 07633		1 00 040004 040004	000004			210 05	14.00	0.00	010 02	0010			
81 87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918			
81 87640		1 00 040024 040024	220224			37.07	106.02	0.00	22.00	0010			
01 0/040		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9910			
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	0010			
01 0/041	39	1.00 040024 040024	220224			37.07	15.07	0.00	22.00	9910			
81 87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918			
01 07031	3,5	1.00 010021 010021	220221			19.00	21.86	0.00	20.00	JJ 10			
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	0.00	5000			
							112.00	0.00					
NAME: MCKENZI	E GASTON	RECIPIENT ID	.: 530000476813	MRN:									
20241	07013298	I1608403		040224	040224	299.33			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	DETAIL	EOBS		
81 80307		1.00 040224 040224	220224			125.00	55.87	0.00	55.87	9918			
01 00400		1 00 040004 040004	000004			154 22	69.13	0.00	116 00	0010			
81 G0482		1.00 040224 040224	220224			174.33	116.22	0.00	116.22	9918			
							58.11	0.00					
NAME: KHLOE G	አጥ ሮ ር	RECIPIENT ID	.: 530001878035	MRN:									
	07013310	I1608405	330001878033	041024	041024	899 12	586.03		313.09	0.00		0.00	586.03
20211	0,010010	SERVICE DATES	RENDERING	0 1102 1	0 1 1 0 2 1		ALLOWED	COPAY	J±J•UJ	0.00		0.00	500.05
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed		PAID	DETATI	EOBS		
	59	1.00 041024 041024				42.00	28.00	0.00		9918			
	-		-				14.00	0.00					
81 87498	59	1.00 041024 041024	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC'	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
				SERVICE I	DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS PRO	C CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 875	581	59		041024 04		220224			42.00	28.00	0.00		9918			
										14.00	0.00					
81 876	633		1.00	041024 04	11024	220224			318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81 876	640		1.00	041024 04	11024	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81 876	641	59	1.00	041024 04	11024	220224			37.07	22.00	0.00	22.00	9918			
					_	-				15.07	0.00					
81 876	651	59	1.00	041024 04	11024	220224			49.86	28.00	0.00	28.00	9918			
0_ 0,	00-			012021 01					27.00	21.86	0.00		22_0			
81 87	798		8.00	041024 04	11024	220224			336.00	224.00	0.00	224.00	9918			
01 07	, , ,		0.00	011021 01		220221			330.00	112.00	0.00	221.00	J J I U			
										112.00	0.00					
NAME: MY	LAH G	ATT.TN		RECIPIE	TO TW	.: 530001092090	MRN:									
		07013320	I160840		JIVI 1D	. 330001072070	040224	040224	565.12	374.03		191.09	0.00		0.00	374.03
•		0,013310	1100010	SERVICE I	DATES	RENDERING	010221	010221	BILLED	ALLOWED	COPAY	171.07	0.00		0.00	3,1.03
POS PRO	ת כם	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
	498	59		040224 04		220224			37.07	22.00	0.00		9918	LODE		
01 07	100		1.00	010221 01	10221	220221			37.07	15.07	0.00	22.00	JJ±0			
81 87	581	59	1 00	040224 04	10224	220224			42.00	28.00	0.00	28 00	9918			
01 07.	J 0 1		1.00	010221 01	10221	220221			12.00	14.00	0.00	20.00	J J ± 0			
81 876	633		1 00	040224 04	10224	220224			318.05	212.03	0.00	212.03	9918			
01 07	033		1.00	010221 01	10221	220221			310.03	106.02	0.00	212.05	J J ± 0			
81 87	798		4 00	040224 04	10224	220224			168.00	112.00	0.00	112.00	9918			
01 07	750		1.00	010221 01	10221	220221			100.00	56.00	0.00	112.00	J J ± 0			
										30.00	0.00					
NAME: NIO	СП∪Т.У.	S CENSEI.		DFCTDTE	רד ייואי	.: 530002245710	MRN:									
		07013336	I160840			. • 550002215710		041024	899.12	586.03		313.09	0.00		0.00	586.03
•	202110	07013330	1100010	SERVICE I	אידיב	RENDERING	011021	011021	BILLED	ALLOWED	COPAY	313.07	0.00		0.00	300.03
POS PRO	C CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS		
	486	59		041024 04		220224			42.00	28.00	0.00		9918	порр		
01 07	100		1.00	011021 01	11021	220221			12.00	14.00	0.00	20.00	J J ± 0			
81 874	498	59	1 00	041024 04	11024	220224			37.07	22.00	0.00	22 00	9918			
01 07	150		1.00	011021 01	11021	220221			57.07	15.07	0.00	22.00	J J ± 0			
81 87	581	59	1 00	041024 04	11024	220224			42.00	28.00	0.00	28 00	9918			
01 07.	301		1.00	041024 04	11021	220224			42.00	14.00	0.00	20.00	J J ± 0			
81 876	633		1 00	041024 04	11024	220224			318.05	212.03	0.00	212.03	991 Q			
01 076			1.00	011024 04	11071	220221			210.03	106.02	0.00	212.03	J J ± U			
81 876	640		1 00	041024 04	11024	220224			37.07	22.00	0.00	22 00	9918			
01 070	UIU		1.00	OILUZI UI	11074	22025			57.07	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT N	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	UNITS FR	ERVICE DATES ROM THRU 41024 041024	RENDERING PROVIDER 220224			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	87651	59	1.00 04	41024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 04	41024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	KACYN G	EORGE .02043112	I1603405	RECIPIENT ID	.: 530001896806	MRN: 022024	022024	899.12	586.03		313.09	0.00	0.00	586.03
	20211	.02013112		ERVICE DATES	RENDERING	022021	022021	BILLED	ALLOWED	COPAY	313.03	0.00	0.00	300.03
POS	PROC CD	MODIFIERS			PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL :	EOBS	
81	87486	59	1.00 02	22024 022024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 02	22024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 02	22024 022024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 02	22024 022024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 02	22024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 02	22024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 02	22024 022024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 02	22024 022024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	AIYANA			RECIPIENT ID	.: 530002388484	MRN:								
	20241	.07013352	I1608410		D = 110 = D = 110	040524	040524	899.12			313.09	0.00	0.00	586.03
DOG	DDOG GD	MODIETEDC		ERVICE DATES				BILLED	ALLOWED	COPAY	ח א א די	ייי דר עיייי	EODC	
	87486	MODIFIERS		ROM THRU 40524 040524	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 1 9918	E U D D	
01	0/400	39	1.00 09	10324 040324	ZZUZZ I			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 04	40524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 04	40524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 04	40524 040524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO1 ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 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 87641	59	1.00 040524 040524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040524 040524 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040524 040524 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: XANDER 20241	GERMONPREZ 102049615	RECIPIENT ID.: 530002129103 I1604746	MRN: 040924 040924	1,049.12	629.64	4	119.48	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 040924 040924 220224		150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040924 040924 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: XANDER 20241	GERMONPREZ 109082963	RECIPIENT ID.: 530002129103 I1611641	MRN: 041524 041524	1,049.12	629.64	4	119.48	0.00	0.00	629.64
		SERVICE DATES RENDERING			ALLOWED	COPAY				
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61		EOBS	
81 87486	59	1.00 041524 041524 220224		42.00	106.39 28.00	0.00	28.00			
31 07100		1.00 011321 011321 220221		12.00	14.00	0.00	20.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC C	D MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
81 87498		1.00 041524 041524				37.07	22.00	0.00		9918	ODD	
							15.07	0.00				
81 87581	. 59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633	3	1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640)	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
01 00641	F.0	1 00 041504 041504	000004			25 25	15.07	0.00	00.00	0010		
81 87641	. 59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81 87651	. 59	1 00 041524 041524	220224			49.86	15.07 28.00	0.00	20 00	9918		
01 0/031	. 39	1.00 041524 041524	220224			49.00	21.86	0.00	20.00	9910		
81 87798	2	8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
01 01100	,	0.00 011321 011321	220221			330.00	112.00	0.00	221.00	JJ±0		
							112.00	0.00				
NAME: SILAS	GERSCH	RECIPIENT I	D.: 530002246708	MRN:								
	24107013367	I1608411		041124	041124	614.98	402.03		212.95	0.00	0.00	402.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC C	D MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87651	=	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87498	3 59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	. 59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
01 00600		1 00 041104 041104	000004			210 05	14.00	0.00	010 02	0010		
81 87633	3	1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
81 87798)	4 00 041124 041124	220224			160 00	106.02	0.00	110 00	0010		
81 87798)	4.00 041124 041124	220224			168.00	112.00 56.00	0.00	112.00	9910		
							30.00	0.00				
NAME: PAULA	GTLBERT	RECIPTENT I	D.: 530000827506	MRN:								
	24103025870	I1605952	3. 330000027300	040924	040924	262.56	183.93		78.63	0.00	0.00	183.93
		SERVICE DATES	RENDERING	0 1 0 7 1 1	0 1 0 2 1 1	BILLED	ALLOWED	COPAY				
POS PROC C	D MODIFIERS		PROVIDER			AMOUNT		TPL	PAID	DETAIL E	OBS	
81 80053		1.00 040924 040924				15.84	12.00	0.00		9918		
							3.84	0.00				
81 36415		1.00 040924 040924	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
81 85049)	1.00 040924 040924	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE :	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY		DDD3.11 DA	D.C.	
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81 82607	1.00 040924 040924 220224			22.00	17.00 5.00	0.00	17.00	9918		
81 82746	1.00 040924 040924 220224			22.00	13.00	0.00	12 00	9918		
81 82740	1.00 040924 040924 220224			22.00	9.00	0.00	13.00	9910		
81 82306	1.00 040924 040924 220224			44.00	29.00	0.00	29 00	9918		
01 02300	1.00 040724 040724 220224			11.00	15.00	0.00	27.00	JJ±0		
81 83001	1.00 040924 040924 220224			27.87	22.00	0.00	22 00	9918		
01 03001	1.00 010021 010021 220221			27.07	5.87	0.00	22.00	JJ±0		
81 82670	1.00 040924 040924 220224			41.00	27.00	0.00	27 00	9918		
01 02070	1.00 010021 010021 220221			11.00	14.00	0.00	27.00	JJ±0		
81 83036	1.00 040924 040924 220224			14.00	12.00	0.00	12.00	9918		
01 03030	1.00 010921 010921 220221			11.00	2.00	0.00	12.00	7710		
81 80061	1.00 040924 040924 220224			20.00	14.00	0.00	14.00	9918		
					6.00	0.00				
81 84443	1.00 040924 040924 220224			25.20	22.93	0.00	22.93	9918		
					2.27	0.00				
81 83525	1.00 040924 040924 220224			17.15	11.00	0.00	11.00	9918		
					6.15	0.00				
NAME: SOLOMAN GILBERT	RECIPIENT ID.: 530002004454									
2024099022674	I1600986	040324	040324	29.34			13.34	0.00	0.00	16.00
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 80053	1.00 040324 040324 220224			15.84	12.00	0.00	12.00	9918		
					3.84	0.00				
81 36415	1.00 040324 040324 220224			4.50	0.00	0.00	0.00	3323		
					4.50	0.00				
81 85049	1.00 040324 040324 220224			9.00	4.00	0.00	4.00	9918		
					5.00	0.00				
NAME - COLOMAN CIT DEDE	DEGIDIENT ID . 520000004454	MDM								
NAME: SOLOMAN GILBERT	RECIPIENT ID.: 530002004454		040504	10 50	10.00		C	0 00	0 00	10 00
2024102043133	I1603406	040524	040524	18.50	12.00		6.50	0.00	0.00	12.00
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	DATD		D.C.	
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	RD	
81 83036	1.00 040524 040524 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 36415	1.00 040524 040524 220224			4.50	0.00	0.00	0 00	3323		
01 20413	1.00 040024 040024 220224			4.30	4.50	0.00	0.00	3343		
					4.30	0.00				
NAME: SHONA GILBREATH	RECIPIENT ID.: 530002051080	MRN:								
2024102046873	I1604747	040824	040824	825.21	542.00)	283.21	0.00	0.00	486.00
2021102010073	11001/1/	010021	010021	020.21	512.00	•	200.21	J. 00	0.00	100.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 4.00 040824 040824	RENDERING PROVIDER 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	
81 87640	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 040824 040824	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 040824 040824	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: SHONA GI 202410	LBREATH 07013380	RECIPIENT ID 11608419		MRN: 040824	040824	26.62 BILLED	18.09 ALLOWED	COPAY	8.53	0.00	0.00	18.09
POS PROC CD 81 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			AMOUNT 18.53	NON-Allowed 10.00 8.53	TPL 0.00 0.00	PAID 10.00	DETAIL EOB 9918	S	
81 87088		1.00 040824 040824	220224			8.09	8.09 0.00	0.00	8.09			
NAME: AARIYA G 202410	SILES 02046920	RECIPIENT ID 11604748	.: 530001266571	MRN: 040824	040824	13.50	4.00		9.50	0.00	0.00	4.00
	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50 4.00	COPAY TPL 0.00 0.00 0.00	PAID 0.00	DETAIL EOB 3323 9918	S	
01 03049		1.00 040024 040024	220221			2.00	5.00	0.00	1.00	JJ10		
NAME: KARMELLA 202410	GILES 03025897	RECIPIENT ID I1605955 SERVICE DATES	: 530000731029 RENDERING	MRN: 041024	041024	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU 1.00 041024 041024	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOB 9918	S	
NAME: KRISLEE 202410	GILES 3025909	RECIPIENT ID 11605956	.: 530000731030	MRN: 041024	041024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

209

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLC			IPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		BILLED AMOUNT 49.86		COPAY TPL 0.00 0.00			5	
NAME: PORCHE GILES 2024103025915 POS PROC CD MODIFIERS 81 87641 59 81 87798	RECIPIENT ID.: 530001151293 11605957 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224 2.00 021524 021524 220224	MRN: 021524 021524	121.07 BILLED AMOUNT 37.07	ALLOWED C	COPAY TPL 0.00 0.00 0.00 0.00	43.07 PAID 22.00 56.00		0.00	78.00
NAME: GREG GILLILAND 2024107013423	RECIPIENT ID.: 530002224439 I1610516	MRN: 041124 041124	199.54	136.93		62.61	0.00	0.00	136.93
POS PROC CD MODIFIERS 81 80053 81 82607 81 82746 81 82306 81 84481 81 80061 81 84443 81 84439 81 36415 81 85049	SERVICE DATES RENDERING PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224		BILLED AMOUNT 15.84 22.00 22.00 44.00 24.00 20.00 25.20 13.00 4.50 9.00		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		9918 9918 9918 9918 9918 9918 9918		
NAME: DALTON GINN 2024102043142 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001132760 11603410 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	MRN: 020524 020524	49.86 BILLED AMOUNT 49.86	NON-AllOWED	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	28.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW			PL DUNT	PAID AMOUNT
NAME: DALTON GINN 2024102043149 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001132760 11603411 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	MRN: 031224 031224	49.86 BILLED AMOUNT 49.86	NON-AllowED	COPAY	PAID	0.00 DETAIL EOBS 9918	0.00	28.00
2024103025925 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001132759 11605962 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	020524 020524	49.86 BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY	PAID	0.00 DETAIL EOBS 9918		28.00
NAME: MADISON GISSENDANNI 2024107013444 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87641 59 81 87798 81 87798 81 87798	ER RECIPIENT ID.: 530000029512 11610519 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 11.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224	MRN: 040224 040224	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 8.53	COPAY		DETAIL EOBS 9918 9918 9918 9918 9918 5000	0.00	496.00
NAME: CHANTEL GLADDEN 2024107013479 POS PROC CD MODIFIERS 81 87389 81 36415	RECIPIENT ID.: 530001048386 11608429 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224	MRN: 040324 040324	319.66 BILLED AMOUNT 36.00	ALLOWED	11'COPAY TPL 0.00 0.00 0.00 0.00 0.00			0.00	174.41

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

211

		ICN	PAT ACCT NO.	DENDEDING	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 1	ZODC	
81	87798	MODIFIERS		220224			42.00	28.00	0.00		9918	2000	
01	07750		1.00 010321 010321 2	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87491	59	1.00 040324 040324 2	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87511	59	1.00 040324 040324 2	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87591	59	1.00 040324 040324 2	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87661		1.00 040324 040324 2	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81	80074		1.00 040324 040324 2	220224			71.00	45.00	0.00	45.00	9918		
								26.00	0.00				
NT 7\ N/T=1 •	OII A MIDITI	OI ADDEM		• [20001040206	MID NT •								
NAME •		GLADDEN .07013496	I1608430	: 530001048386	MRN: 040324	040224	7.00	5.00		2.00	0.00	0.00	5.00
	20241	.07013490		RENDERING	040324	040324	BILLED	ALLOWED	COPAY	2.00	0.00	0.00	5.00
DOG	DRAC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL 1	FORS	
	86592	MODIFIERD	1.00 040324 040324				7.00	5.00	0.00		9918	2000	
01	00372		1.00 010321 010321 2	220221			7.00	2.00	0.00	3.00	JJ±0		
								2.00	0.00				
NAME:	KOAH GL	OVER	RECIPIENT ID.	: 530002428993	MRN:								
	20241	.09082976	I1612913		041624	041624	1,049.12	629.64		419.48	0.00	0.00	629.64
			SERVICE DATES I	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL 1	EOBS	
81	87635		1.00 041624 041624 2	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
81	87486	59	1.00 041624 041624 2	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	Γ0	1 00 041604 041604 7	22224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00 041624 041624 2	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 041624 041624 2	220224			42.00	15.07 28.00	0.00	20 00	9918		
0.1	0/301	39	1.00 041024 041024 2	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 041624 041624 2	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 011021 011021 2	220221			310.03	106.02	0.00	212.03	JJ10		
81	87640		1.00 041624 041624 2	220224			37.07	22.00	0.00	22.00	9918		
<u> </u>	5.010			= =			3,.3,	15.07	0.00	22.00			
81	87641	59	1.00 041624 041624 2	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00		-		
81	87651	59	1.00 041624 041624 2	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

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT	ALI	LOWED		TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798			AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	\mathtt{TPL}	PAID 224.00	DETAIL EOE 9918	SS	
2024102043925	RECIPIENT ID.: 530001716616 I1604343 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	040224 040224	BILLED	ALLOWED	COPAY TPL		DETAIL EOB		7.00
			9.00	2.00	0.00	7.00	9910		
2024107013499	SERVICE DATES RENDERING	040924 040924	BILLED	ALLOWED	COPAY				10.00
POS PROC CD MODIFIERS 81 85025 59	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 12.00	NON-AllOWED 10.00 2.00	TPL 0.00 0.00	PAID 10.00	DETAIL EOE 9918	S	
NAME: KIRSTIE GOFF 2024107013510	RECIPIENT ID.: 530001978047 I1608436 SERVICE DATES RENDERING	041024 041024		629.64 ALLOWED		419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224		AMOUNT	NON-AllOWED		PAID 43.61		SS	
				14.00	0.00	28.00			
81 87498 59 81 87581 59				22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87633	1.00 041024 041024 220224		318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87640	1.00 041024 041024 220224		37.07	22.00 15.07	0.00	22.00			
81 87641 59 81 87651 59	1.00 041024 041024 220224 1.00 041024 041024 220224		37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00	9918 9918		
81 87798	8.00 041024 041024 220224		336.00	21.86 224.00 112.00	0.00	224.00			
NAME: JENNIFER GOMEZ 2024103025978	RECIPIENT ID.: 530001604909 I1605978	MRN: 021624 021624	100.00	62.00		38.00	0.00	0.00	62.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	[——	PAT ACC		DEMDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO 81 8	OC CD MODIF 6665	'IERS		FROM THRU 021624 021624	RENDERING PROVIDER 220224			BILLED AMOUNT 70.00	ALLOWED NON-AllOWED 44.00 26.00	COPAY TPL 0.00 0.00	PAID 44.00	DETAIL 9918	EOBS	
81 8	6664		1.00	021624 021624	220224			30.00	18.00 12.00	0.00	18.00	9918		
NAME: W	ESLEY GOOCH 20241020431		I1603416	5	.: 530001599769	MRN: 021924	021924		188.09		99.39	0.00	0.00	188.09
POS PRO 81 8	OC CD MODIF 0053	'IERS	UNITS	SERVICE DATES FROM THRU 021924 021924	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00		EOBS	
81 3	6415		1.00	021924 021924	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 8	5049		1.00	021924 021924	220224			9.00	4.00 5.00	0.00	4.00	9918		
81 8	0307		1.00	021924 021924	220224			83.81	55.87 27.94	0.00	55.87	9918		
81 G	0482		1.00	021924 021924	220224			174.33	116.22 58.11	0.00	116.22	9918		
	OE GOOCH 20241070135		I1610522		.: 530001305425	MRN: 041124	041124	222.58	50.00		172.58	0.00	0.00	46.00
POS PRO	OC CD MODIF	ידפטפ			RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	ר גיייטיט דד	EODG	
81 8		TEKS	UNITS 1.00	FROM THRU 041124	PROVIDER 220224			8.00	4.00 4.00	0.00		DETAIL 9918	FODD	
81 83	2570		1.00	041124 041124	220224			8.00	6.00 2.00	0.00	6.00	9918		
81 83	3069		1.00	041124 041124	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 8	4311		2.00	041124 041124	220224			32.00	14.00	0.00	14.00	9918		
81 83	2010		1.00	041124 041124	220224			16.00	18.00	0.00	0.00	4524		
81 83	2945		1.00	041124 041124	220224			8.00	16.00 4.00	0.00	4.00	9918		
81 83	2247 59		1.00	041124 041124	220224			8.00	4.00 5.00	0.00	5.00	9918		
81 8	3986		1.00	041124 041124	220224			7.00	3.00 3.00 4.00	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

214

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 81007	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 041124 041124 220224		BILLED AMOUNT 120.00	ALLOWED NON-AllOWED 4.00 116.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EC	BS	
81 82043	QW	1.00 041124 041124 220224		7.58	6.00 1.58	0.00	6.00	9918		
NAME: BRANDON 20241	N GOODWIN L02043939	RECIPIENT ID.: 530000194664 I1604345	MRN: 040824 040824	1,049.12	629.64	4	19.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EC	BS	
81 87486	59	1.00 040824 040824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040824 040824 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040824 040824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: NOVA GC 20241	ORDON L09083016	RECIPIENT ID.: 530001061626	MRN: 041524 041524	1,049.12	629.64	1 4	19.48	0.00	0.00	629.64
	MODIFIED	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY			D.C.	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61		.R2	
81 87486	59	1.00 041524 041524 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 041524 041524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87640	59	1.00 041524 041524 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		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
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL 1	ZOBS	
81	87581	59		041524 041524	220224			42.00	28.00	0.00		9918		
									14.00	0.00				
81	87633		1.00	041524 041524	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87641	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	041524 041524	220224			49.86	28.00	0.00	28.00	9918		
0.1	0000		0 00	041504 041504	000004			226.00	21.86	0.00	004 00	0.01.0		
81	87798		8.00	041524 041524	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	: MADONNA	CORMAN		RECIPTENT ID	.: 530001960364	MRN:								
147 11-111		02043180	I160341		. • 550001700501	040324	040324	843.74	552.00		291.74	0.00	0.00	496.00
		0_0_0_0		SERVICE DATES	RENDERING	010011	0 1 0 0 1 1	BILLED	ALLOWED	COPAY				22000
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL 1	EOBS	
81	87481	59	4.00	040324 040324	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
81	87640	59	1.00	040324 040324	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87653	59	1.00	040324 040324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700		11 00	040204 040204	220224			460.00	15.07	0.00	200 00	0010		
81	87798		11.00	040324 040324	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1 00	040324 040324	220224			37.07	22.00	0.00	22 00	9918		
OΤ	0/041	39	1.00	040324 040324	220224			37.07	15.07	0.00	22.00	9910		
81	87798		2.00	040324 040324	220224			84.00	56.00	0.00	0.00	5000		
0-	0.7.20		_,,,	010011 010011				0 2 7 0 0	28.00	0.00				
81	87086		1.00	040324 040324	220224			18.53	10.00	0.00	10.00	9918		
									8.53	0.00				
NAME	: LEVI GO				.: 530001324626	MRN:	0.40=0.4	4.5 0.4			45.04			22.22
	20241	07013543	I160844			040524	040524	145.34	98.00		47.34	0.00	0.00	98.00
DOG	DDOG GD	MODITION	IINITEIC	SERVICE DATES				BILLED	ALLOWED	COPAY	חאדה		TODG	
		MODIFIERS	UNITS		PROVIDER			AMOUNT		TPL	PAID		EOBS	
ОΤ	80053		1.00	040524 040524	44U44			15.84	12.00 3.84	0.00	12.00	9918		
81	83036		1 00	040524 040524	220224			14.00	12.00	0.00	12 00	9918		
0 ±	33030		1.00	010021 010021	22021			11.00	2.00	0.00	12.00	J J ± 0		
81	84481		1.00	040524 040524	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				11100111
POS : 81	PROC CD 86376	MODIFIERS	UNITS FROM THRU 1.00 040524 040524	PROVIDER 220224			AMOUNT 21.00	NON-AllOWED 15.00	TPL 0.00	PAID 15.00	DETAIL	EOBS	
01	00370		1.00 040324 040324	220224			21.00	6.00	0.00	13.00	JJ10		
81	84436	59	1.00 040524 040524	220224			10.00	7.00	0.00	7.00	9918		
81	36415		1.00 040524 040524	220224			4.50	3.00 0.00	0.00	0 00	3323		
01	30413		1.00 040324 040324	220224			4.50	4.50	0.00	0.00	3323		
81	86800		1.00 040524 040524	220224			23.00	15.00	0.00	15.00	9918		
81	84432		1.00 040524 040524	220224			24.00	8.00 17.00	0.00	17.00	0010		
01	04432		1.00 040324 040324	220224			24.00	7.00	0.00	17.00	9910		
81	85049		1.00 040524 040524	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:	JAMES G	RAHAM	RECIPIENT ID	0.: 530001278006	MRN:								
		03025996	I1605987			031224	211.43			58.50	0.00	0.00	152.93
DOG		MODITITED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח א דר		EODG	
81	PROC CD 84550	MODIFIERS	UNITS FROM THRU 1.00 031224 031224	PROVIDER 220224			AMOUNT 6.78	NON-AllOWED 6.00	TPL 0.00	PAID 6 00	DETAIL 9918	EOBS	
01	04330		1.00 031224 031224	220221			0.70	0.78	0.00	0.00	JJ10		
81	85049		1.00 031224 031224	220224			9.00	4.00	0.00	4.00	9918		
0.1	00053		1 00 021004 021004	000004			15 04	5.00	0.00	10.00	0.01.0		
81	80053		1.00 031224 031224	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	82607		1.00 031224 031224	220224			22.00	17.00	0.00	17.00	9918		
								5.00	0.00				
81	82306		1.00 031224 031224	220224			44.00	29.00	0.00	29.00	9918		
81	84403		1.00 031224 031224	220224			38.00	15.00 31.00	0.00	31.00	001 Q		
01	01103		1.00 031224 031224	220221			30.00	7.00	0.00	31.00	JJ10		
81	83735		1.00 031224 031224	220224			13.11	8.00	0.00	8.00	9918		
0.1	00061		1 00 021024 021024	220224			20.00	5.11	0.00	14 00	0010		
81	80061		1.00 031224 031224	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00 031224 031224	220224			25.20	22.93	0.00	22.93	9918		
								2.27	0.00				
81	84439		1.00 031224 031224	220224			13.00	9.00	0.00	9.00	9918		
81	36415		1.00 031224 031224	220224			4.50	4.00 0.00	0.00	0.00	3323		
31	30-10			_ 			1.30	4.50	0.00	2.30	2223		
MT/2 M/E7 •	SHAWN G	DλUλM	ספטדה דייי דיי).: 530001947717	MDN •								
WHM₽•		02046930	I1604751	··· 530001947717	MRN: 040424	040424	258.14	172.09		86.05	0.00	0.00	172.09

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

217

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			PL TNUC	PAID AMOUNT
POS PROC CD 81 80307	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 83.81	ALLOWED NON-AllOWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL EOBS		
81 G0482		1.00 040424 040424	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: RAJA GRA 202410	ANBERRY 03026016	RECIPIENT ID 11605991 SERVICE DATES	.: 530002273212	MRN: 041024	041024	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 87486	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00		9918		
	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00			
81 87640	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041024 041024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87641	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 041024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CHELIOS			.: 530001508568	MRN:		40.05						
202410	02043204	I1603418 SERVICE DATES	RENDERING	022024	022024	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00			
NAME: ANDREW (20241)	GRAVES 02043212	RECIPIENT ID		MRN: 021924	021924		55.87		27.94	0.00	0.00	55.87
POS PROC CD 81 80307	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 021924 021924	PROVIDER			AMOUNT 83.81	ALLOWED NON-AllOWED 55.87 27.94	\mathtt{TPL}	PAID 55.87			
NAME: LAYLA GF 202410	RAVES 02043955	RECIPIENT ID	.: 530001297875	MRN: 040324	040324	1,432.10	944.06		488.04	0.00	0.00	732.03

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87633		1.00 040324 040324	220224		318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81	87640		1.00 040324 040324	220224		37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81	87651		1.00 040324 040324	220224		49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81	87633		1.00 040324 040324	220224		318.05	212.03	0.00	0.00	5000		
							106.02	0.00				
81	87486		1.00 040324 040324	220224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81	87498		1.00 040324 040324	220224		37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81	87798	59	13.00 040324 040324	220224		546.00	364.00	0.00	364.00	9918		
							182.00	0.00				
81	87798		1.00 040324 040324	220224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81	87581		1.00 040324 040324	220224		42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
3773777												
NAME:	LINKON			D.: 530001665269	MRN:							
NAME:		GRAVES 102043975	I1604347		MRN: 040324 040324	1,432.10			488.04	0.00	0.00	732.03
	20241	102043975	I1604347 SERVICE DATES	RENDERING		BILLED	ALLOWED	COPAY				732.03
POS	20241 PROC CD	102043975	I1604347 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		732.03
	20241	102043975	I1604347 SERVICE DATES	RENDERING PROVIDER		BILLED	ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00		DETAIL		732.03
POS 81	20241 PROC CD 87633	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324	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		732.03
POS	20241 PROC CD	102043975	I1604347 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER 220224		BILLED AMOUNT	ALLOWED NON-AllOWED 212.03 106.02 22.00	COPAY TPL 0.00 0.00 0.00	PAID	DETAIL 9918		732.03
POS 81	20241 PROC CD 87633 87640	102043975	I1604347	RENDERING PROVIDER 220224 220224		BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 212.03 22.00	DETAIL 9918 9918		732.03
POS 81	20241 PROC CD 87633	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324	RENDERING PROVIDER 220224 220224		BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 212.03	DETAIL 9918 9918		732.03
POS 81 81	20241 PROC CD 87633 87640 87651	102043975	I1604347	RENDERING PROVIDER 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 212.03 22.00 28.00	DETAIL 9918 9918 9918		732.03
POS 81	20241 PROC CD 87633 87640	102043975	I1604347	RENDERING PROVIDER 220224 220224 220224		BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 212.03 22.00 28.00	DETAIL 9918 9918		732.03
POS 81 81 81	20241 PROC CD 87633 87640 87651 87633	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 212.03 22.00 28.00 0.00	DETAIL 9918 9918 9918 5000		732.03
POS 81 81	20241 PROC CD 87633 87640 87651	102043975	I1604347	RENDERING PROVIDER 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PAID 212.03 22.00 28.00	DETAIL 9918 9918 9918 5000		732.03
POS 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00	DETAIL 9918 9918 9918 5000 9918		732.03
POS 81 81 81	20241 PROC CD 87633 87640 87651 87633	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00	DETAIL 9918 9918 9918 5000 9918		732.03
POS 81 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486 87498	MODIFIERS	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00 37.07	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00 22.00	DETAIL 9918 9918 9918 5000 9918 9918		732.03
POS 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486	102043975	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07 364.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00	DETAIL 9918 9918 9918 5000 9918 9918		732.03
POS 81 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486 87498 87798	MODIFIERS	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00 37.07 546.00	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07 364.00 182.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00 22.00 364.00	DETAIL 9918 9918 9918 5000 9918 9918		732.03
POS 81 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486 87498	MODIFIERS	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00 37.07	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07 364.00 182.00 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00 22.00	DETAIL 9918 9918 9918 5000 9918 9918		732.03
POS 81 81 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486 87498 87798	MODIFIERS	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00 37.07 546.00 42.00	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07 364.00 182.00 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00 22.00 364.00 28.00	DETAIL 9918 9918 9918 5000 9918 9918 9918		732.03
POS 81 81 81 81 81	20241 PROC CD 87633 87640 87651 87633 87486 87498 87798	MODIFIERS	I1604347 SERVICE DATES UNITS FROM THRU 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324 1.00 040324 040324	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		BILLED AMOUNT 318.05 37.07 49.86 318.05 42.00 37.07 546.00	ALLOWED NON-AllOWED 212.03 106.02 22.00 15.07 28.00 21.86 212.03 106.02 28.00 14.00 22.00 15.07 364.00 182.00 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 212.03 22.00 28.00 0.00 28.00 22.00 364.00	DETAIL 9918 9918 9918 5000 9918 9918 9918		732.03

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

220224 PAYEE ID

PAGE:

DATE: 04/19/2024

219

PAID AMOUNT

213.03

1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718				NPI ID CHECK/EFT ISSUE DATE	NUMBER 0	98266421 83131776 /19/2024	
ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT			COPAY TF AMOUNT AMO	L UNT
2024107013560 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002370165 I1610525 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224	MRN: 040524 040524	BILLED	213.03 ALLOWED COPAY NON-AlloWED TPL 213.03 0.00 106.52 0.00	PAID 213.03	0.00 DETAIL EOBS 9918	0.00
2024107013570 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001405878 11610526 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224	MRN: 041224 041224			PAID 28.00	0.00 DETAIL EOBS 9918	0.00
NAME: LUTHER GRAY 2024107013580 POS PROC CD MODIFIERS 81 80307	RECIPIENT ID.: 530001962784 11608455 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224	MRN: 032124 032124	BILLED	172.09 ALLOWED COPAY NON-AllowED TPL 55.87 0.00	PAID	DETAIL EOBS	0.00

81 87507	1.00 040524 040524 220224		319.55	106.52	0.00	213.03	9918		
NAME: KAMILLE GRAY 2024107013570 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001405878 11610526 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224	MRN: 041224 041224	49.86 BILLED AMOUNT 49.86	ALLOWED ON NON-AllowED	COPAY TPL		DETAIL EOBS	0.00	28.00
NAME: LUTHER GRAY 2024107013580 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001962784 11608455 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224 1.00 032124 032124 220224	MRN: 032124 032124	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 DETAIL EOBS 9918 9918	0.00	172.09
NAME: AUNDRAYA GREEN 2024103026027	RECIPIENT ID.: 530001577740 11605998 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	MRN: 020524 020524	49.86	28.00 ALLOWED 0 NON-AllowED 28.00	COPAY TPL	21.86	0.00 DETAIL EOBS	0.00	28.00
NAME: AVA GREEN 2024107013598	RECIPIENT ID.: 530000245976	MRN: 041224 041224	125.99	ALLOWED NON-Allowed 12.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 12.00 21.00	DETAIL EOBS 9918 9918 9918	0.00	86.00

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATE		ALLOWED AMOUNT ALLOWED	NON ALLOWEI COPAY		OPAY TPI MOUNT AMOU		PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	UNITS FROM THRU PROVIDER 1.00 041224 041224 220224		AMOUNT 4.50	NON-AllOWED 0.00 4.50		PAID 0.00	DETAIL EOBS 3323		
81 85049	1.00 041224 041224 220224		9.00	4.00 5.00		4.00	9918		
	RECIPIENT ID.: 530000856552 I1608459 SERVICE DATES RENDERING	MRN: 040424 0404	17.50 BILLED	7.00	10 COPAY	.50	0.00	0.00	7.00
POS PROC CD MODIFIERS 81 85652	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		AMOUNT 4.00	NON-AllOWED 3.00 1.00		PAID 3.00	DETAIL EOBS 9918		
81 36415	1.00 040424 040424 220224		4.50	0.00 4.50	0.00	0.00			
81 85049	1.00 040424 040424 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: LANDON GREEN 2024107013627	RECIPIENT ID.: 530000856552 I1608460 SERVICE DATES RENDERING	MRN: 040424 0404		ALLOWED	COPAY		0.00	0.00	5.00
POS PROC CD MODIFIERS 81 86140	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		AMOUNT 15.00	5.00	TPL 0.00 0.00	PAID 5.00	DETAIL EOBS 9918		
NAME: LANDON GREEN 2024107013632	RECIPIENT ID.: 530000856552 I1610528 SERVICE DATES RENDERING	MRN: 040424 0404	424 319.55 BILLED	213.03	106	.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		AMOUNT	NON-AllOWED 213.03		PAID	DETAIL EOBS 9918		
NAME: LAUREN GREEN 2024103026048	RECIPIENT ID.: 530001542232 I1606008	031124 0311	1,730.12				0.00	0.00	1,059.64
POS PROC CD MODIFIERS 81 87798 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 13.00 031124 031124 220224		BILLED AMOUNT 546.00	ALLOWED NON-AllOWED 364.00 182.00			DETAIL EOBS 9918		
81 87640 59	1.00 031124 031124 220224		45.00	22.00 23.00	0.00	22.00	9918		
81 87641 59	1.00 031124 031124 220224		45.00	22.00 23.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDTNO	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 E	ZODQ	
81	87653	59		031124 031124	220224			45.00	22.00	0.00		9918	2000	
0_	0,000		_,	001111 001111				10.00	23.00	0.00		2220		
81	87635		1.00	031124 031124	220224			150.00	43.61	0.00	43.61	9918		
0.4	07406	= 0						4.0.00	106.39	0.00		0010		
81	87486	59	1.00	031124 031124	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1 00	031124 031124	220224			37.07	14.00 22.00	0.00 0.00	22 00	9918		
01	07100	3,7	1.00	031121 031121	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87640	59	1.00	031124 031124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	031124 031124	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1 00	031124 031124	220224			318.05	14.00 212.03	0.00 0.00	212.03	0010		
01	07033		1.00	031124 031124	22022 1			310.03	106.02	0.00	212.03	9910		
81	87641	59	1.00	031124 031124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	031124 031124	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		9 00	021124 021124	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	031124 031124	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
									112.00	0.00				
NAME	: SABRINA	GREEN		RECIPIENT ID	.: 500000286655	MRN:								
	20241	.03026089	I160601			040924	040924	285.07	196.14		88.93	0.00	0.00	140.14
DOG	DDOG GD	MODIETED	IINITEIC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		IOD C	
81	PROC CD 87529	MODIFIERS	UNITS	FROM THRU 040924	PROVIDER 220224			AMOUNT 99.72	NON-AllOWED 56.00	TPL 0.00	PAID 0 00	DETAIL E 5910	FORS	
01	07323		2.00	010921 010921	220221			JJ:12	43.72	0.00	0.00	3710		
81	87640	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1 00	040924 040924	220224			37.07	15.07 22.00	0.00 0.00	22 00	9918		
01	07033	37	1.00	010021 010021	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87801		2.00	040924 040924	220224			74.14	74.14	0.00	74.14			
									0.00	0.00				
NT 70 N // T-1	• 01151137	CDEEN				MDNT•								
NAME	· опышых 20241	.07013634	T160846	4	.: 530001354486	MRN: 040124	040124	174 33	116.22		58.11	0.00	0.00	116.22
	20211	.0,013031	1100010	SERVICE DATES	RENDERING	010121	0 10 12 1		ALLOWED	COPAY	JO.11	3.00	0.00	110,22
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS	
81	G0482		1.00	040124 040124	220224			174.33			116.22	9918		
									58.11	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	TY GREET 20241	N 07013653	RECIPIENT ID I1608465 SERVICE DATES	:: 530002315504 RENDERING	MRN: 032924	032924	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS 81	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 032924 032924	PROVIDER 220224			AMOUNT 150.00	NON-AllowED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS	
81	87486	59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 032924 032924				37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 032924 032924				42.00	28.00 14.00	0.00		9918		
81	87633		1.00 032924 032924				318.05	212.03 106.02	0.00	212.03			
81 81	87640 87641	59	1.00 032924 032924 1.00 032924 032924				37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81	87651	59	1.00 032924 032924				49.86	15.07 28.00	0.00		9918		
81	87798		8.00 032924 032924	220224			336.00	21.86 224.00	0.00	224.00	9918		
MTA MT: •	CHASITY	CDECC	DECIDIENT ID	.: 530000888625	MRN:			112.00	0.00				
NAME •		07013669	I1610532 SERVICE DATES	RENDERING		041224	342.02 BILLED	217.53 ALLOWED	COPAY	124.49	0.00	0.00	189.53
POS 81	PROC CD 87798	MODIFIERS	UNITS FROM THRU 3.00 041224 041224	PROVIDER 220224			AMOUNT 126.00	NON-Allowed 84.00 42.00	TPL 0.00 0.00	PAID 84.00	DETAIL 9918	EOBS	
81	87491	59	1.00 041224 041224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 041224 041224				42.00	28.00 14.00	0.00		9918		
81			1.00 041224 041224				49.86	28.00 21.86	0.00		9918		
81	87591	59	1.00 041224 041224				42.00	28.00 14.00	0.00		9918		
81	87661	59	1.00 041224 041224	22U22 1			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	CHASITY 20241	GREGG 09083033	RECIPIENT ID	.: 530000888625	MRN: 041224	041224	843.74	552.00		291.74	0.00	0.00	188.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

3524808

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

RA#:

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

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 041224 041224 220224 168.00 112.00 0.00 112.00 9918	
01 0/401 03 4.00 041224 041224 220224 100.00 117.00 0.00 117.00 3910	
56.00 0.00	
81 87640 59 1.00 041224 041224 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87653 59 1.00 041224 041224 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87798 11.00 041224 041224 220224 462.00 308.00 0.00 0.00 5000	
$154.00 \qquad 0.00$	
81 87641 59 1.00 041224 041224 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87798 2.00 041224 041224 220224 84.00 56.00 0.00 0.00 5000	
28.00 0.00	
81 87086 1.00 041224 041224 220224 18.53 10.00 0.00 10.00 9918	
8.53 0.00	
NAME: LIM CRECORY RECEDENCE TO . F20000102420 MDM.	
NAME: LIAM GREGORY RECIPIENT ID.: 530002103432 MRN:	600 64
2024107013694 I1608466 040424 040424 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 87486 59 1.00 040424 040424 220224 42.00 28.00 0.00 28.00 9918	
$14.00 \qquad 0.00$	
81 87498 59 1.00 040424 040424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87581 59 1.00 040424 040424 220224 42.00 28.00 0.00 28.00 9918	
$14.00 \qquad 0.00$	
81 87633 1.00 040424 040424 220224 318.05 212.03 0.00 212.03 9918	
106.02 0.00	
81 87640 1.00 040424 040424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87641 59 1.00 040424 040424 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87651 59 1.00 040424 040424 220224 49.86 28.00 0.00 28.00 9918	
$21.86 \qquad 0.00$	
81 87798 8.00 040424 040424 220224 336.00 224.00 0.00 224.00 9918	
112.00 0.00	
81 87635 1.00 040424 040424 220224 150.00 43.61 0.00 43.61 9918	
106.39 0.00	
NAMES WILLIAM CRITERIA PROTECTION TO SECONDOLOGICAL MRN.	
NAME: KYLEIGH GRIFFIN RECIPIENT ID.: 530000857046 MRN:	600 64
2024102043221	629.64

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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORS	
81	87635	PIODITIBLE		040424 040424	220224			150.00	43.61 106.39	0.00	43.61			
81	87486	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	040424 040424	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
NAME					530000917939	MRN:	040504	1 040 10	620 64		410 40	0.00	0.00	620.64
	20241	102043243	I160342	SERVICE DATES	RENDERING	040524	040524	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS					AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
	87635			040524 040524	220224			150.00	43.61 106.39	0.00	43.61			
81	87486	59	1.00	040524 040524	220224				28.00 14.00	0.00	28.00	9918		
81	87498	59		040524 040524				37.07	22.00 15.07	0.00	22.00			
81	87581	59		040524 040524				42.00	28.00 14.00	0.00	28.00			
81	87633			040524 040524				318.05	212.03 106.02	0.00	212.03			
81	87640			040524 040524				37.07	15.07	0.00	22.00			
81	87641	59		040524 040524				37.07	22.00 15.07	0.00	22.00			
81	87651	59		040524 040524				49.86	28.00 21.86	0.00	28.00			
81	87798		8.00	040524 040524	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

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			TPL MOUNT	PAID AMOUNT
NAME: JAMES GRINDSTAFF 2024102046948	RECIPIENT ID.: 530002116930 I1604754 SERVICE DATES RENDERING	MRN: 040824 040824	75.70			23.77	0.00	0.00	51.93
POS PROC CD MODIFIERS 81 84481	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 24.00	ALLOWED NON-AllOWED 16.00 8.00	COPAY TPL 0.00 0.00	PAID 16.00	DETAIL EOBS 9918	5	
81 84443	1.00 040824 040824 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 040824 040824 220224		13.00		0.00	9.00	9918		
81 36415	1.00 040824 040824 220224		4.50	0.00 4.50	0.00 0.00	0.00	3323		
81 85049	1.00 040824 040824 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: SKYLAR GRISSOM 2024099022691	RECIPIENT ID.: 530001159019 I1601072 SERVICE DATES RENDERING	MRN: 010324 010324	635.32 BILLED	423.1° ALLOWED	7 Z COPAY	212.15	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 010324 010324 220224		AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918	5	
81 87581 59	1.00 010324 010324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 010324 010324 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87634	1.00 010324 010324 220224		70.20	49.14 21.06	0.00		5910		
81 87798	4.00 010324 010324 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: LAYLA GUNN 2024102043258	RECIPIENT ID.: 530002263645 I1603427 SERVICE DATES RENDERING	MRN: 022024 022024	614.98 BILLED	402.03 ALLOWED	3 Z COPAY	212.95	0.00	0.00	402.03
POS PROC CD MODIFIERS 81 87498 59			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918	5	
81 87581 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 022024 022024 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	N PAT A	ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIF 81 87651		SERVICE DATES FROM THRU 00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
							21.86	0.00				
NAME: ZYLON GUNN			D.: 530002412803	MRN:								
20241090830	062 I161:		DENDEDING	041624	041624	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIF	FIERS UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	F ∩D¢	
81 87635		00 041624 041624	220224			150.00	43.61	0.00	43.61		FODS	
01 07033	_	00 011021 011021	220221			130.00	106.39	0.00	13.01	JJ±0		
81 87486 59	1	00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498 59	1	00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
	_						15.07	0.00				
81 87581 59	1	00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
81 87633	1	00 041624 041624	220224			318.05	14.00 212.03	0.00	212.03	0010		
81 87033	Т	00 041024 041024	220224			310.03	106.02	0.00	212.03	JJIO		
81 87640	1	00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
0 2 0 7 0 2 0	_	00 01=0=1 01=0=1					15.07	0.00		,,,,		
81 87641 59	1	00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651 59	1	00 041624 041624	220224			49.86	28.00	0.00	28.00	9918		
01 00000	0	00 041604 041604	000004			226.00	21.86	0.00	004 00	0010		
81 87798	8	00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: KALIYAH GUYDE	EN	RECIPIENT II	D.: 530001439532	MRN:								
20241070137				041124	041124	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIF						AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87635	1	00 041124 041124	220224			150.00	43.61	0.00	43.61	9918		
01 07406 50	1	00 041124 041124	220224			42.00	106.39	0.00	20.00	0010		
81 87486 59	1	00 041124 041124	220224			42.00	28.00 14.00	0.00	20.00	9918		
81 87498 59	1	00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0,100	_	00 011121 011121				37.07	15.07	0.00	22.00	7720		
81 87581 59	1	00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633	1	00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

227

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 8764		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	11011	111110	BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID			11100111
81 8764	1 59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8765	1 59	1.00 041124 041124 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8779	8	8.00 041124 041124 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SARA	H HACKNEY	RECIPIENT ID.: 530001996371	MRN:								
20	24107013739	I1610534	040924	040924		116.22	COPAY	58.11	0.00	0.00	116.22
POS PROC	CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 G048	2	1.00 040924 040924 220224			174.33		0.00	116.22	9918		
NAME: KHAZ	A HACKWORTH	RECIPIENT ID.: 530001688740	MRN:								
20	24107013761	I1608488 SERVICE DATES RENDERING	040324	040324	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	
81 8763		1.00 040324 040324 220224			150.00	43.61	0.00		9918		
81 8748	6 59	1.00 040324 040324 220224			42.00	106.39 28.00	0.00	20.00	0010		
O1 0/40	0 59	1.00 040324 040324 220224			42.00	14.00	0.00	20.00	9918		
81 8749	8 59	1.00 040324 040324 220224			37.07	22.00	0.00	22.00	9918		
01 0550	1 50	1 00 040204 040204 000004			40.00	15.07	0.00	00.00	0.01.0		
81 8758	1 59	1.00 040324 040324 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8763	3	1.00 040324 040324 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 8764	.0	1.00 040324 040324 220224			37.07	22.00	0.00	22.00	9918		
81 8764	1 59	1.00 040324 040324 220224			37.07	15.07 22.00	0.00	22.00	9918		
01 0701	3,	1.00 010321 010321 220221			37.07	15.07	0.00	22.00	7710		
81 8765	1 59	1.00 040324 040324 220224			49.86	28.00	0.00	28.00	9918		
81 8779	8	8.00 040324 040324 220224			336.00	21.86 224.00	0.00	224.00	9918		
0± 0,17	~	5.00 510521 510521 220221			330.00	112.00	0.00	221.00	J J ± 0		
MAME. TEDE	MY HADAWAY	RECIPIENT ID.: 530000595254	MRN:								
	24103026108	I1606035		041024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

228

		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NC		COPAY	TPL	PAID
					FROM	THRU	AMOUNT	AMOUNT		OWED	AMOUNT	AMOUNT	AMOUNT
			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 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041024 041024	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041024 041024	220224			336.00	224.00	0.00	224.00	9918		
0_	020		0.00 012021 012021					112.00	0.00		2220		
NAME:	PAXTON	HALE	RECIPTENT ID	.: 530001698405	MRN:								
142 11 111		.07013773	I1608490	. 330001030103	041124	041124	1,049.12	629.64		419.48	0.00	0.00	629.64
	20211	.07013773	SERVICE DATES	RENDERING	011121	011121	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	023.01
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORG	
	87635	MODIFIERD	1.00 041124 041124	220224			150.00	43.61	0.00		9918	EODO	
01	07033		1.00 041124 041124	220224			130.00	106.39	0.00	±3.01	9910		
81	87486	59	1.00 041124 041124	220224			42.00	28.00	0.00	20 00	9918		
0.1	0/400	39	1.00 041124 041124	220224			42.00	14.00	0.00	20.00	9910		
0.1	07400	ΕO	1 00 041124 041124	220224			27 07			22.00	0010		
81	87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	ГО	1 00 041104 041104	22224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00 041104 041104	000004			210 05	14.00	0.00	010 02	0.01.0		
81	87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.7.6.4.0		1 00 041104 041104	000004			25 25	106.02	0.00	00.00	0010		
81	87640		1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041124 041124	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	KINSLEY			.: 530001650369	MRN:								
	20241	.02043288	I1603432		040124	040124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

No.		ICN	PAT ACCT NO.	FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87481 59		MODITION				BILLED	ALLOWED	COPAY	DATD		IOD C	
S											TORS	
81 8764 898	01 0/401	59	4.00 040124 040124 22	20224		100.00			112.00	9910		
R	01 07640	Γ0	1 00 040104 040104 00	20224		27 07			22.00	0010		
81 8763 59	81 87640	59	1.00 040124 040124 22	20224		37.07			22.00	9918		
NAME R758 11.00 040124 040124 20224 20224 462.00 308.00 0.00 308.00 9918	01 07653	Γ0	1 00 040104 040104 00	20224		27 07			22.00	0010		
8798 11.00 040124 040124 20224 462.00 338.00 0.00 338.00 9918 9918 89	81 8/653	59	1.00 040124 040124 22	20224		37.07			22.00	9918		
R	01 07700		11 00 040104 040104 00	20224		460.00			200 00	0010		
81 8764	81 87798		11.00 040124 040124 22	20224		462.00			308.00	9918		
NAME ALDEN HALL RECIPIENT IJ 53000065946 MRN: 20241 3020645 RECIPIENT IJ S0000065946 MRN: 20244 RECIPIENT IJ RECIPIENT I	01 07641	F.0	1 00 040104 040104 00	20004		25 05			00.00	0010		
81 87798	81 87641	59	1.00 040124 040124 22	20224		37.07			22.00	9918		
NAME: Alden Hall Second Seco	01 00000		0 00 040104 040104 00	20004		0.4.00			0.00	F000		
NAME AlDen	81 87798		2.00 040124 040124 22	20224		84.00			0.00	5000		
Total Tota							28.00	0.00				
Total Tota	373 ME - 3 TOUST II	7 T T		52000000000000000000000000000000000000								
Serice Data Serice Dat					000104	000 10	F0C 02		212 00	0 00	0 00	F06 03
POS PROC CD MODIFIERS MANUEL	20241	03026145			020124				313.09	0.00	0.00	586.03
81 87486 59		MODITION							DATD		10DG	
81 87498 59											EOBS	
81 87498 59	81 8/486	59	1.00 020124 020124 22	20224		42.00			28.00	9918		
81 87581 59 1.00 020124 020124 220224 42.00 28.00 0.00 28.00 9918 81 87633	01 07400	F 0	1 00 000104 000104 00	20004		27 07			00.00	0.01.0		
81 87581 59	81 8/498	59	1.00 020124 020124 22	20224		37.07			22.00	9918		
R1	01 00501	F.0	1 00 000104 000104 00	20004		40.00			00.00	0010		
81 87633	81 87581	59	1.00 020124 020124 22	20224		42.00			28.00	9918		
81 87640	01 00633		1 00 000104 000104 00	20004		210 05			010 02	0010		
81 87640	81 8/633		1.00 020124 020124 22	20224		318.05			212.03	9918		
81 87641 59	01 07640		1 00 000104 000104 00	20004		27 07			00.00	0.01.0		
81 87641 59	81 8/640		1.00 020124 020124 22	20224		3/.0/			22.00	9918		
81 87651 59	01 07641	F 0	1 00 000104 000104 00	20004		27 07			00.00	0.01.0		
81 87651 59	81 8/641	59	1.00 020124 020124 22	20224		37.07			22.00	9918		
81 87798 8.00 020124 020124 220224 336.00 224.00 0.00 224.00 9918 NAME: AIDEN HALL RECIPIENT ID.: 53000865946 MRN: 2024103026167 I1606045 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 032824 032824 220224 42.00 28.00 0.00 28.00 9918	01 07651	F 0	1 00 000104 000104 00	20004		40.06			00 00	0.01.0		
81 87798 8.00 020124 020124 220224 336.00 224.00 0.00 224.00 9918 NAME: AIDEN HALL RECIPIENT ID.: 530000865946 MRN: 2024103026167 I1606045 032824 032824 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 032824 032824 220224 42.00 28.00 0.00 28.00 9918	81 8/651	59	1.00 020124 020124 22	20224		49.86			28.00	9918		
NAME: AIDEN HALL RECIPIENT ID.: 530000865946 MRN:	01 07700		0 00 000104 000104 00	20004		226 00			004 00	0.01.0		
NAME: AIDEN HALL RECIPIENT ID.: 530000865946 MRN: 2024103026167 I1606045 032824 032824 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 032824 032824 220224 42.00 28.00 0.00 28.00 9918	81 87798		8.00 020124 020124 22	20224		336.00			224.00	9918		
2024103026167							112.00	0.00				
2024103026167	NTN NATT . N T TO TINE I I	7 T T		F200000CF04C NON.								
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 032824 032824 220224 42.00 28.00 0.00 28.00 9918					020004	000 10	F0C 02		212 00	0 00	0 00	F0C 03
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87486 59 1.00 032824 032824 220224 42.00 28.00 0.00 28.00 9918	20241	U3U26167			032824				313.09	0.00	0.00	586.03
81 87486 59 1.00 032824 032824 220224 42.00 28.00 0.00 28.00 9918	DOG DDGG 65	MODIETED				RITTED	ALLOWED	COPAY	D 7 T D		10DG	
							NON-YTTOMED	J.F.	PAID		RORS	
14.00 0.00	81 87486	59	1.00 032824 032824 22	4U 2 24		42.00				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	083131776
TSSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

SERVICE DATES RENDERING PROVIDER NON-Allowed Part Par	ICN-	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87498 59 1.00 032824 032824 220224	S PROC CD MODIFI	CD MODIFIERS						PATD	DETATI EC	BS	
81 87581 59						22.00	0.00				
81 87633	87581 59	81 59	1.00 032824 032824 2202	Į.	42.00	28.00	0.00	28.00	9918		
81 87640	87633	33	1.00 032824 032824 2202	Į.	318.05	212.03	0.00	212.03	9918		
81 87641 59	87640	40	1.00 032824 032824 2202	Į.	37.07	22.00	0.00	22.00	9918		
81 87651 59	87641 59	41 59	1.00 032824 032824 2202	Ŀ	37.07	22.00	0.00	22.00	9918		
81 8798	87651 59	51 59	1.00 032824 032824 2202	Į.	49.86	28.00	0.00	28.00	9918		
2024107013789	87798	98	8.00 032824 032824 2202	Į.	336.00	224.00	0.00	224.00	9918		
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER S1 80307 1.00 040224 040224 220224 220224 83.81 55.87 0.00 55.87 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 16.22 9918 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 27.94 0.00 0			89 I1608492	040224 040224				86.05	0.00	0.00	172.09
81 80307	S PROC CD MODIFI	CD MODIFIERS						PAID	DETAIL EC	BS	
81 G0482						55.87	0.00				
2024102046961	G0482	82	1.00 040224 040224 2202	Į.	174.33	116.22	0.00	116.22	9918		
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87635 1.00 040924 040924 220224 81 87486 59 1.00 040924 040924 220224 81 87486 59 1.00 040924 040924 220224 82 0224 83 0.00 84 040924 040924 220224 84 040924 040924 220224 85 00 0.00 86 0.00 87 0.00 88 0.00 89 0.00 80 0.00 80 0.00 80 0.00 80 0.00					1 040 10			44.0			
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87635 1.00 040924 040924 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 040924 040924 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00	202410204696	024102046961						419.48	0.00	0.00	629.64
106.39 0.00 81 87486 59 1.00 040924 040924 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00			IERS UNITS FROM THRU PROV	DER	AMOUNT	NON-AllOWED	\mathtt{TPL}			BS	
81 87486 59 1.00 040924 040924 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00	87635	35	1.00 040924 040924 2202	<u> </u>	150.00			43.61	9918		
	87486 59	86 59	1.00 040924 040924 2202	Į.	42.00	28.00	0.00	28.00	9918		
$81 87498 59 \qquad \qquad 1.00 040924 040924 220224 \qquad \qquad 37.07 \qquad 22.00 \qquad 0.00 \qquad 22.00 9918 \qquad \qquad 15.07 \qquad 0.00 \qquad $	87498 59	98 59	1.00 040924 040924 2202	Į.	37.07	22.00	0.00	22.00	9918		
$15.07 \qquad 0.00$ $81 87581 59 \qquad 1.00 040924 040924 220224 \qquad 42.00 \qquad 28.00 \qquad 0.00 \qquad 28.00 9918$ $14.00 \qquad 0.00$	87581 59	81 59	1.00 040924 040924 2202	Į.	42.00	28.00	0.00	28.00	9918		
81 87633 1.00 040924 040924 220224 318.05 212.03 0.00 212.03 9918 106.02 0.00	87633	33	1.00 040924 040924 2202	Į.	318.05	212.03	0.00	212.03	9918		
81 87640 1.00 040924 040924 220224 37.07 22.00 0.00 22.00 9918 15.07 0.00	87640	40	1.00 040924 040924 2202	I .	37.07	22.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

231

		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 E	COBS	
81	87641	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00		9918	1020	
81	87651	59	1.00 040924 040924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	MEKHI H	IAT.T.	RECIPTENT ID	.: 530001448687	MRN:								
14111111		.07013800	11608493	. 330001110007		032924	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 E	EOBS	
81	87486	59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 032924 032924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 032924 032924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 032924 032924	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 032924 032924	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAMF:	MICAH H	1 ∆T.T.	PECTOTENT TO	.: 530001909610	MRN:								
11/21/11: •		.02046985	I1604757	330001707010	040824	040824	899.12	586.03		313.09	0.00	0.00	586.03
	20211	102010903	SERVICE DATES	RENDERING	010021	010021	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	EOBS	
81	87486	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

232

	ICN	PAT ACCT			SERVICE FROM	DATES THRU		ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	UNITS	SERVICE DATES FROM THRU 040824 040824	PROVIDER			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03		PAID 212.03	DETAIL EC	DBS	
81 87640			040824 040824				37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641	59	1.00	040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00	040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00	040824 040824	220224			336.00		0.00	224.00	9918		
20240	99022709	I1601102		.: 530001002713			49.86	0.00)	49.86	0.00	18.94	0.00
HEADER EOBS: POS PROC CD 81 87651		UNITS 1.00	SERVICE DATES FROM THRU 032124 032124	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86			PAID 0.00			
	ALLMARK 03026176	I1606053			MRN: 041024	041024		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486		UNITS	FROM THRU	PROVIDER								DBS	
				220224			37.07	14.00	0.00		9918		
81 87498	59		041024 041024					22.00 15.07	0.00	22.00			
81 87581	59	1.00	041024 041024					28.00 14.00	0.00 0.00	28.00	9918		
81 87633		1.00	041024 041024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00	041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00	041024 041024	220224			37.07		0.00	22.00	9918		
81 87651	59	1.00	041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00	041024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: LARRY H. 20241	AMBRIGHT 02043303	I1603434		.: 530001933165	MRN: 021924	021924	899.12	586.03	3	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 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	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 021924 021924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 021924 021924	220224			37.07	22.00	0.00	22.00	9918		
0.1			000004			40.00	15.07	0.00		2212		
81 87581	59	1.00 021924 021924	220224			42.00	28.00	0.00	28.00	9918		
01 07633		1 00 001004 001004	000004			210 05	14.00	0.00	010 02	0010		
81 87633		1.00 021924 021924	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 021024 021024	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00 021924 021924	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87641	59	1.00 021924 021924	220224			37.07	22.00	0.00	22 00	9918		
01 0/041	39	1.00 021924 021924	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 021924 021924	220224			49.86	28.00	0.00	28 00	9918		
01 07031	3,7	1.00 021721 021721	220221			17.00	21.86	0.00	20.00	JJ±0		
81 87798		8.00 021924 021924	220224			336.00	224.00	0.00	224.00	9918		
01 07770		0.00 021721 021721				330.00	112.00	0.00	221.00	3310		
NAME: AVIONNA	A HAMLET	RECIPIENT ID.	: 530002293843	MRN:								
20241	L02043990	I1604351		040824	040824	899.12	586.03	3	313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
01 00501	F 0	1 00 040004 040004	000004			40.00	15.07	0.00	00.00	0010		
81 87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
01 07633		1 00 040004 040004	000004			210 05	14.00	0.00	010 00	0010		
81 87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 040824 040824	220224			37.07	106.02 22.00	0.00	22 00	9918		
01 07040		1.00 040024 040024	220224			31.01	15.07	0.00 0.00	22.00	9910		
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22 00	9918		
01 07011	37	1.00 010021 010021	220221			37.07	15.07	0.00	22.00	JJ10		
81 87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
01 0,001		1.00 010021 010021				17.00	21.86	0.00	20.00	,, , ,		
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
-							112.00	0.00		-		
NAME: BRAYLE			: 530001331906	MRN:								
20241	L07013812	I1608497		041124	041124	1,049.12	629.64	4	19.48	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T 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	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	041124 041124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
81	87635		1.00	041124 041124	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
					500001110501									
NAME:	LUCAS H		- 161000		.: 530001118591	MRN:	0.41.60.4	565 10	254 02		101 00	0 00	0.00	254 02
	20241	.09083087	I161292		D = 11D = D = 114	041624	041624	565.12	374.03		191.09	0.00	0.00	374.03
DOG :		MODITITIDA	TINTERO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			10DG	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
81	87498	59	1.00	041624 041624	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00	041604 041604	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00	041624 041624	220224			42.00	28.00	0.00	20.00	9918		
81	87633		1 00	041624 041624	220224			318.05	14.00 212.03	0.00	212.03	0010		
0.1	07033		1.00	041024 041024	220224			310.03	106.02	0.00	212.03	9910		
81	87798		4 00	041624 041624	220224			168.00	112.00	0.00	112.00	0010		
01	01150		4.00	041024 041024	220224			100.00	56.00	0.00	112.00	J J ± 0		
									30.00	0.00				
NAME:	KARLY H	IAMMOND		RECIPIENT ID	.: 530002154324	MRN:								
141111111111111111111111111111111111111		.02043327	I160343		. 330002131321		022024	49.86	28.00)	21.86	0.00	0.00	28.00
				SERVICE DATES	RENDERING	00_	00		ALLOWED					
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED		PAID	DETAIL E	EOBS	
	87651			022024 022024				49.86	28.00		28.00			
	_								21.86	0.00		-		
									-					
NAME:	RAYLEE	HAMPTON		RECIPIENT ID	.: 530001343922	MRN:								
	20241	.02047007	I160476	0		040924	040924	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATE UNITS FROM THE 1.00 040924 0409	RU PROVIDER	2 2 3 3 3		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			1110 0111
81	87498	59	1.00 040924 0409	24 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 040924 0409	24 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040924 0409	24 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040924 0409	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040924 0409	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040924 0409	24 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040924 0409	24 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	PARKER 20240	HANCOCK 99022720	RECIPIENT	ID.: 530001709351	MRN:	040424	1,049.12	629.64	L	419.48	0.00	0.00	629.64
	20210		SERVICE DAT	S RENDERING	010121	010121	BILLED	ALLOWED	COPAY				020.01
	PROC CD	MODIFIERS	UNITS FROM TH				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	EOBS	
	87635		1.00 040424 0404				150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 040424 0404	24 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040424 0404	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 040424 0404	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040424 0404	24 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040424 0404	24 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 040424 0404	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040424 0404	24 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040424 0404	24 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	PAXTON 20240	HANCOCK 99022737	RECIPIENT I1601113	ID.: 530002319329	MRN: 040424	040424	1,049.12	629.64	<u>.</u>	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL EOBS 9918	5	
81 87486 59	1.00 040424 040424 220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87640 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040424 040424 220224			318.05	212.03 106.02	0.00	212.03			
81 87641 59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00			
81 87651 59	1.00 040424 040424 220224			49.86	28.00 21.86	0.00	28.00			
81 87798	8.00 040424 040424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: WESTON HANCOCK 2024107013826	RECIPIENT ID.: 530001465192 I1608502	MRN: 041124	041124	565.12	374.03		191.09	0.00	0.00	374.03
2021107013020	SERVICE DATES RENDERING	011121	011121	BILLED	ALLOWED	COPAY	1)1 . 0)	0.00	0.00	371.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS	5	
81 87498 59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00			
81 87581 59	1.00 041124 041124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041124 041124 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 041124 041124 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: BRANDON HANDLEY	RECIPIENT ID.: 530001659680	MRN:								
2024103026188	I1606063 SERVICE DATES RENDERING	030424	030424	825.21 BILLED	542.00 ALLOWED	COPAY	283.21	0.00	0.00	486.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 030424 030424 220224			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL EOBS	5	
01 0/401 39	4.00 030424 030424 220224			100.00	56.00	0.00	112.00	9910		
81 87640 59	1.00 030424 030424 220224			37.07	22.00 15.07	0.00	22.00	9918		

REPORT: CRA-PRPD-R 3524808 RA#:

MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

ALABAMA MEDICAID AGENCY

DATE: 04/19/2024

237

220224

PAGE:

PAYEE ID

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87653	MODIFIERS 59	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 EO 9918	BS	
81 87798		11.00 030424 030424	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 030424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 030424 030424	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: ELLA HA 20241	NDLEY .03026200	I1606064	: 530001654835 RENDERING	MRN: 030424	030424	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 EO 9918	BS	
81 87498	59	1.00 030424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 030424 030424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 030424 030424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 030424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 030424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 030424 030424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 030424 030424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ADELINE 20241	HANEY .02044010	I1604352	: 530001651166	MRN: 040824	040824	150.00	43.61 ALLOWED		106.39	0.00	0.00	43.61
POS PROC CD 81 87635		SERVICE DATES UNITS FROM THRU 1.00 040824 040824	PROVIDER				NON-AllOWED 43.61		43.61		BS	
		RECIPIENT ID. I1604761 SERVICE DATES		MRN: 040824	040824		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486			PROVIDER			AMOUNT 42.00	NON-AllOWED 28.00		28.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCI	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED	ALLOWED NON-Allowed	COPAY TPL	PAID	DETAIL E		
81	87498	59	1.00	040824 040824	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00	040824 040824	220224			318.05	14.00 212.03	0.00		9918		
0.1	07640		1 00	040004 040004					106.02	0.00	22.00	0010		
81	87640		1.00	040824 040824	220224			37.07	22.00 15.07	0.00		9918		
81	87641	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00	040824 040824	220224			49.86	15.07 28.00	0.00		9918		
									21.86	0.00				
81	87798		8.00	040824 040824	220224			336.00	224.00 112.00	0.00		9918		
NAME:		IANEY			.: 530001151660	MRN:	0.4.0.0.4	150.00	42.61		106 20	0.00	0.00	42 61
	20241	02044021	I1604353	SERVICE DATES	RENDERING	040824	040824	150.00 BILLED	43.61 ALLOWED	COPAY	106.39	0.00	0.00	43.61
	PROC CD 87635	MODIFIERS	UNITS		PROVIDER			AMOUNT 150.00	NON-AllowED	\mathtt{TPL}	PAID 43.61		OBS	
									106.39	0.00				
NAME:		IANEY			.: 530001151660	MRN:								
	20241	.02047036	I1604762	? SERVICE DATES	RENDERING	040824	040824	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
		MODIFIERS	UNITS	FROM THRU					NON-AllowED	\mathtt{TPL}	PAID		DBS	
81	87486	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1 00	040824 040824				42.00	15.07 28.00	0.00		9918		
		3,5							14.00	0.00				
81	87633		1.00	040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00	040824 040824	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00	040824 040824	220224			49.86	15.07 28.00 21.86	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 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

ICN POS PROC CD MODIFIERS 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 040824 040824 220224	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00 112.00	NOI ALLO COPAY TPL 0.00 0.00		DETAIL EOBS	L UNT	PAID AMOUNT
NAME: DUSTIN HANNAH 2024102047050	RECIPIENT ID.: 530001572878 I1604764 SERVICE DATES RENDERING	MRN: 040824 040824	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 42.00	NON-Allowed 28.00	TPL 0.00	PAID 28.00			
81 87498 59	1.00 040824 040824 220224		37.07	14.00 22.00	0.00	22.00			
81 87581 59	1.00 040824 040824 220224		42.00	15.07 28.00	0.00	28.00			
81 87633	1.00 040824 040824 220224		318.05	14.00 212.03	0.00	212.03	9918		
81 87640	1.00 040824 040824 220224		37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040824 040824 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040824 040824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: HEATHER HANSON 2024103026212	RECIPIENT ID.: 530001701797 I1606073	MRN: 041024 041024	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			
81 87635	1.00 041024 041024 220224		150.00	106.39	0.00 0.00	43.61			
81 87486 59	1.00 041024 041024 220224		42.00	28.00 14.00	0.00 0.00	28.00			
81 87498 59	1.00 041024 041024 220224		37.07	15.07	0.00 0.00	22.00			
81 87581 59	1.00 041024 041024 220224		42.00	28.00 14.00	0.00 0.00	28.00			
81 87633	1.00 041024 041024 220224		318.05	212.03 106.02	0.00 0.00	212.03			
81 87640	1.00 041024 041024 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	1T	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	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 9918	EOBS		
81	87651	59	1.00 041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 041024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:		RDEMAN 02047071	I1604765	: 530001858755	MRN: 040824	040824		28.00		21.86	0.00		0.00	28.00
POS	PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
	87651		1.00 040824 040824				49.86	28.00 21.86	0.00	28.00		2020		
NAME:	: LIZA HA	RE	RECIPIENT ID.	.: 530000848005	MRN:									
		07013838	I1608509		040324	040324		586.03		313.09	0.00		0.00	586.03
DOC	PROC CD	MODIFIERS		RENDERING			BILLED	ALLOWED	COPAY	DATD	ד גיייים כו	EODG		
81	87486	MODIFIERS 59		PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 9918	FORS		
01	07100	33	1.00 010321 010321	220221			12.00	14.00	0.00	20.00	JJ±0			
81	87498	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87581	59	1.00 040324 040324	220224			42.00	28.00	0.00	28.00	9918			
0.1	07622		1 00 040224 040224	220224			210 05	14.00	0.00	212 02	0010			
81	87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918			
0_	0.010		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					15.07	0.00		22_0			
81	87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87651	59	1.00 040324 040324	220224			49.86	28.00	0.00	28.00	9918			
01	87798		8.00 040324 040324	220224			336.00	21.86 224.00	0.00	224.00	0010			
ΟŢ	67796		0.00 040324 040324	220224			330.00	112.00		224.00	9910			
NAME:	CHLOF H	ARGETT	RECIPIENT ID.	.: 530001467885	MRN:									
		02043334			022024	022024	68.54	50.93		17.61	0.00		0.00	50.93
			SERVICE DATES					ALLOWED						
		MODIFIERS		PROVIDER				NON-AllOWED				EOBS		
81	80053		1.00 022024 022024	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		HODG	
POS PROC CD 81 83036	MODIFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 14.00	NON-AllOWED	TPL	PAID	DETAIL :	EOBS	
61 63036		1.00 022024 022024	220224			14.00	12.00 2.00	0.00 0.00	12.00	9910		
81 84443		1.00 022024 022024	220224			25.20	22.93	0.00	22.93	0010		
01 04443		1.00 022024 022024	220224			23.20	2.27	0.00	22.93	9910		
81 36415		1.00 022024 022024	220224			4.50	0.00	0.00	0 00	3323		
01 30413		1.00 022024 022024	220224			Ŧ.JU	4.50	0.00	0.00	3323		
81 85049		1.00 022024 022024	220224			9.00	4.00	0.00	4 00	9918		
01 03019		1.00 022021 022021	220221			3.00	5.00	0.00	1.00	JJ10		
NAME: QUIONNIA			.: 530001473953	MRN:								
202410	03026229	I1606082		022024	022024	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	
81 87486	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
0.1	- 0	1 00 000004 000004	000004			25 25	14.00	0.00	00.00	0010		
81 87498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
01 07501	ГО	1 00 000004 000004	220224			40.00	15.07	0.00	20.00	0010		
81 87581	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1 00 022024 022024	220224			318.05	14.00 212.03	0.00	212 02	0010		
81 87033		1.00 022024 022024	220224			310.03	106.02	0.00	212.03	9910		
81 87640		1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1.00 022021 022021	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87641	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
01 07011		1.00 022021 022021				37.07	15.07	0.00	22.00	3310		
81 87651	59	1.00 022024 022024	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 022024 022024	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JADEN HA			.: 500002947723	MRN:								
202410	03026246	I1606084		040324	040324	304.25	225.00		79.25	0.00	0.00	87.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL :	EOBS	
81 86003		12.00 040324 040324	220224			93.00	72.00	0.00	72.00	9918		
0.1		00 00 040004 04000	000004			1=0 0=	21.00	0.00	2 22	E 0 0 0		
81 86003		23.00 040324 040324	220224			178.25	138.00	0.00	0.00	5000		
01 00705	T C	1 00 040224 040224	220224			22.00	40.25	0.00	1 - 00	0010		
81 82785	LC	1.00 040324 040324	ZZUZZ 4			33.00	15.00	0.00	15.00	ЭЭТВ		
							18.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: EMILY HARPER 2024099022755	RECIPIENT ID.: 530000440198 I1601138 SERVICE DATES RENDERING	MRN: 122023 122023	635.32 BILLED	423.17 ALLOWED	7 COPAY	212.15	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 122023 122023 220224		AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL 9918	EOBS	
81 87581 59	1.00 122023 122023 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 122023 122023 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87634	1.00 122023 122023 220224		70.20	49.14 21.06	0.00	0.00	5910		
81 87798	4.00 122023 122023 220224		168.00	112.00 56.00	0.00 0.00	112.00	9918		
NAME: DESTINY HARRIS 2024103026266	RECIPIENT ID.: 530000135934 I1606091	MRN: 041024 041024		245.53		146.35	0.00	0.00	217.53
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 041024 041024 220224		BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL 9918	EOBS	
81 87491 59	1.00 041024 041024 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 041024 041024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 041024 041024 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 041024 041024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661 59	1.00 041024 041024 220224		32.30	21.53 10.77	0.00	21.53	9918		
81 87651	1.00 041024 041024 220224		49.86	28.00 21.86	0.00 0.00	28.00	9918		
NAME: DESTINY HARRIS 2024107013857	RECIPIENT ID.: 530000135934 I1608517	MRN: 041024 041024		47.93		19.61	0.00	0.00	47.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		BILLED AMOUNT 15.84	NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 84443	1.00 041024 041024 220224		25.20	3.84 22.93 2.27	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

243

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY TI AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIE: 81 84439	SERVICE DATES RENDE RS UNITS FROM THRU PROVI 1.00 041024 041024 22022	RING DER		BILLED AMOUNT 13.00	ALLOWED NON-AlloWED 9.00	COPAY TPL 0.00	PAID			
81 36415	1.00 041024 041024 22022	4		4.50	4.00 0.00	0.00 0.00 0.00	0.00	3323		
81 85049	1.00 041024 041024 22022	4		9.00	4.50 4.00 5.00	0.00	4.00	9918		
NAME: DESTINY HARRIS 2024107013872	RECIPIENT ID.: 530 I1608518	041024	041024		14.00		18.00	0.00	0.00	14.00
POS PROC CD MODIFIE: 81 82150 59	SERVICE DATES RENDE RS UNITS FROM THRU PROVI 1.00 041024 041024 22022	DER		BILLED AMOUNT 18.00	ALLOWED NON-AlloWED 7.00	0.00		DETAIL EOBS 9918		
81 83690	1.00 041024 041024 22022	4		14.00	11.00 7.00 7.00	0.00 0.00 0.00		9918		
NAME: DYLILAH HARRIS 2024107013879	RECIPIENT ID.: 530 I1608516	040424	040424	899.12			313.09	0.00	0.00	586.03
POS PROC CD MODIFIE: 81 87486 59	SERVICE DATES RENDE RS UNITS FROM THRU PROVI 1.00 040424 040424 22022	DER		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87498 59	1.00 040424 040424 22022	4		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59	1.00 040424 040424 22022	4		42.00	28.00 14.00	0.00	28.00			
81 87633	1.00 040424 040424 22022			318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 040424 040424 22022			37.07	22.00 15.07	0.00	22.00			
81 87641 59 81 87651 59	1.00 040424 040424 22022 1.00 040424 040424 22022			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00			
81 87798	8.00 040424 040424 22022			336.00	21.86 224.00	0.00				
					112.00	0.00				
NAME: HARLEM HARRIS 2024107013890	RECIPIENT ID.: 530 11608520 SERVICE DATES RENDE	041124	041124		374.03 ALLOWED	COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIE: 81 87498 59		DER		AMOUNT 37.07	NON-A110WED 22.00 15.07	TPL 0.00 0.00		DETAIL EOBS 9918		

ALABAMA MEDICAID AGENCY REPORT: CRA-PRPD-R 3524808 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

RA#:

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	C CD 581	MODIFIERS 59	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL E	EOBS	
81 87!	201	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	633		1.00	041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87	798		4.00	041124 041124	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: HAI	RLOW I	HARRIS		RECIPIENT ID	.: 530000829447	MRN:								
:	202409	99022768	I160114			121923	121923		635.17		369.25	0.00	0.00	635.17
POS PRO	C CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
		59		121923 121923	220224			42.00	28.00 14.00	0.00		9918	.025	
81 87	498	59	1.00	121923 121923	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	581	59	1.00	121923 121923	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 870	633		1.00	121923 121923	220224			318.05	212.03	0.00	212.03	9918		
81 870	634	59	1.00	121923 121923	220224			105.30	106.02 49.14	0.00	49.14	9918		
									56.16	0.00				
81 870	640		1.00	121923 121923	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 870	641	59	1.00	121923 121923	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 870	651	59	1.00	121923 121923	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87'	798		8.00	121923 121923	220224			336.00	224.00 112.00	0.00 0.00 0.00	224.00	9918		
NTN N4TT - TN N	TANDENT I					MIDAT •								
NAME: JA		07013898	I160852		.: 530001280802	MRN: 041124	041124	342.02	217.53		124.49	0.00	0.00	189.53
		0,013070	1100001	SERVICE DATES	RENDERING	011121	011121	BILLED	ALLOWED	COPAY		0.00	0.00	107.33
POS PRO		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81 87'	798		3.00	041124 041124	220224			126.00	84.00 42.00	0.00	84.00	9918		
81 87	491	59	1.00	041124 041124	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87	511	59	1.00	041124 041124	220224			42.00	28.00 14.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

245

	ICN	PAT ACCT NO.	DENDEDING	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 E) D.C	
81 87529	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00		000	
01 07525		1.00 011121 011121	220221			17.00	21.86	0.00	20.00	JJ10		
81 87591	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
0_ 0.07_						12.00	14.00	0.00		,,,,,		
81 87661	59	1.00 041124 041124	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
NAME: JAYDEN	UNDDTC	DECIDIENT ID	.: 530001280802	MRN:								
	07013915	I1610539	550001260602	041124	041124	228.04	156.81		71.23	0.00	0.00	156.81
20241	07013713	SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	71.25	0.00	0.00	130.01
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 80053	1102 11 11110	1.00 041124 041124	220224			15.84	12.00	0.00	12.00			
			-				3.84	0.00				
81 82306		1.00 041124 041124	220224			44.00	29.00	0.00	29.00	9918		
							15.00	0.00				
81 87389		1.00 041124 041124	220224			36.00	23.88	0.00	23.88	9918		
							12.12	0.00				
81 83036		1.00 041124 041124	220224			14.00	12.00	0.00	12.00	9918		
							2.00	0.00				
81 84443		1.00 041124 041124	220224			25.20	22.93	0.00	22.93	9918		
01 04420		1 00 041104 041104	000004			12.00	2.27	0.00	0 00	0010		
81 84439		1.00 041124 041124	220224			13.00	9.00	0.00	9.00	9918		
01 26415		1 00 041124 041124	220224			4.50	4.00	0.00	0 00	2222		
81 36415		1.00 041124 041124	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 81015		1.00 041124 041124	220224			4.50	3.00	0.00	3 00	9918		
01 01015		1.00 011121 011121	220221			1.50	1.50	0.00	3.00	JJ10		
81 80074		1.00 041124 041124	220224			71.00	45.00	0.00	45.00	9918		
0= 0007.						, = 1 0 0	26.00	0.00	10,00	2220		
NAME: JAYDEN			.: 530001280802	MRN:								
20241	07013922	I1610540		041124	041124	89.50	45.60		43.90	0.00	0.00	41.60
D00 DD00 0D		SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	D	22.0	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	DBS	
81 81001		1.00 041124 041124	220224			5.00	4.00	0.00	0.00	5912		
81 86592		1.00 041124 041124	220224			7.00	1.00 5.00	0.00	E 00	9918		
01 00092		1.00 041124 041124	44U44			7.00	2.00	0.00	5.00	ラ ガエロ		
81 82784		1.00 041124 041124	220224			19.00	12.00	0.00	12.00	9918		
01 02/01		1.00 011121 011124	22021			10.00	7.00	0.00	12.00	J J ± U		
							, • 0 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

ICN POS PROC CD MODIFIERS 81 86231 81 86258	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 2.00 041124 041124 220224	SERVICE DATES FROM THRU	AMOUNT	AMOUNT ALLOWED NON-AlloWED 8.46 15.54	COPAY	OWED A	DETAIL EOBS 9918	PL DUNT	PAID AMOUNT
	RECIPIENT ID.: 530000958027 11603443 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 4.00 022024 022024 220224	MRN: 022024 022024	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		DETAIL EOBS 9918 9918 9918	0.00	374.03
2024109083114 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001302278 I1611689 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00	COPAY TPL	28.00	DETAIL EOBS	0.00	28.00
2024109083121 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001269667 I1612931 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224		150.00 BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61	COPAY TPL		DETAIL EOBS	0.00	43.61
POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530001664613 11604767 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 1.00 040824 040824 220224	MRN: 040824 040824				PAID 0.00	0.00 DETAIL EOBS 3323 9918	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		HARVILLE 107013941	RECIPIENT ID I1608527 SERVICE DATES	: 530001410146 RENDERING	MRN: 040524	040524	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 EC	BS	
81	87635		1.00 040524 040524	220224			150.00	43.61 106.39	0.00	43.61			
81	87486	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 040524 040524	220224			37.07	14.00 22.00	0.00	22.00	9918		
0.1	07501	F.O.	1 00 040524 040524	220224			40.00	15.07	0.00	20.00	0.01.0		
81	87581	59	1.00 040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040524 040524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 040524 040524	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00 040524 040524	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00 040524 040524	220224			336.00	21.86 224.00	0.00	224.00	9918		
01	0,7,50		0.00 010321 010321	220221			330.00	112.00	0.00	221.00	3310		
NAME:	WESAM H	IASAN		.: 530001328983	MRN:								
	20241	107013956	I1608528		041124	041124	565.12	374.03		191.09	0.00	0.00	374.03
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	ND C	
81	87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00		ממי	
81	87581	59	1.00 041124 041124	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00 041124 041124	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87798		4.00 041124 041124	220224			168.00	106.02 112.00	0.00	112.00	9918		
							-	56.00			-		
NAME:			RECIPIENT ID	.: 530000484875									
	20240)99022788	I1601153 SERVICE DATES	RENDERING	040424	040424		842.67 ALLOWED	COPAY	526.00	0.00	0.00	842.67
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	BS	
	87635		1.00 040424 040424				150.00	43.61 106.39	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

248

		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NO		OPAY	TPL	PAID
				D = 110 = D = 110	FROM	THRU	AMOUNT	AMOUNT		OWED A	MOUNT	AMOUNT	AMOUNT
			SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0_	0,010						37.007	15.07	0.00		,,,,		
81	87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01	07011	3,7	1.00 010121 010121	220221			37.07	15.07	0.00	22.00	J J ± U		
81	87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	0010		
0.1	0/031	39	1.00 040424 040424	220224			49.00			20.00	9910		
0.1	07700		0 00 040404 040404	000004			226.00	21.86	0.00	004 00	0010		
81	87798		8.00 040424 040424	220224			336.00	224.00	0.00	224.00	9918		
0.4			1 00 040404 040404	000001			010 ==	112.00	0.00	010 00	0010		
81	87507		1.00 040424 040424	220224			319.55	213.03	0.00	213.03	9918		
								106.52	0.00				
NAME:	LIAM HA			o.: 530002232232									
NAME:		WS .03026284	I1606113			041024	1,049.12	629.64		419.48	0.00	0.00	629.64
NAME:		.03026284		RENDERING		041024	BILLED	ALLOWED	COPAY				629.64
	20241 PROC CD		I1606113 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		041024	BILLED AMOUNT		COPAY TPL	PAID	DETAIL		629.64
	20241	.03026284	I1606113 SERVICE DATES	RENDERING		041024	BILLED	ALLOWED	COPAY TPL 0.00		DETAIL		629.64
POS	20241 PROC CD	.03026284	I1606113 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		041024	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		629.64
POS	20241 PROC CD	.03026284	I1606113 SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER		041024	BILLED AMOUNT	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID	DETAIL 9918		629.64
POS 81	20241 PROC CD 87635	.03026284 MODIFIERS	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024	RENDERING PROVIDER 220224		041024	BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39 28.00	COPAY TPL 0.00 0.00 0.00	PAID 43.61	DETAIL 9918		629.64
POS 81	20241 PROC CD 87635 87486	MODIFIERS 59	I1606113	RENDERING PROVIDER 220224 220224		041024	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918 9918		629.64
POS 81	20241 PROC CD 87635	.03026284 MODIFIERS	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024	RENDERING PROVIDER 220224 220224		041024	BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61	DETAIL 9918 9918		629.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	I1606113	RENDERING PROVIDER 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00	DETAIL 9918 9918 9918		629.64
POS 81	20241 PROC CD 87635 87486	MODIFIERS 59	I1606113	RENDERING PROVIDER 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918 9918 9918		629.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87640	MODIFIERS 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 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 43.61 28.00 22.00 22.00	DETAIL 9918 9918 9918 9918		629.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	I1606113	RENDERING PROVIDER 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 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 43.61 28.00 22.00	DETAIL 9918 9918 9918 9918		629.64
POS 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581	MODIFIERS 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 37.07 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 28.00 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918		629.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87640	MODIFIERS 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 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 0.	PAID 43.61 28.00 22.00 22.00	DETAIL 9918 9918 9918 9918		629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 37.07 42.00 318.05	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 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 43.61 28.00 22.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581	MODIFIERS 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 37.07 42.00	ALLOWED NON-AlloWED 43.61 106.39 28.00 14.00 22.00 15.07 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 43.61 28.00 22.00 22.00 28.00	DETAIL 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633 87641	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 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 43.61 28.00 22.00 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 37.07 42.00 318.05	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00 212.03 106.02 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	PAID 43.61 28.00 22.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633 87641 87651	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00 212.03 106.02 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 43.61 28.00 22.00 22.00 28.00 212.03 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633 87641	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00 212.03 106.02 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 22.00 28.00 212.03 22.00	DETAIL 9918 9918 9918 9918 9918 9918 9918		629.64
POS 81 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87640 87581 87633 87641 87651	MODIFIERS 59 59 59 59	I1606113 SERVICE DATES UNITS FROM THRU 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024 1.00 041024 041024	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041024	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00 212.03 106.02 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 43.61 28.00 22.00 22.00 28.00 212.03 22.00 28.00	DETAIL 9918 9918 9918 9918 9918 9918 9918		629.64

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: NARIYAH HAYES 2024107013965	RECIPIENT ID.: 530001416656 I1610544 SERVICE DATES RENDERING	MRN: 041224 041224	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	
81 87635	1.00 041224 041224 220224		150.00	43.61	0.00		9918	1025	
				106.39	0.00				
81 87486 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041224 041224 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87651 59	1.00 041224 041224 220224		49.86	28.00	0.00	28.00	9918		
01 00000	0.00.041004.041004.000004		226 00	21.86	0.00	004 00	0010		
81 87798	8.00 041224 041224 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: LARSEN HAYNES	RECIPIENT ID.: 530002156234	MRN:							
	I1608535	040124 040124	1,049.12	629.64		419.48	0.00	0.00	629.64
202110,013903	SERVICE DATES RENDERING	010121 010121	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 040124 040124 220224		150.00	43.61	0.00		9918		
				106.39	0.00				
81 87486 59	1.00 040124 040124 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87498 59	1.00 040124 040124 220224		37.07	22.00	0.00	22.00	9918		
0.5.4.0			0.7.07	15.07	0.00		0010		
81 87640 59	1.00 040124 040124 220224		37.07	22.00	0.00	22.00	9918		
01 07501 50	1 00 040124 040124 220224		40.00	15.07	0.00	20 00	0010		
81 87581 59	1.00 040124 040124 220224		42.00	28.00 14.00	0.00 0.00	∠8.00	9918		
81 87633	1.00 040124 040124 220224		318.05	212.03	0.00	212.03	991Ω		
01 07055	1.00 010121 010121 220221		310.03	106.02	0.00	212.03	J J ± U		
81 87641 59	1.00 040124 040124 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

250

		ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87651	MODIFIERS 59	SERVICE DATES RENDER: UNITS FROM THRU PROVIDE 1.00 040124 040124 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAII 9918	L EOBS	
81	87798		8.00 040124 040124 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME:	LOFTEN		RECIPIENT ID.: 5300				_				
	20241	.02044032	<pre>i1604356</pre>	040124 040124				557.22	0.00	0.	579.64
POS	PROC CD	MODIFIERS	SERVICE DATES RENDER: UNITS FROM THRU PROVIDE		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAII	FORS	
81	87635	MODIFIERD	1.00 040124 040124 220224		150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 040124 040124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040124 040124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040124 040124 220224		318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 040124 040124 220224		37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 040124 040124 220224		49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00 040124 040124 220224		336.00	21.86 224.00	0.00	0.00	5910		
81	80053		1.00 040124 040124 220224		15.84	112.00 12.00	0.00	12.00	9918		
81	82607		1.00 040124 040124 220224		22.00	3.84 17.00	0.00	17.00	9918		
81	82306		1.00 040124 040124 220224		44.00	5.00 29.00	0.00	29.00	9918		
81	83540		1.00 040124 040124 220224		9.71	15.00 7.00	0.00	7.00	9918		
81	83550		1.00 040124 040124 220224		13.11	2.71 10.00	0.00	10.00	9918		
81	83036		1.00 040124 040124 220224		14.00	3.11 12.00	0.00	12.00	9918		
81	86308		1.00 040124 040124 220224		7.50	2.00 6.00 1.50	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

251

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 83525	1.00 040124 040124 220224		17.15	11.00 6.15	0.00	11.00		_	
81 36415	1.00 040124 040124 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040124 040124 220224		9.00	4.00 5.00	0.00	4.00	9918		
81 87529	2.00 040124 040124 220224		99.72	56.00 43.72	0.00	0.00	5910		
81 87640 59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87801	2.00 040124 040124 220224		74.14	74.14	0.00	0.00	5910		
NAME: LOFTEN HAYNES	RECIPIENT ID.: 53000191966	8 MRN:							
2024102044080	I1604357	040124 040124	193.00			59.00	0.00	0.00	134.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	C	
81 86665	2.00 040124 040124 220224		70.00	44.00 26.00	0.00	44.00		5	
81 86664	1.00 040124 040124 220224		30.00	18.00 12.00	0.00	18.00	9918		
81 86003	12.00 040124 040124 220224		93.00	72.00 21.00	0.00	72.00	9918		
NAME: LORI HAYNES 2024107013999	RECIPIENT ID.: 53000104970 I1608534	9 MRN: 041124 041124	161.36	98.93	,	62.43	0.00	0.00	98.93
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD 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	12.00	9918		
81 82607	1.00 041124 041124 220224		22.00	17.00 5.00	0.00	17.00	9918		
81 82746	1.00 041124 041124 220224		22.00	13.00 9.00	0.00	13.00	9918		
81 83540	1.00 041124 041124 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL :	FORS	
81	83550	MODIFIERS	1.00 041124 041124	220224			13.11	10.00	0.00	10.00		2000	
01	03330		1.00 011121 011121	220221			13.11	3.11	0.00	10.00	J J I O		
81	82728		1.00 041124 041124	220224			40.00	13.00	0.00	13.00	9918		
0_	02.20		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				10.00	27.00	0.00		J		
81	84443		1.00 041124 041124	220224			25.20	22.93	0.00	22.93	9918		
				-				2.27	0.00				
81	36415		1.00 041124 041124	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	85049		1.00 041124 041124	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:	ROBERT :	HAYNES	RECIPIENT ID	530001045418	MRN:								
	20241	09083133	I1611697		041024	041024	258.14	172.09		86.05	0.00	0.00	172.09
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL :	EOBS	
81	80307		1.00 041024 041024	220224			83.81	55.87	0.00	55.87	9918		
								27.94	0.00				
81	G0482		1.00 041024 041024	220224			174.33	116.22	0.00	116.22	9918		
								58.11	0.00				
				500001040155									
NAME:	TRISTAN			530001349177	MRN:	0.41.004	1 040 10	600 64		410 40	0 00	0 00	600 64
	20241	03026300	I1606124		041024	041024	1,049.12			419.48	0.00	0.00	629.64
DOG	DDOG GD	MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		TODG	
	PROC CD 87635	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL :	FORS	
81	0/033		1.00 041024 041024	220224			150.00	43.61 106.39	0.00	43.01	9918		
81	87486	59	1.00 041024 041024	220224			42.00	28.00	0.00	28 00	9918		
01	07400	37	1.00 041024 041024	220224			42.00	14.00	0.00	20.00	J J I U		
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22 00	9918		
01	07150		1.00 011021 011021	220221			37.07	15.07	0.00	22.00	J J I O		
81	87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041024 041024	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

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU			NOI ALL	OWED A	CPAY T	PL DUNT	PAID AMOUNT
POS PROC CD N 81 87798	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224					COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EOBS 9918		
NAME: TA NIA HA 2024107	AYS 7014016	RECIPIENT ID.		MRN: 041224	041224	235.66	146.41		89.25	0.00	0.00	118.41
POS PROC CD N 81 87491 5			RENDERING PROVIDER 220224 220224 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	0.00	PAID 0.00			
81 87591 5	59	1.00 041224 041224 2	220224			42.00	21.86 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87661		1.00 041224 041224 2	220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87389		1.00 041224 041224 2	220224			36.00	23.88 12.12	0.00	23.88			
81 36415		1.00 041224 041224 2	220224			4.50	0.00 4.50	0.00 0.00	0.00	3323		
81 80074		1.00 041224 041224 2	220224			71.00	45.00 26.00	0.00 0.00	45.00	9918		
NAME: TA NIA HA 2024107	AYS 7014029	RECIPIENT ID. 11610547 SERVICE DATES I		MRN: 041224	041224	7.00 BILLED	5.00 ALLOWED	COPAY	2.00	0.00	0.00	5.00
POS PROC CD N 81 86592	MODIFIERS	UNITS FROM THRU I 1.00 041224 041224	PROVIDER 220224			AMOUNT 7.00	NON-AllOWED 5.00			DETAIL EOBS 9918		
NAME: HARPER HE 2024107		RECIPIENT ID. 11608536		MRN: 040624	040624		629.64	CODAY	119.48	0.00	0.00	629.64
POS PROC CD N 81 87635	MODIFIERS		PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918		
81 87486 5	59	1.00 040624 040624 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 5	59	1.00 040624 040624 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 5	59	1.00 040624 040624 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040624 040624 2	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	Γ	PAID AMOUNT
POS 81	PROC CD 87640	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040624 040624	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 040624 040624	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87651	59	1.00 040624 040624	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 040624 040624	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:	: JOHNNA 20241	HEATH 103026312	RECIPIENT ID	.: 530000699518	MRN: 120523	120523	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 120523 120523	220224			150.00	43.61 106.39	0.00	43.61				
81	87486	59	1.00 120523 120523	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 120523 120523	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 120523 120523	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00				
81	87641	59	1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00				
81	87651	59	1.00 120523 120523	220224			49.86	28.00 21.86	0.00	28.00				
81	87798		8.00 120523 120523	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:		HEDALGO AYAL		.: 530002196246	MRN:	021224	601 00	420.00		251 00	0 00	,	0.00	420 00
	20241	103026329	I1606132	RENDERING	U31224	031224	681.00 BILLED	430.00 ALLOWED	COPAY	251.00	0.00	(0.00	430.00
מחפ	DBUG GD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORC		
81	87798		13.00 031224 031224				546.00	364.00 182.00	0.00	364.00		rΩDΩ		
81	87640	59	1.00 031224 031224	220224			45.00	22.00 23.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	FROM	E DATES THRU	AMOTINT	ΔMΩIINT'	NO: ALL		OPAY TPI MOUNT AMOU		PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	UNITS FROM THRU PR	ENDERING ROVIDER 20224		BILLED AMOUNT 45.00	ALLOWED NON-AlloWED 22.00 23.00	COPAY TPL		DETAIL EOBS 9918		
		1.00 031224 031224 22	20224		45.00	22.00 23.00	0.00	22.00			
NAME: MARCUS 20241	HEFLIN 02043361	RECIPIENT ID.: 11603446 SERVICE DATES RE	530001704619 MRN: 021924	021924	18.00 BILLED	15.00	COPAY	3.00	0.00	0.00	15.00
POS PROC CD 81 83655	MODIFIERS	RECIPIENT ID.: 11603446 SERVICE DATES RE UNITS FROM THRU PR 1.00 021924 021924 22	ROVIDER 20224		AMOUNT 18.00	NON-Allowed 15.00 3.00	TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918		
NAME: JELLISA 20241	02044087	RECIPIENT ID.: 11604358	040324	040324		116.22 ALLOWED		58.11	0.00	0.00	116.22
POS PROC CD 81 G0482	MODIFIERS	SERVICE DATES RESUNITS FROM THRU PR 1.00 040324 040324 22			AMOUNT 174.33	NON-AllOWED 116.22	\mathtt{TPL}	116.22	DETAIL EOBS 9918		
NAME: IRENE H		RECIPIENT ID.: 11606136	530001713015 MRN:	013024	208 16	133 53		74 63	0 00	0 00	105.53
POS PROC CD 81 87798		SERVICE DATES RELUNITS FROM THRU PR 1.00 013024 013024 22	INDERING	013021	BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL		DETAIL EOBS	0.00	103.33
81 87481		1.00 013024 013024 22	20224		42.00	28.00 14.00	0.00	28.00	9918		
81 87491	59	1.00 013024 013024 22	20224		49.86	28.00 21.86	0.00	0.00	5490		
81 87591	59	1.00 013024 013024 22	20224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661		1.00 013024 013024 22	20224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: KARRI H 20241	ENDERSON 03026354	RECIPIENT ID.: 11606139		012924	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS	SERVICE DATES REDUNITS FROM THRU PR 1.00 012924 012924 22	NDERING OVIDER			ALLOWED	COPAY TPL		DETAIL 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		AID TNUC
POS	PROC CD	MODIFIERS		SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87498	59		012924 012924	220224			37.07	22.00 15.07	0.00		9918			
81	87581	59	1.00 0	012924 012924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 0	012924 012924	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 0	012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 0	012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 0	012924 012924	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 0	012924 012924	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:		HENDERSON	I1610553		.: 530002278168	MRN: 040924	040924	18.00	15.00	1	3.00	0.00	0	.00	15.00
	20211	107014044		SERVICE DATES	RENDERING	040724	040024	BILLED	ALLOWED	COPAY	3.00	0.00	0.		13.00
	PROC CD 83655	MODIFIERS	UNITS F	FROM THRU	PROVIDER 220224			AMOUNT 18.00	NON-AllOWED 15.00 3.00	TPL 0.00 0.00	PAID 15.00	DETAIL 9918	EOBS		
NAME:		N HENDERSON			.: 500002272905	MRN:							_		
	20241	103026368	I1606140	SERVICE DATES	RENDERING	012924	012924	899.12 BILLED	586.03	COPAY	313.09	0.00	0.	00	586.03
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	87486	59	1.00 0	012924 012924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 0	012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 0	012924 012924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 0	012924 012924	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 0	012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 0	012924 012924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 0	012924 012924	220224			49.86	28.00 21.86	0.00	28.00	9918			

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

257

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT	ALL	OWED 2		TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798			AMOUNT	ALLOWED (NON-Allowed 224.00 112.00	TPL	PAID 224.00	DETAIL EOB 9918	S	
NAME: PENELOPE HENDERSON 2024107014049	RECIPIENT ID.: 530002329291 I1608541 SERVICE DATES RENDERING	MRN: 041124 041124		305.64 ALLOWED		241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 041124 041124 220224		AMOUNT 37.07	NON-AllOWED 22.00		PAID 22.00		5	
81 87581 59				28.00 14.00	0.00 0.00	28.00			
81 87633				212.03 106.02	0.00	212.03			
81 87635	1.00 041124 041124 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: SEKANI HENDERSON 2024103026376	I1606142	MRN: 040924 040924		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 040924 040924 220224 1.00 040924 040924 220224		BILLED AMOUNT 4.50	ALLOWED (NON-Allowed 0.00 4.50	TPL	PAID 0.00		5	
81 85049	1.00 040924 040924 220224		9.00	4.00 5.00	0.00	4.00	9918		
2024107014062	RECIPIENT ID.: 530002225229 I1610554 SERVICE DATES RENDERING	040924 040924	BILLED	ATILOWED (3.00	0.00	0.00	15.00
	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 18.00	NON-AllOWED 15.00	TPL	PAID 15.00		5	
NAME: TRUVE HENDERSON 2024102043370 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002239507 I1603449 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 022024 022024	319.55 BILLED AMOUNT	ALLOWED	COPAY TPL		0.00 DETAIL EOB	0.00	213.03
81 87507	1.00 022024 022024 220224		319.55		0.00	213.03		ر	
NAME: AARON HENDRICKSON 2024102043380	RECIPIENT ID.: 530001288316 I1603450	MRN: 021924 021924	319.55	213.03		106.52	0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

258

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021924 021924 220224		AMOUNT 319.55	NON-Allowed 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EC 9918	BS	
NAME: TAYTE HENDRIX	RECIPIENT ID.: 530002210775								
2024099022818	I1601197	040424 040424	1,049.12	629.64		419.48	0.00	0.00	629.64
DOC DDOC CD MODIFIEDC	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	חזידה		ND C	
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43 61	DETAIL EC 9918	BS	
81 87033	1.00 040424 040424 220224		130.00	106.39	0.00	43.01	9910		
81 87486 59	1.00 040424 040424 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87498 59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
			40.00	15.07	0.00		0010		
81 87581 59	1.00 040424 040424 220224		42.00	28.00	0.00	28.00	9918		
81 87633	1.00 040424 040424 220224		318.05	14.00 212.03	0.00	212.03	9918		
01 07033	1.00 010121 010121 220221		310.03	106.02	0.00	212.03	JJ±0		
81 87640	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
01 07651 50	1 00 040424 040424 220224		49.86	15.07	0.00	20.00	0010		
81 87651 59	1.00 040424 040424 220224		49.00	28.00 21.86	0.00	20.00	9918		
81 87798	8.00 040424 040424 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: MAVERICK HENDRY	RECIPIENT ID.: 530002096123	MRN: 040824 040824	1 040 10	620 64		410 40	0 00	0 00	629.64
2024102044118	I1604359 SERVICE DATES RENDERING	040824 040824	1,049.12 BILLED	629.64 ALLOWED	: COPAY	419.48	0.00	0.00	029.04
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC	BS	
81 87635	1.00 040824 040824 220224		150.00	43.61	0.00		9918		
				106.39	0.00				
81 87486 59	1.00 040824 040824 220224		42.00	28.00	0.00	28.00	9918		
01 07400 50	1 00 040004 040004 220004		27 07	14.00	0.00	22.00	0010		
81 87498 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040824 040824 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00		-		
81 87633	1.00 040824 040824 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 TD	220224
111111111111111111111111111111111111111	
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87640	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID	DETAIL EO 9918		
81 87641	59	1.00 040824 040824 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651	59	1.00 040824 040824 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040824 040824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SAMANTH. 20241	A HENRY 02047092	RECIPIENT ID.: 530000253818 I1604772	MRN: 040824	040824	899.12			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 040824 040824 220224			42.00	28.00 14.00	0.00		9918		
81 87498	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00		9918		
81 87581	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040824 040824 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040824 040824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: MCKINLE 20241	Y HENSON 03026397	RECIPIENT ID.: 530001476592 I1606145	MRN: 120523	120523	49.86	28.00		21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 120523 120523 220224			BILLED AMOUNT 49.86	NON-AllOWED 28.00	COPAY TPL 0.00 0.00			BS	
	RA HERBERT 02043390	RECIPIENT ID.: 530000831400 I1603452 SERVICE DATES RENDERING		040424		474.00 ALLOWED	COPAY	248.67	0.00	0.00	474.00
POS PROC CD 81 87481		UNITS FROM THRU PROVIDER 4.00 040424 040424 220224				NON-AllowED			DETAIL EO 9918	BS	

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS PROC CD 81 87640 81 87653 81 87798 81 87086	ICN MODIFIERS 59 59	PAT ACCT NO. SERVICE II UNITS FROM 1.00 040424 04 1.00 040424 04 1.00 040424 04	THRU PROVIDER 10424 220224 10424 220224 10424 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 37.07 462.00 18.53	ALLOWED AMOUNT ALLOWED NON-AllOWED 22.00 15.07 22.00 15.07 308.00 154.00 10.00 8.53	NO ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	OWED A	DETAIL EO: 9918 9918 9918	TPL AMOUNT BS	PAID AMOUNT
NAME: ALEX HE 20241 POS PROC CD 81 87651	107014079	I1608547 SERVICE I UNITS FROM	ENT ID.: 530000732271 DATES RENDERING THRU PROVIDER 40324 220224	MRN: 040324	040324	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL			0.00 BS	28.00
POS PROC CD 81 80053 81 83036 81 80061 81 36415 81 85049	107014087	I1608545 SERVICE I	10124 220224 10124 220224 10124 220224	MRN: 040124	040124	63.34 BILLED AMOUNT 15.84 14.00 20.00 4.50 9.00	42.00 ALLOWED NON-AllOWED 12.00 3.84 12.00 2.00 14.00 6.00 0.00 4.50 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 12.00 14.00 0.00	9918	0.00 BS	42.00
	MODIFIERS	I1608546 SERVICE I	DATES RENDERING THRU PROVIDER	MRN: 040124	040124		22.93 ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL			0.00 BS	22.93
NAME: DIEGO F		RECIPII I1606147	ENT ID.: 530001092428	MRN: 040924	040924	764.98	445.64	Į.	319.34	0.00	0.00	445.64

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO	C CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E 9918	IOBS	
	635			040924 040924	220224			150.00	21.86 43.61	0.00		9918		
									106.39	0.00				
81 87	498	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87	581	59	1.00	040924 040924	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87	633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
81 87	798		4.00	040924 040924	220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME: JU		ERNANDEZ 07014097	I160854		.: 530000843898	MRN: 041024	041024	98.54	67.93		30.61	0.00	0.00	67.93
POS PRO		MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E		
	053	HODII IIKO		041024 041024	220224			15.84	12.00	0.00	12.00		1025	
81 82	1306		1.00	041024 041024	220224			44.00	3.84 29.00 15.00	0.00 0.00 0.00	29.00	9918		
81 84	443		1.00	041024 041024	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 36	415		1.00	041024 041024	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85	049		1.00	041024 041024	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JU		CRNANDEZ 19083142	I161170		.: 530000843898	MRN: 041024	041024	23.00	16.00		7.00	0.00	0.00	9.00
POS PRO		MODIFIERS	UNITS	SERVICE DATES FROM THRU 041024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 13.00	ALLOWED NON-AllOWED 9.00	COPAY TPL 0.00	PAID 9 00	DETAIL E 9918	EOBS	
81 84		59		041024 041024				10.00	4.00 7.00	0.00	0.00			
									3.00	0.00				
			IEGO I160345	3	.: 530002087517	MRN: 040224	040224		15.00		3.00	0.00	0.00	15.00
POS PRO 81 83		MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 040224 040224	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	NON-AllOWED	COPAY TPL 0.00 0.00	PAID 15.00		IOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			PL TNUC	PAID AMOUNT
NAME: JOSIAH HESTER 2024102043418	RECIPIENT ID.: 530001072678 I1603455 SERVICE DATES RENDERING	MRN: 022024 022024	169.31 BILLED	116.00 ALLOWED	COPAY	53.31	0.00	0.00	116.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 80053	1.00 022024 022024 220224		15.84	12.00 3.84	0.00 0.00	12.00	9918		
81 82607	1.00 022024 022024 220224		22.00	17.00 5.00	0.00 0.00	17.00	9918		
81 82306	1.00 022024 022024 220224		44.00	29.00	0.00	29.00	9918		
81 83540	1.00 022024 022024 220224		9.71	15.00 7.00	0.00	7.00	9918		
81 83550	1.00 022024 022024 220224		13.11	2.71 10.00	0.00 0.00	10.00	9918		
81 83036	1.00 022024 022024 220224		14.00	3.11 12.00	0.00 0.00	12.00	9918		
81 83525	1.00 022024 022024 220224		17.15	2.00 11.00	0.00 0.00	11.00	9918		
81 80061	1.00 022024 022024 220224		20.00	6.15 14.00	0.00 0.00	14.00	9918		
81 36415	1.00 022024 022024 220224		4.50	6.00 0.00	0.00		3323		
81 85049	1.00 022024 022024 220224		9.00	4.50 4.00	0.00		9918		
01 03019	1.00 022021 022021 220221		2.00	5.00	0.00	1.00	JJ10		
	RECIPIENT ID.: 530001072678	MRN:							
2024102043438	I1603456 SERVICE DATES RENDERING	022024 022024	7.75 BILLED	6.00 ALLOWED	COPAY	1.75	0.00	0.00	6.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 86003	1.00 022024 022024 220224		7.75	6.00 1.75	0.00	6.00	9918		
NAME: KAILANI HICKMAN	RECIPIENT ID.: 530002339600	MRN:							
2024109083155	I1611705 SERVICE DATES RENDERING	041424 041424	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 041424 041424 220224		42.00	28.00 14.00	0.00	28.00			
81 87498 59	1.00 041424 041424 220224		37.07	22.00	0.00	22.00	9918		
81 87581 59	1.00 041424 041424 220224		42.00	15.07 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI J. I. I.A.		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041424 041424 220224	111011	BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00	PAID 212.03	DETAIL EO		11.001.1
81 87640		1.00 041424 041424 220224		37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641	59	1.00 041424 041424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041424 041424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 041424 041424 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: TAYLOR 20241	HICKMAN 107014108	RECIPIENT ID.: 530001929274	4 MRN: 031024 031024	1,032.67	67.50	9	965.17	0.00	448.16	67.50
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	3S	
81 87635		1.00 031024 031024 220224		150.00	7.50	0.00	7.50	9918 9936		
81 87486	59	1.00 031024 031024 220224		42.00	142.50 7.50	0.00	7.50	9918 9936		
81 87498	59	1.00 031024 031024 220224		37.07	34.50 7.50	0.00	7.50	9918 9936		
81 87581	59	1.00 031024 031024 220224		42.00	29.57 7.50	0.00	7.50	9918 9936		
81 87633		1.00 031024 031024 220224		318.05	34.50 7.50 310.55	0.00 0.00 0.00	7.50	9918 9936		
81 87640		1.00 031024 031024 220224		37.07	7.50 29.57	0.00	7.50	9918 9936		
81 87641	59	1.00 031024 031024 220224		37.07	7.50 29.57	0.00	7.50	9918 9936		
81 87651	59	1.00 031024 031024 220224		49.86	7.50 42.36	0.00	7.50	9918 9936		
81 87507		1.00 031024 031024 220224		319.55	7.50 312.05	0.00	7.50	9918 9936		
NAME: LAYLA E	HICKS 107014129	RECIPIENT ID.: 530001045653	L MRN: 040424 040424	1.049 12	629 64		419.48	0.00	0.00	629.64
POS PROC CD 81 87486	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	010121 010121	BILLED	ALLOWED NON-AlloWED	COPAY TPL		DETAIL EO		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT I			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87498	MODIFIERS 59	UNITS F	ERVICE DATES ROM THRU 40424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL EG 9918	DBS	
81 87581	59	1.00 04	40424 040424	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 0	40424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 04	40424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 0	40424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59			220224			49.86	28.00 21.86	0.00		9918		
81 87798							336.00	224.00 112.00	0.00	224.00			
81 87635		1.00 04	40424 040424	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: MICHAEL 20241	HICKS 02043441	I1603457	RECIPIENT ID	.: 530000171264 RENDERING	MRN: 040524	040524	91.86 BILLED	56.00 ALLOWED	COPAY	35.86	0.00	0.00	28.00
POS PROC CD 81 87491	MODIFIERS 59	UNITS F	ROM THRU 40524 040524	PROVIDER 220224			AMOUNT 49.86	NON-Allowed 28.00 21.86	TPL 0.00 0.00	PAID 0.00	DETAIL EG	DBS	
81 87591	59	1.00 04	40524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
NAME: AMANDA :	HIGGINBOTHAM 07014142	I1610559	RECIPIENT ID	.: 530000219947	MRN: 040224	040224	319.55	213.03	.	106.52	0.00	0.00	213.03
POS PROC CD 81 87507		SI UNITS FI	ROM THRU	RENDERING PROVIDER 220224	010221	010221	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: ELIJAH 1 20241 POS PROC CD 81 87507	02047105	I1604773 SI UNITS FI	RECIPIENT ID ERVICE DATES ROM THRU 40924 040924	: 530002341158 RENDERING PROVIDER 220224	MRN: 040924	040924	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03	COPAY TPL 0.00	106.52 PAID 213.03	0.00 DETAIL EG 9918	0.00 DBS	213.03
NAME: MACY HI	GNUTT 03023283	I1606158	RECIPIENT ID	.: 530001204206	MRN: 041024	041024	1,049.12	106.52 629.64	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

265

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD N 81 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID	DETAIL 1		
81 87486 5	59	1.00 041024 041024	220224			42.00	106.39 28.00	0.00	28.00	9918		
81 87498 5	59	1.00 041024 041024	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 5	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633			220224			318.05	212.03 106.02	0.00		9918		
81 87640 81 87641 5	59	1.00 041024 041024 1.00 041024 041024	220224			37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
	59 59		220224			49.86	15.07 28.00	0.00		9918		
81 87798		8.00 041024 041024				336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00			
NAME: PATRICIA 2024102		I1604774	.: 500001301000	MRN: 040524	040524	20.34	12.00		8.34	0.00	0.00	12.00
POS PROC CD N 81 80053	MODIFIERS	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 1 9918	EOBS	
81 36415		1.00 040524 040524	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: PATRICIA 2024109		I1611712	.: 500001301000	MRN: 041524	041524		12.00		6.50	0.00	0.00	12.00
POS PROC CD N 81 83036	MODIFIERS		RENDERING PROVIDER 220224			BILLED AMOUNT 14.00	ALLOWED NON-AllOWED 12.00 2.00	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 1 9918	EOBS	
81 36415		1.00 041524 041524	220224			4.50	0.00 4.50	0.00	0.00	3323		
		RECIPIENT ID I1603458 SERVICE DATES	: 530002154730 RENDERING	MRN: 040524	040524		213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
POS PROC CD N 81 87507	MODIFIERS		PROVIDER			AMOUNT 319.55	NON-Allowed 213.03 106.52	TPL 0.00 0.00	PAID 213.03		EOBS	

CMS 1500 CLAIMS PAID PAYEE ID DATE: 04/19/2024

PAGE: 266

220224

1930 EDWARDS LAKE ROAD SUITE 138

CORE DIAGNOSTIC LABORATORIES LLC

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY MOUNT	TPL AMOUNT	Г	PAID AMOUNT
NAME: KHACYI 2024	N HILLIARD 4107014163	RECIPIENT ID.: 530000272408 I1608560 SERVICE DATES RENDERING		040224	926.72 BILLED	514.00 ALLOWED	COPAY	412.72	0.00	(0.00	510.00
POS PROC CI 81 84156		UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00	PAID 4.00	DETAIL 9918	EOBS		
81 82570		1.00 040224 040224 220224			8.00	4.00 6.00 2.00	0.00 0.00 0.00	6.00	9918			
81 83069		1.00 040224 040224 220224			8.00	4.00 4.00	0.00	4.00	9918			
81 84311		2.00 040224 040224 220224			32.00	14.00 18.00	0.00	14.00				
81 82010		1.00 040224 040224 220224			16.00	0.00 16.00	0.00		4524			
81 82945 81 82247	59	1.00 040224 040224 220224 1.00 040224 040224 220224			8.00	4.00 4.00 5.00	0.00 0.00 0.00		9918 9918			
81 83986	37	1.00 040224 040224 220224			7.00	3.00 3.00 3.00	0.00		9918			
81 81007		2.00 040224 040224 220224			120.00	4.00 4.00	0.00		5900			
81 82043	QW	1.00 040224 040224 220224			7.58	116.00 6.00	0.00	6.00	9918			
81 87481	59	4.00 040224 040224 220224			168.00	1.58 112.00 56.00	0.00 0.00 0.00	112.00	9918			
81 87640	59	1.00 040224 040224 220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87653		1.00 040224 040224 220224			37.07	22.00 15.07	0.00	22.00				
81 87798		11.00 040224 040224 220224			462.00	308.00 154.00	0.00	308.00	9918			
NAME: KHACYI 2024	N HILLIARD 4107014176	RECIPIENT ID.: 530000272408	MRN: 041124	041124		50.00		172.58	0.00	(0.00	46.00
POS PROC CI 81 84156	O MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 8.00	4.00	TPL 0.00	PAID 4.00	DETAIL 9918	EOBS		
81 82570		1.00 041124 041124 220224			8.00	4.00 6.00 2.00	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

267

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	מסט מח	MODIFIEDO	UNITS	SERVICE DATES	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED	COPAY	PAID	DETAIL	EODC	
81	PROC CD 83069	MODIFIERS		FROM THRU 041124				8.00	NON-AllOWED 4.00	TPL 0.00		9918	FODS	
01	0000			011111 011111					4.00	0.00	1.00	3310		
81	84311		2.00	041124 041124	220224			32.00	14.00	0.00	14.00	9918		
0.1	00010							4.5.00	18.00	0.00		4=0.4		
81	82010		1.00	041124 041124	220224			16.00	0.00	0.00	0.00	4524		
81	82945		1 00	041124 041124	220224			8.00	16.00 4.00	0.00	4 00	9918		
01	02743		1.00	011121 011121	220224			0.00	4.00	0.00	4.00	JJ10		
81	82247	59	1.00	041124 041124	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81	83986		1.00	041124 041124	220224			7.00	3.00	0.00	3.00	9918		
0.1	01007		2 00	041104 041104	220224			100.00	4.00	0.00	0 00	F000		
81	81007		2.00	041124 041124	220224			120.00	4.00 116.00	0.00	0.00	5900		
81	82043	OW	1.00	041124 041124	220224			7.58	6.00	0.00	6.00	9918		
		z	_,_,						1.58	0.00				
		_												
NAME:		INTON			.: 530002077229	MRN:	000504	1 040 10	600 64		410 40	0 00	0 00	(20 (4
	20241	.03023316	I160616	SERVICE DATES	RENDERING	020524	020524	BILLED	629.64	: COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS					AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81		-		020524 020524				150.00	43.61	0.00		9918		
									106.39	0.00				
81	87486	59	1.00	020524 020524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	E O	1 00	020524 020524	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00	020524 020524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	020524 020524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	020524 020524	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.00		1 00	000504 000504	000004			25 25	106.02	0.00	00.00	0010		
81	87640		1.00	020524 020524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1 00	020524 020524	220224			37.07		0.00	22 00	9918		
01	07011	3,5	1.00	020321 020321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00	020524 020524	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	020524 020524	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	CORBIN	HOCUTT		RECIPIENT ID	.: 530001145240	MRN:								
		.02043469	I160345			022024	022024	948.98	614.03	}	334.95	0.00	0.00	614.03

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDTNA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידט		ZODC	
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL E 9918	FORS	
OΤ	0/400	39	1.00 022024 022024	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22 00	9918		
01	0/4/0	3,7	1.00 022024 022024	220224			37.07	15.07	0.00	22.00	J J I U		
81	87581	59	1.00 022024 022024	220224			42.00	28.00	0.00	28 00	9918		
01	07301	33	1.00 022021 022021	220221			12.00	14.00	0.00	20.00	JJ10		
81	87633		1.00 022024 022024	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 022021 022021	220221			310.03	106.02	0.00	212.05	JJ10		
81	87640		1.00 022024 022024	220224			37.07	22.00	0.00	22 00	9918		
01	07010		1.00 022021 022021	220221			37.07	15.07	0.00	22.00	JJ10		
81	87641	59	1.00 022024 022024	220224			37.07	22.00	0.00	22 00	9918		
01	07011	33	1.00 022021 022021	220221			37.07	15.07	0.00	22.00	JJ10		
81	87651	59	1.00 022024 022024	220224			49.86	28.00	0.00	28 00	9918		
01	07031	3,5	1.00 022021 022021	220221			17.00	21.86	0.00	20.00	JJ 10		
81	87798		8.00 022024 022024	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00 022021 022021	220221			330.00	112.00	0.00	221.00	JJ 10		
81	87651		1.00 022024 022024	220224			49.86	28.00	0.00	28 00	9918		
01	0,001		1.00 022021 022021	220221			19.00	21.86	0.00	20.00	3310		
NAME:		DLDBROOKS .03023338	RECIPIENT ID	530000849460	MRN: 040924	040924	54.54	38.93		15.61	0.00	0.00	38.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	80053		1.00 040924 040924	220224			15.84	12.00	0.00	12.00			
								3.84	0.00				
81	84443		1.00 040924 040924	220224			25.20	22.93	0.00	22.93	9918		
								2.27	0.00				
81	36415		1.00 040924 040924	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	85049		1.00 040924 040924	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:	ARMONIE			.: 530001035938	MRN:								
	20241	.03023349	I1606175		120523	120523	222.58			172.58	0.00	0.00	46.00
			SERVICE DATES	RENDERING			BILLED		COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS	
81	84156		1.00 120523 120523	220224			8.00	4.00	0.00	4.00	9918		
								4.00	0.00				
81	82570		1.00 120523 120523	220224			8.00	6.00	0.00	6.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

IC	CN	PAT ACCT NO.	DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				IPL MOUNT	PAID AMOUNT
DOG DDOG GD MODI	TETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידה		~	
POS PROC CD MODI 81 83069	IFIERS	UNITS FROM THRU 1.00 120523 120523	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00	PAID	DETAIL EOB 9918	5	
81 83009		1.00 120525 120525	220224			0.00	4.00	0.00	4.00	9910		
81 84311		2.00 120523 120523	220224			32.00	14.00	0.00	14.00	0010		
01 04311		2.00 120323 120323	220224			32.00	18.00	0.00	14.00	JJ10		
81 82010		1.00 120523 120523	220224			16.00	0.00	0.00	0 00	4524		
01 02010		1.00 120323 120323	220224			10.00	16.00	0.00	0.00	4324		
81 82945		1.00 120523 120523	220224			8.00	4.00	0.00	4 00	9918		
01 02919		1.00 120323 120323	220221			0.00	4.00	0.00	1.00	JJ±0		
81 82247 59		1.00 120523 120523	220224			8.00	5.00	0.00	5 00	9918		
01 02217 33		1.00 120323 120323	220221			0.00	3.00	0.00	3.00	JJ±0		
81 83986		1.00 120523 120523	220224			7.00	3.00	0.00	3 00	9918		
01 03300		1.00 120323 120323	220221			7.00	4.00	0.00	3.00	JJ10		
81 81007		2.00 120523 120523	220224			120.00	4.00	0.00	0 00	5900		
01 01007		2.00 120323 120323	220221			120.00	116.00	0.00	0.00	3700		
81 82043 QW		1.00 120523 120523	220224			7.58	6.00	0.00	6.00	9918		
01 02013 Q.		1.00 120020 120020	220221			,	1.58	0.00	0.00	J J I O		
							1.30	0.00				
NAME: ARMONIE HOLD	DEN	RECIPIENT ID	.: 530001035938	MRN:								
2024109083		I1611719		120523	120523	704.14	464.00		240.14	0.00	0.00	464.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87481 59		4.00 120523 120523	220224			168.00	112.00	0.00	112.00			
							56.00	0.00				
81 87640 59		1.00 120523 120523	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87653 59		1.00 120523 120523	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798		11.00 120523 120523	220224			462.00	308.00	0.00	308.00	9918		
							154.00	0.00				
NAME: LILY HOLLING			.: 530002177669	MRN:								
2024103023	3386	I1606185		040924	040924	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES				BILLED	ALLOWED	COPAY				
	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87486 59		1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498 59		1.00 040924 040924	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581 59		1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	r NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN	ЛТ	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DA	ATES CHRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87633			040924 040		220224			318.05	212.03 106.02	0.00	212.03				
81	87640		1.00	040924 040	924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	040924 040	924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040924 040	924	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	040924 040	924	220224			336.00	21.00 224.00 112.00	0.00	224.00	9918			
NAME:		OLLINGSWORTH			T ID	.: 530001050268	MRN:									
	20241	03023406	I160618	O SERVICE DA	\TEC	RENDERING	031324	031324	416.52 BILLED	267.41 ALLOWED	COPAY	149.11	0.00		0.00	239.41
POS	PROC CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87798	110211 11110		031324 031		220224			126.00	84.00	0.00		9918	пово		
										42.00	0.00					
81	87491	59	1.00	031324 031	L324	220224			49.86	28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00	031324 031	L324	220224			42.00	28.00	0.00	28.00	9918			
81	87529	59	1.00	031324 031	L324	220224			49.86	14.00 28.00	0.00	28.00	9918			
81	87591	59	1.00	031324 031	L324	220224			42.00	21.86 28.00	0.00	28.00	9918			
0.1	00.661	5.0	1 00	001004 001	1201	000004			20.20	14.00	0.00	01 50	0010			
81	87661	59	1.00	031324 031	L324	220224			32.30	21.53 10.77	0.00	21.53	9918			
81	87389		1.00	031324 031	L324	220224			36.00	23.88	0.00	23.88	9918			
81	83036		1.00	031324 031	L324	220224			14.00	12.12 12.00	0.00	12.00	9918			
81	80061		1.00	031324 031	L324	220224			20.00	2.00 14.00	0.00	14.00	9918			
81	36415		1.00	031324 031	L324	220224			4.50	6.00 0.00	0.00	0.00	3323			
										4.50	0.00					
NAME:	BRODY H	OLLINGSWORTH		RECIPIEN	NT ID	.: 530001050268	MRN:									
		03023423		1				031324	7.00	5.00		2.00	0.00		0.00	5.00
						RENDERING				ALLOWED						
			UNITS			PROVIDER			AMOUNT	NON-AllowED		PAID		EOBS		
81	86592		1.00	031324 031	1324	22U22 4			7.00	5.00 2.00	0.00	5.00	9918			

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

_	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: SHANNON H 2024102	2044138	I1604360 SERVICE DATES	: 53000045677 RENDERING	MRN: 040324	040324	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD M 81 G0482	MODIFIERS	UNITS FROM THRU 1.00 040324 040324	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL E 9918	IOBS	
NAME: BRAYDEN H 2024099		RECIPIENT ID I1601274	.: 530000134797	MRN: 121923	121923	1,004.42	635.17		369.25	0.00	0.00	635.17
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 87486 5	59	1.00 121923 121923	220224			42.00	28.00	0.00	28.00	9918		
01 07400 5	. 0	1 00 101002 101002	000004			27 07	14.00	0.00	00.00	0.01.0		
81 87498 5	9	1.00 121923 121923	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 5	39	1.00 121923 121923	220224			42.00	28.00	0.00	28.00	9918		
01 07301 3	, ,	1.00 121723 121723	220221			12.00	14.00	0.00	20.00	JJ±0		
81 87633		1.00 121923 121923	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87634 5	59	1.00 121923 121923	220224			105.30	49.14	0.00	49.14	9918		
							56.16	0.00				
81 87640		1.00 121923 121923	220224			37.07	22.00	0.00	22.00	9918		
01 08641 5	. 0	1 00 101000 101000	000004			25 25	15.07	0.00	00.00	0.01.0		
81 87641 5	.9	1.00 121923 121923	220224			37.07	22.00	0.00	22.00	9918		
81 87651 5	: a	1.00 121923 121923	220224			49.86	15.07 28.00	0.00	28.00	0010		
81 87031 3))	1.00 121923 121923	220224			49.00	21.86	0.00	20.00	9910		
81 87798		8.00 121923 121923	220224			336.00	224.00	0.00	224.00	9918		
02 07770		0.00 ===>=0					112.00	0.00		2220		
NAME: HUNTER HO			.: 530000677712	MRN:								
2024109	0083220	I1612940		041624	041624	1,049.12	629.64		419.48	0.00	0.00	629.64
	10D T E T E D C					BILLED	ALLOWED	COPAY	DATE		10DC	
POS PROC CD M			PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87486 5) <i>)</i>	1.00 041624 041624	220224			42.00	28.00 14.00	0.00	∠0.00	9918		
81 87498 5	; 9	1.00 041624 041624	220224			37.07	22.00	0.00	22 00	9918		
01 0/100 0		1.00 011021 011021	220221			37.07	15.07	0.00	22.00	J J ± 0		
81 87581 5	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041624 041624	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

272

		ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL		<u> ኮ</u> ሞኒኒ ፲ ፣	FORG	
81	87640	MODIFIERS	1.00 041624 041624 220224			37.07	22.00 15.07	0.00		9918	EOBS	
81	87641	59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041624 041624 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041624 041624 220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041624 041624 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	DICKIE 20241	HOLT .09083243	RECIPIENT ID.: 53000196670 I1611727		041124	174.33	116.22	2	58.11	0.00	0.00	116.22
DOG			SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			HODG	
	G0482	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11		PAID 116.22		FORS	
NAME:	JOURNI	HONEYCUTT	RECIPIENT ID.: 53000186203	6 MRN:								
	20241	.03023471	I1606194 SERVICE DATES RENDERING	041024	041024	1,049.12 BILLED	629.64 ALLOWED	ł COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 041024 041024 220224			150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 041024 041024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 041024 041024 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041024 041024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041024 041024 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041024 041024 220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 041024 041024 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87651	59	1.00 041024 041024 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041024 041024 220224			336.00	21.86 224.00 112.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATE FROM THRU		ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: OLIVER HONEYCUT 2024107014184		MRN: 040524 0405	524 1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIE			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL EC 9918	OBS	
81 87486 59	1.00 040524 040524 220224		42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59	1.00 040524 040524 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 040524 040524 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 040524 040524 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 040524 040524 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59 81 87651 59	1.00 040524 040524 220224 1.00 040524 040524 220224		37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87798	8.00 040524 040524 220224		336.00	21.86 224.00	0.00	224.00			
01 0,750	0.00 010321 010321 220221		330.00	112.00	0.00	221.00	3310		
NAME: HALEY HOOD 2024099022851	RECIPIENT ID.: 530001343309	MRN: 040324 0403		305.64		241.48	0.00	0.00	305.64
POS PROC CD MODIFIE	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
81 87635	1.00 040324 040324 220224		150.00	43.61 106.39	0.00	43.61	9918		
81 87498 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040324 040324 220224		318.05	212.03 106.02	0.00	212.03	9918		
NAME: ZANDER HOPE 2024102047125		MRN: 040824 0408		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 040824 040824 220224			ALLOWED NON-AllOWED 28.00 14.00	\mathtt{TPL}	28.00	DETAIL EG	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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 E	ZOBS	
81	87498	59		040824 040824				37.07	22.00	0.00		9918	1000	
									15.07	0.00				
81	87581	59	1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	040824 040824	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00	040024 040024	22022 4			318.05	212.03 106.02	0.00	212.03	9910		
81	87640		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1	00651	5 0	1 00	0.4.0.0.4.0.4.0.0.4	000004			10.06	15.07	0.00	00.00	0010		
81	87651	59	1.00	040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8 00	040824 040824	220224			336.00	224.00	0.00	224.00	9918		
01	07750		0.00	010021 010021	220221			330.00	112.00	0.00	221.00	J J ± 0		
NAME	: KEATON				D.: 530000186504	MRN:								
	20241	.07014198	I161057			041124	041124	113.54	75.93		37.61	0.00	0.00	75.93
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ZORS	
81	80053	MODIFIERS		041124 041124				15.84	12.00	0.00		9918	2005	
01	00000		1.00	011111 011111				10.01	3.84	0.00	12.00	J J I O		
81	86677		1.00	041124 041124	220224			35.00	18.00	0.00	18.00	9918		
									17.00	0.00				
81	83036		1.00	041124 041124	220224			14.00	12.00	0.00	12.00	9918		
81	84443		1 00	041124 041124	220224			25.20	2.00 22.93	0.00	22 93	9918		
01	01113		1.00	041124 041124	220221			25.20	2.27	0.00	22.73	JJ±0		
81	84436	59	1.00	041124 041124	220224			10.00	7.00	0.00	7.00	9918		
									3.00	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	220224			0 00	4.50	0.00	4 00	0010		
81	85049		1.00	041124 041124	22022 4			9.00	4.00 5.00	0.00	4.00	9918		
									3.00	0.00				
NAME					D.: 530001172874	MRN:								
	20241	.07014211	I160858			032824	032824		41.00		18.84	0.00	0.00	41.00
D 0 0	DD06 65	MODIFIES		SERVICE DATES					ALLOWED		D.3.T.D.	D-0-0-1-1-	1000	
		MODIFIERS	UNITS		PROVIDER				NON-AllOWED		PAID 12.00		EORS	
ОΤ	80053		1.00	032824 032824	22U22 4			15.84		0.00		3310		
									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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

ICN POS PROC CD MODIFIERS 81 82306	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032824 032824 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 44.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 29.00 15.00	ALI COPAY TPL	OWED PAID 29.00	AMOUNT A	TPL MOUNT S	PAID AMOUNT
NAME: MELINDA HORNSBY 2024107014219 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530002210204 11608583 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	PAID 116.22	DETAIL EOE		116.22
NAME: MAJESTIK HORTON 2024102044150 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.: 530000808025 I1604362 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 8.00 040824 040824 220224	MRN: 040824 040824			COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID	DETAIL EOE 9918 9918 9918 9918 9918 9918 9918 991		629.64
2024107014229 POS PROC CD MODIFIERS 81 87498 59	RECIPIENT ID.: 530002089973 I1608587 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224 1.00 040424 040424 220224	MRN: 040424 040424			COPAY	PAID 22.00	DETAIL EOE 9918		417.64

CRA-PRPD-R REPORT: 3524808 RA#:

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: PROVIDER REMITTANCE ADVICE

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

276

ICN	PAT ACCT 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 81 87633	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			AMOUNT 318.05	NON-AllowED 212.03 106.02	TPL 0.00 0.00	PAID 212.03	DETAIL E 9918	OBS	
81 87798	4.00 040424 040424 220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87635	1.00 040424 040424 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: PRINCE HOSKINS 2024103023486	RECIPIENT ID.: 530002272480 I1606202 SERVICE DATES RENDERING	MRN: 040924	040924	764.98 BILLED	445.64 ALLOWED	COPAY	319.34	0.00	0.00	445.64
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	ORS	
81 87498 59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00		9918	ODD	
81 87581 59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 040924 040924 220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87635	1.00 040924 040924 220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87651	1.00 040924 040924 220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME: LYLA HOVATER	RECIPIENT ID.: 530001661723	MRN:								
2024109083258	I1611734	041524	041524	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	TPL	PAID	DETAIL E	OBS	
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	0.00	28.00	9918		
81 87633	1.00 041524 041524 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87798	4.00 041524 041524 220224			168.00	106.02 112.00	0.00	112.00	9918		
					56.00	0.00				
NAME: ABIGAIL HOWARD 2024103023500	RECIPIENT ID.: 530001686652 I1606206		013024	547.12	305.64		241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 013024 013024 220224				ALLOWED NON-AlloWED	COPAY	PAID			

CMS 1500 CLAIMS PAID

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

NAME: ALICAN LOCAN NOTIFIED NOTIFI	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
81 8763 5 9 1.00 013024 013024 220224	DOC DDOC OD MODIETEDO						חד גע	ספיאדו פיסטכ		
11.00 1.00										
0	81 87381 39	1.00 013024 013024 220224		42.00			20.00	9910		
NAME: ALTIAH HOMARD 2024107014243 T1610576 TRECIPIENT ID:: 530000614805 MRN: 041224 041224	Q1 Q7633	1 00 013024 013024 220224		210 05			212 02	0010		
NAME: ALJAH HOWARD RECIPIENT ID : 530000614805 NAME: NAME: ALJAH HOWARD NAME: ALJAH	01 07033	1.00 013024 013024 220224		310.03			212.03	9910		
NAME: ALIAH HOWARD 2024107014243	81 87635	1 00 013024 013024 220224		150 00			43 61	9918		
Name Record Name Record Recor	01 07033	1.00 013021 013021 220221		130.00			13.01	JJ 10		
Transfer										
STATE STAT										
POS PROC CD MODIFIERS NOTH FROM THEN PROVIDER 1.00 041224 041224 220224 15.84 12.00 0.00 12.00 9918 12.00 9918 12.00 12.00 9918 12.00 12	2024107014243		041224 041224				27.49	0.00	0.00	53.00
81 80053										
S										
81 83036	81 80053	1.00 041224 041224 220224		15.84			12.00	9918		
NAME ALAYAH HOWARD SERVICE DATES SENDERING SUNTS FROM THRU PROVIDER SUNTS SERVICE DATES SENDERING SUNTS SERVICE DATES SUNTS SUNTS SERVICE DATES SUNTS										
81 80061	81 83036	1.00 041224 041224 220224		14.00			12.00	9918		
Signature Sign	0.1	1 00 041004 041004 000004		00.00			1.4.00	0.01.0		
81 83525	81 80061	1.00 041224 041224 220224		20.00			14.00	9918		
81 36415	01 02525	1 00 041004 041004 000004		17 15			11 00	0010		
81 8549	81 83525	1.00 041224 041224 220224		1/.15			11.00	9918		
81 85049	01 26/15	1 00 041224 041224 220224		4 50			0 00	2272		
81 85049	81 30413	1.00 041224 041224 220224		4.50			0.00	3343		
NAME: ALJAH HOWARD 20241-7014254	81 85049	1 00 041224 041224 220224		9 00			4 00	9918		
NAME: ALJAH HOWARD 2024107014254 11610577 SERVICE DATES RENDERING 941224 04124 04124 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 041224 0	01 03045	1.00 041224 041224 220224		2.00			4.00	JJ10		
The color of the										
POS PROC CD MODIFIERS	NAME: AIJAH HOWARD	RECIPIENT ID.: 530000614805	MRN:							
POS PROC CD MODIFIERS UNITS FROM THRU 1.00 041224 041224 220224 220224 27.89 22.93 0.00 22.93 9918 27.89 22.93 2	2024107014254	I1610577	041224 041224	27.89	22.93		4.96	0.00	0.00	22.93
81 84443		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
NAME: ALAYAH HOWARD RECIPIENT ID.: 530001674622 MRN: 2024107014257 I1608588 RENDERING 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 87635 1.00 041124 041124 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 041124 041124 220224 4200 2800 0.00 28.00 9918 81 87498 59 1.00 041124 041124 220224 37.07 22.00 0.00 22.00 9918	POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
NAME: ALAYAH HOWARD	81 84443	1.00 041224 041224 220224		27.89				9918		
2024107014257					4.96	0.00				
2024107014257		DEGIDIENT ID • E20001674623) MIDAT •							
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87635				1 0/0 10	620 64		110 10	0 00	0 00	620 64
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87635 1.00 041124 041124 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 041124 041124 220224 42.00 28.00 0.00 28.00 9918 81 87498 59 1.00 041124 041124 220224 37.07 22.00 0.00 22.00 9918	202410/01425/		041124 041124				419.40	0.00	0.00	029.04
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	DOG DDOG CD MODIFIEDG						DVLD	DETATI. FORS		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$										
81 87486 59 1.00 041124 041124 220224 42.00 28.00 0.00 28.00 9918 14.00 0.00 81 87498 59 1.00 041124 041124 220224 37.07 22.00 0.00 22.00 9918	01 07033	1.00 011121 011121 220221		130.00			43.0T	J J ± U		
14.00 0.00 81 87498 59 1.00 041124 041124 220224 37.07 22.00 0.00 22.00 9918	81 87486 59	1 00 041124 041124 220224		42 00			28 00	9918		
81 87498 59 1.00 041124 041124 220224 37.07 22.00 0.00 22.00 9918	01 07100 33	1.00 011121 011121 220221		12.00			20.00	J J ± 0		
	81 87498 59	1.00 041124 041124 220224		37.07			22.00	9918		
15.07 0.00		-		, .	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS		ERING		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
81 87581	MODIFIERS 59	UNITS FROM THRU PROVI 1.00 041124 041124 22022			42.00	28.00	0.00		9918	CBS	
01 07301	39	1.00 041124 041124 22022	21		42.00	14.00	0.00	20.00	9910		
81 87633		1.00 041124 041124 22022	24		318.05	212.03	0.00	212.03	9918		
01 07033		1.00 011121 011121 22022	2.1		310.03	106.02	0.00	212.03	JJ10		
81 87640		1.00 041124 041124 22022	24		37.07	22.00	0.00	22 00	9918		
01 07010		1.00 011121 011121 22022	2.1		37.07	15.07	0.00	22.00	JJ±0		
81 87641	59	1.00 041124 041124 22022	2.4		37.07	22.00	0.00	22.00	9918		
01 07011	3,5	1.00 011121 011121 2202.			37.07	15.07	0.00	22.00	3310		
81 87651	59	1.00 041124 041124 22022	2.4		49.86	28.00	0.00	28.00	9918		
0_ 0,00_			- -		27.00	21.86	0.00		, , <u>, , , , , , , , , , , , , , , , , </u>		
81 87798		8.00 041124 041124 22022	24		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: QUINLEI	GH HOWARD	RECIPIENT ID.: 530	0002353454 MRN:								
20241	.09083265	I1611737	041524	041524	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES RENDI	ERING		BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVI	IDER		AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87486	59	1.00 041524 041524 22022	24		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498	59	1.00 041524 041524 22022	24		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 041524 041524 22022	24		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 041524 041524 22022	24		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 041524 041524 22022	24		37.07	22.00	0.00	22.00	9918		
01 08641	5 0	1 00 041504 041504 00004	0.4		25 25	15.07	0.00	00.00	0010		
81 87641	59	1.00 041524 041524 22022	24		37.07	22.00	0.00	22.00	9918		
01 07651	F.O.	1 00 041504 041504 0000	0.4		40.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 041524 041524 22022	24		49.86	28.00	0.00	28.00	9918		
01 07700		0 00 041524 041524 2202	2.4		226 00	21.86	0.00	224 00	0010		
81 87798		8.00 041524 041524 22022	24		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NINME · CIINNINI	ממעשטוו ע:	RECIPIENT ID.: 530	0001304683 MRN:								
NAME: SHANAVI		I1603471		012324	152 21	94.00		59.21	0.00	0.00	94.00
ZUZ41	.0404340/	SERVICE DATES RENDI		U14344		ALLOWED	COPAY	JJ. 41	0.00	0.00	34.UU
POS PROC CD	MUDIEIEDG	UNITS FROM THRU PROVI				NON-AllowED		חדעם	הההאדו. ה	OBS	
81 87481		1.00 012324 012324 22022			42.00			28.00		000	
01 0/401		1.00 012321 012321 22022	<u>.</u>		12.00		0.00		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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES RENDER			BILLED	ALLOWED	COPAY				
POS PROC CD 81 87640	MODIFIERS 59	UNITS FROM THRU PROVID 1.00 012324 012324 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL 1	EOBS	
01 07010	3,7	1.00 012321 012321 22022			37.07	15.07	0.00	22.00	JJ±0		
81 87653	59	1.00 012324 012324 220224			37.07	22.00	0.00	22.00	9918		
0.1					0.7.07	15.07	0.00				
81 87641	59	1.00 012324 012324 220224			37.07	22.00 15.07	0.00	22.00	9918		
						15.07	0.00				
NAME: CLINT	HOWELL	RECIPIENT ID.: 5300	01123849 MRN:								
2024	107014266	I1608592		040224		629.64		419.48	0.00	0.00	629.64
	MODIFIED	SERVICE DATES RENDER			BILLED	ALLOWED	COPAY	ח א ד ה		E O D C	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVID 1.00 040224 040224 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61	DETAIL 1	EOBS	
01 07033		1.00 040224 040224 220224			130.00	106.39	0.00	43.01	JJ±0		
81 87486	59	1.00 040224 040224 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498	59	1.00 040224 040224 220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040224 040224 220224			42.00	15.07 28.00	0.00	28.00	0010		
01 07301	39	1.00 040224 040224 220224			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 040224 040224 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 040224 040224 220224			37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 040224 040224 220224			37.07	15.07 22.00	0.00	22.00	0010		
01 0/041	39	1:00 040224 040224 220224			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 040224 040224 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 040224 040224 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: KHALIL	HUBBARD	RECIPIENT ID.: 5300	02325409 MRN:								
2024	107014280	I1608593	040124	040124	565.12			191.09	0.00	0.00	374.03
		SERVICE DATES RENDER					COPAY				
POS PROC CD 81 87498	MODIFIERS 59	UNITS FROM THRU PROVID 1.00 040124 040124 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL 1	EOBS	
01 0/490	59	1.00 040124 040124 220224			37.07	15.07	0.00	22.00	9910		
81 87581	59	1.00 040124 040124 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 040124 040124 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT N	10.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87798	MODIFIERS	UNITS FR	ROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL E		
NAME:		CKEBA 07014286	I1608594		.: 530001265587	MRN: 033024	033024	843.74	552.00		291.74	0.00	0.00	496.00
POS 81	PROC CD 87481	MODIFIERS 59	UNITS FR	ROM THRU	RENDERING PROVIDER 220224			BILLED 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 03	33024 033024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 03	33024 033024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 03	33024 033024	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1.00 03	33024 033024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		2.00 03	33024 033024	220224			84.00	56.00 28.00	0.00	0.00	5000		
81	87086		1.00 03	33024 033024	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:		UDDLESTON 07014301	I1608595	RECIPIENT ID	.: 530000936137	MRN: 040124	040124	899.12	586.03		313.09	0.00	0.00	586.03
		MODIFIERS	UNITS FR	ROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E	EOBS	
81	87498	59	1.00 04	10124 040124	220224			37.07	14.00 22.00	0.00	22.00	9918		
81	87581	59	1.00 04	10124 040124	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00 04	10124 040124	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00 04	10124 040124	220224			37.07	106.02 22.00	0.00	22.00	9918		
81	87641	59	1.00 04	10124 040124	220224			37.07	15.07 22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 04	10124 040124	220224			49.86	28.00 21.86	0.00 0.00 0.00	28.00	9918		

REPORT: CRA-PRPD-R 3524808 RA#:

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 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 083131776 ISSUE DATE 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NC ALI			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 040124 040124 220224		BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00				
NAME: KENLEY HUDSON 2024107014326	RECIPIENT ID.: 530002413471 I1608599 SERVICE DATES RENDERING	MRN: 040224 040224	565.12 BILLED	374.03	S COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 040224 040224 220224		AMOUNT 37.07	NON-Allowed	TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		
81 87581 59	1.00 040224 040224 220224		42.00	28.00 14.00	0.00		9918		
81 87633	1.00 040224 040224 220224		318.05	212.03 106.02	0.00	212.03			
81 87798	4.00 040224 040224 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: KENNETH HUDSON 2024107014332	RECIPIENT ID.: 530002280271 I1608598	MRN: 040224 040224	565.12			191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 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 040224 040224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040224 040224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 040224 040224 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: TAMARA HUDSON 2024107014338	RECIPIENT ID.: 530001067130 I1608600 SERVICE DATES RENDERING	MRN: 040224 040224	174.33 BILLED	116.22	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 040224 040224 220224		AMOUNT 174.33	NON-AllowED	TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
NAME: JOHN HUETT 2024109083274	RECIPIENT ID.: 530000726629 I1611740 SERVICE DATES RENDERING	MRN: 030624 030624	9.00 BILLED	4.00		5.00	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 85049	UNITS FROM THRU PROVIDER 1.00 030624 030624 220224		AMOUNT 9.00	NON-AllowED		4.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
NAME:		HUGHES)99022869		MRN: 032624	032624		223.05 ALLOWED		174.07	0.00	0.00	223.05
		MODIFIERS 59	UNITS FROM THRU PROVIDER			AMOUNT 37.07	NON-Allowed	TPL	PAID 18.94		S	
81	87581	59	1.00 032624 032624 220224			42.00	18.94 23.06	0.00	18.94	9918 9936		
81	87633		1.00 032624 032624 220224			318.05	185.17 132.88		185.17	9918 9936		
NAME:			RECIPIENT ID.: 530001960860		0.41.004	174 22	116 22		ΓΟ 11	0 00	0.00	116 22
	20241	109083291	I1611741 SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				116.22
POS 91	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224			AMOUNT	NON-AllOWED	TPL	PAID 116 22	DETAIL EOB	S	
01	00102		1.00 011021 011021 220221			171.33		0.00		JJ10		
NAME:			RECIPIENT ID.: 530000940038	MRN:								
	20241	107014345	I1608606 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	040524	040524	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81	8/651		1.00 040524 040524 220224			49.86		0.00	28.00	9918		
NAME:			RECIPIENT ID.: 530001564806	MRN:								
		103023531	SERVICE DATES RENDERING			RTLLED	168.93	COPAY	94.43	0.00	0.00	168.93
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL			S	
81	80053		1.00 021924 021924 220224			15.84	12.00		12.00	9918		
81	36415		UNITS FROM THRU PROVIDER 1.00 021924 021924 220224 1.00 021924 021924 220224			4.50	3.84 0.00	0.00 0.00	0.00	3323		
							4.50	0.00				
81	86800		1.00 021924 021924 220224			23.00	15.00 8.00	0.00 0.00	15.00	9918		
81	84432		1.00 021924 021924 220224			24.00	17.00	0.00	17.00	9918		
Ω1	0 = 0 4 0		1 00 021024 021024 220224			0.00	7.00	0.00	4 00	0010		
81	85049		1.00 021924 021924 220224			9.00	4.00 5.00	0.00 0.00	4.00	9918		
81	82607		1.00 021924 021924 220224			22.00	17.00 5.00	0.00	17.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	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 82746		1.00 021924 021924	220224			22.00	13.00	0.00	13.00	9918		
							9.00	0.00				
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	0.00	10.00	9918		
							3.11	0.00				
81 82728		1.00 021924 021924	220224			40.00	13.00	0.00	13.00	9918		
							27.00	0.00				
81 84481		1.00 021924 021924	220224			24.00	16.00	0.00	16.00	9918		
							8.00	0.00				
81 86376		1.00 021924 021924	220224			21.00	15.00	0.00	15.00	9918		
							6.00	0.00				
81 84443		1.00 021924 021924	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 84436	59	1.00 021924 021924	220224			10.00	7.00	0.00	7.00	9918		
							3.00	0.00				
	am	556555555		1577.								
NAME: JAXON H).: 530001316171	MRN:	020504	764 00	445 64		210 24	0 00	0 00	445 64
20241	.03023580	I1606227	DENDEDTNG	030524	030524	764.98	445.64		319.34	0.00	0.00	445.64
DOG DDOG GD	MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD			
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87635		1.00 030524 030524	220224			150.00	43.61	0.00	43.61	9918		
01 07651		1 00 030534 030534	220224			40.06	106.39	0.00	20.00	0.01.0		
81 87651		1.00 030524 030524	220224			49.86	28.00	0.00	28.00	9910		
81 87498	59	1.00 030524 030524	220224			37.07	21.86	0.00	22 00	0010		
01 0/490	59	1.00 030524 030524	220224			37.07	22.00	0.00 0.00	22.00	9910		
81 87581	59	1.00 030524 030524	220224			42.00	15.07 28.00		28.00	0010		
01 0/301	59	1.00 030324 030324	220224			42.00	14.00	0.00 0.00	20.00	9910		
81 87633		1.00 030524 030524	220224			318.05	212.03	0.00	212.03	0010		
01 07033		1.00 030324 030324	220224			310.03	106.02	0.00	212.03	9910		
81 87798		4.00 030524 030524	220224			168.00	112.00	0.00	112.00	0010		
01 01170		4.00 030324 030324	220224			100.00	56.00	0.00	112.00	J J I O		
							30.00	0.00				
NAME: JOSHIIA	HURST	RECIPIENT ID	530001316170	MRN:								
20241	.07014353	T1610589	. 5555551510170		030524	596 98	90.31		506.67	0.00	183.36	90.31
20211	.0,011000	SERVICE DATES	RENDERING	050521	00001		ALLOWED		300.07		100.00	20.51
POS PROC CD	MODIFIERS		PROVIDER				NON-Allowed		PAID	DETATI EORS		
81 87651	1102111110	1.00 030524 030524				49.86	6.25		6.25			
01 0,001		1.00 00021 00021				17.00		0.00	0.23			
							10.01	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3524808 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID

PAGE:

DATE: 04/19/2024

BIRMINGHAM, AL $35235-2/18$ ISSUE DATE $04/19/2024$	CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
	1930 EDWARDS LAKE ROAD	NPI ID	1598266421
	SUITE 138	CHECK/EFT NUMBER	083131776
	BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

-	ICN	PAT ACCT NO.	SERVICE FROM	THRU	AMOUNT	AMOUNT	NO ALL	OWED A	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD N 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030524 030524 220224			BILLED AMOUNT 150.00	NON-AllOWED	COPAY TPL 0.00 0.00	PAID	DETAIL EO 9918 9936		
81 87498 5	59	1.00 030524 030524 220224			37.07	6.25 30.82	0.00	6.25	9918 9936		
81 87581 5	59	1.00 030524 030524 220224			42.00	6.25 35.75	0.00	6.25	9918 9936		
81 87633		1.00 030524 030524 220224			318.05	61.11 256.94	0.00	61.11	9918 9936		
	HURST 9083307	RECIPIENT ID.: 530002178921 I1611744		041524		213.03	CODAY	106.52	0.00	0.00	213.03
POS PROC CD N 81 87507	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224			AMOUNT 319.55	NON-AllOWED 213.03		PAID 213.03		BS	
	ГТ 2043501	RECIPIENT ID.: 530000269748 I1603475 SERVICE DATES RENDERING		040224		116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD N 81 G0482		UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			AMOUNT 174.33	NON-AllOWED 116.22	\mathtt{TPL}	PAID 116.22		BS	
NAME: MYRA HYAT 2024102		RECIPIENT ID.: 530000570245 I1604780 SERVICE DATES RENDERING		040824	268.51 BILLED	174.93	COPAY	93.58	0.00	0.00	174.93
POS PROC CD N 81 80053	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224				NON-AllOWED		PAID 12.00		BS	
81 80061		1.00 040824 040824 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 040824 040824 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 040824 040824 220224			9.00	4.00 5.00	0.00	4.00	9918		
81 82607		1.00 040824 040824 220224			22.00	17.00 5.00	0.00	17.00	9918		
81 82306		1.00 040824 040824 220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83540		1.00 040824 040824 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

285

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODITEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		D.C.	
POS PROC CD 81 83550	MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	BS	
81 83550		1.00 040824 040824	22022 4			13.11	10.00 3.11	0.00	10.00	9910		
81 82728		1.00 040824 040824	220224			40.00	13.00	0.00	13.00	9918		
01 02720		1.00 040024 040024	22022 1			40.00	27.00	0.00	13.00	J J ± 0		
81 84481		1.00 040824 040824	220224			24.00	16.00	0.00	16.00	9918		
01 01101		1.00 010021 010021	220221			21.00	8.00	0.00	10.00	JJ±0		
81 83036		1.00 040824 040824	220224			14.00	12.00	0.00	12.00	9918		
02 00000							2.00	0.00		,,,,		
81 84443		1.00 040824 040824	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 84436	59	1.00 040824 040824	220224			10.00	7.00	0.00	7.00	9918		
							3.00	0.00				
81 83525		1.00 040824 040824	220224			17.15	11.00	0.00	11.00	9918		
							6.15	0.00				
NAME: ALLANA			530002253972	MRN:								
20241	.03023598	I1606230		011824	011824	125.00			69.52	0.00	0.00	55.48
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 G0480		1.00 011824 011824	220224			125.00	55.48	0.00	55.48	9918		
							69.52	0.00				
NIA NGO - 12 DNIGIT D	TNODAM	DEGIDIENE ID		MIDNT •								
NAME: KENZIE			530001367949	MRN:	041004	000 10	E06 02		212 00	0 00	0 00	E06 02
20241	.07014377	I1610592	DENDEDING	041224	041224	899.12	586.03		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 EC	DC	
81 87486	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00		מם	
01 07400	39	1.00 041224 041224	220224			12.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
01 07100	3,7	1.00 011221 011221	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
01 07001		_,,,,					14.00	0.00	_0.00	,,,,		
81 87633		1.00 041224 041224	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041224 041224	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

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224

NPI ID 1598266421

CHECK/EFT NUMBER 083131776

ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 041224 041224 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 336.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL	PAID 224.00	AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
NAME: TINA INGRAM 2024109083320 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002375363 I1611746 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224	MRN: 040924 040924	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		0.00 DETAIL EOBS 9918 9918	0.00	172.09
NAME: KAVION IRBY 2024107014390 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.: 530001691620 I1608612 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 8.00 041124 041124 220224	MRN: 041124 041124	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86 336.00	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 22.00 15.07 22.00 15.07 22.00 15.07 22.00 15.07 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	28.00 22.00 28.00 212.03 22.00 22.00 28.00 224.00	9918 9918 9918	0.00	629.64
NAME: JAMIYA ISABELL 2024103023610 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530001618990 I1606234 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	MRN: 031224 031224		NON-Allowed	COPAY	PAID 0.00			128.00

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 031224 031224	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 031224 031224	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81	87640		1.00 031224 031224	220224			37.07	22.00 15.07	0.00	0.00	5000		
81	87641	59	1.00 031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 031224 031224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 031224 031224	220224			336.00	224.00 112.00	0.00 0.00	0.00	5000		
NAME:	MARIAH 20241	ISABELL .03023625	RECIPIENT ID	.: 530001618992	MRN: 031224	031224	1,049.12	629.64	<u>l</u>	419.48	0.00	0.00	128.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 031224 031224	220224			150.00	43.61 106.39	0.00 0.00	0.00	5000		
81	87486	59	1.00 031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81	87640		1.00 031224 031224	220224			37.07	22.00 15.07	0.00	0.00	5000		
81	87641	59	1.00 031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 031224 031224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 031224 031224	220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME:	EVERLEI 20241	GH IVEY .09083336	RECIPIENT ID	.: 530002102837	MRN: 041524	041524	1,049.12	629.64	Į.	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO. Alili		OPAY MOUNT	TPL AMOUNT		PAID AMOUNT
				SERVICE DA	ATES	RENDERING	11011	11110	BILLED	ALLOWED	COPAY			11100111		11100111
POS	PROC CD	MODIFIERS	UNITS			PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00	041524 041	1524	220224			150.00	43.61	0.00	43.61	9918			
0.1	07406	F.O.	1 00	041504 041	1 - 0 4	000004			40.00	106.39	0.00	00.00	0010			
81	87486	59	1.00	041524 041	1524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1 00	041524 041	1524	220224			37.07	22.00	0.00	22.00	9918			
01	0/4/0	3,5	1.00	041324 041	1324	220224			37.07	15.07	0.00	22.00	JJ10			
81	87581	59	1.00	041524 041	1524	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81	87633		1.00	041524 041	1524	220224			318.05	212.03	0.00	212.03	9918			
										106.02	0.00					
81	87640		1.00	041524 041	1524	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81	87641	59	1.00	041524 041	1524	220224			37.07	22.00	0.00	22.00	9918			
0.1	07651	го	1 00	041504 041	1	220224			40.06	15.07	0.00	20.00	0010			
81	87651	59	1.00	041524 041	1524	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8 00	041524 041	1524	220224			336.00	224.00	0.00	224.00	9918			
01	01150		0.00	041324 041	1324	220224			330.00	112.00	0.00	224.00	JJ10			
										112.00	0.00					
NAME:	HARMONY	ZIVEY		RECIPIEN	NT ID	.: 530002405734	MRN:									
NAME:		T IVEY .09083349	I161174		NT ID	.: 530002405734	MRN: 041524	041524	1,049.12	629.64		419.48	0.00	0	.00	629.64
	20241	.09083349		8 SERVICE DA	ATES	RENDERING		041524	BILLED	ALLOWED	COPAY				.00	629.64
POS	20241 PROC CD		UNITS	8 SERVICE DA FROM T	ATES IHRU	RENDERING PROVIDER		041524	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		.00	629.64
POS	20241	.09083349	UNITS	8 SERVICE DA	ATES IHRU	RENDERING		041524	BILLED	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00		DETAIL		.00	629.64
POS 81	20241 PROC CD 87635	MODIFIERS	UNITS 1.00	8 SERVICE DA FROM T 041524 041	ATES FHRU 1524	RENDERING PROVIDER 220224		041524	BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL 9918		.00	629.64
POS	20241 PROC CD	.09083349	UNITS 1.00	8 SERVICE DA FROM T	ATES FHRU 1524	RENDERING PROVIDER		041524	BILLED AMOUNT	ALLOWED NON-AllOWED 43.61 106.39 28.00	COPAY TPL 0.00 0.00 0.00	PAID	DETAIL 9918		.00	629.64
POS 81	20241 PROC CD 87635 87486	MODIFIERS 59	UNITS 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041	ATES THRU 1524	RENDERING PROVIDER 220224 220224		041524	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918 9918		.00	629.64
POS 81	20241 PROC CD 87635	MODIFIERS	UNITS 1.00 1.00	8 SERVICE DA FROM T 041524 041	ATES THRU 1524	RENDERING PROVIDER 220224		041524	BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61	DETAIL 9918 9918		.00	629.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	UNITS 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041	ATES THRU 1524 1524	RENDERING PROVIDER 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00	DETAIL 9918 9918 9918		.00	629.64
POS 81	20241 PROC CD 87635 87486	MODIFIERS 59	UNITS 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041	ATES THRU 1524 1524	RENDERING PROVIDER 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00	DETAIL 9918 9918 9918		.00	629.64
POS 81 81	20241 PROC CD 87635 87486 87498	MODIFIERS 59 59	UNITS 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041	ATES FHRU 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07	ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00	DETAIL 9918 9918 9918 9918		.00	629.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87581	MODIFIERS 59 59	UNITS 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041	ATES FHRU 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00	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 0.00 0.00 0.00 0.00 0.00 0.	PAID 43.61 28.00 22.00 28.00 212.03	DETAIL 9918 9918 9918 9918		.00	629.64
POS 81 81 81	20241 PROC CD 87635 87486 87498 87581	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041	ATES FHRU 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00	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	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	DETAIL 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041 041524 041	ATES THRU 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041	ATES THRU 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	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	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	DETAIL 9918 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041 041524 041 041524 041	ATES THRU 1524 1524 1524 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041 041524 041	ATES THRU 1524 1524 1524 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641 87651	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041 041524 041 041524 041 041524 041	ATES FHRU 1524 1524 1524 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86	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	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	DETAIL 9918 9918 9918 9918 9918 9918 9918		.00	629.64
POS 81 81 81 81 81	20241 PROC CD 87635 87486 87498 87581 87633 87640 87641	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	8 SERVICE DA FROM T 041524 041 041524 041 041524 041 041524 041 041524 041 041524 041	ATES FHRU 1524 1524 1524 1524 1524 1524 1524 1524	RENDERING PROVIDER 220224 220224 220224 220224 220224 220224 220224 220224		041524	BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07	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	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	DETAIL 9918 9918 9918 9918 9918 9918 9918		.00	629.64

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3524808

1930 EDWARDS LAKE ROAD SUITE 138

REPORT: CRA-PRPD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	SAMANTH 20240	IA IVEY 99022888	I1601368	D.: 530001364630 RENDERING	MRN: 082323	082323	1,843.51		COPAY	672.81	0.00	0.0	1,098.70
	PROC CD 87798	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 9.00 082323 082323	PROVIDER			BILLED AMOUNT 378.00	ALLOWED NON-AlloWED 252.00	TPL 0.00	PAID	DETAIL	EOBS	
81	01130	59	9.00 002323 002323	220224			370.00	126.00	0.00	252.00	9910		
81	87481	59	2.00 082323 082323	220224			84.00	56.00	0.00	56.00	9918		
81	87491	59	1.00 082323 082323	220224			49.86	28.00 28.00	0.00	0 00	5490		
ΟŢ	0/491	59	1.00 002323 002323	220224			49.00	21.86	0.00	0.00	3490		
81	87511	59	1.00 082323 082323	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	2.00 082323 082323	220224			99.72	56.00	0.00	56.00	9918		
81	87591	59	1.00 082323 082323	220224			42.00	43.72 28.00	0.00	28 00	9918		
01	07391	39	1.00 002323 002323	220224			42.00	14.00	0.00	20.00	9910		
81	87653	59	2.00 082323 082323	220224			74.14	44.00	0.00	0.00	5900		
								30.14	0.00				
81	87661	59	1.00 082323 082323	220224			32.30	21.53	0.00	21.53	9918		
81	87640	59	1.00 082323 082323	220224			37.07	10.77 22.00	0.00	22 00	9918		
01	07040	39	1.00 002323 002323	22022 1			37.07	15.07	0.00	22.00	9910		
81	87486	59	1.00 082323 082323	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 082323 082323	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 002222 002222	220224			40.00	15.07	0.00	20.00	0010		
81	87581	59	1.00 082323 082323	220224			42.00	28.00 14.00	0.00 0.00	20.00	9918		
81	87633		1.00 082323 082323	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87634	59	1.00 082323 082323	220224			105.30	49.14	0.00	49.14	9918		
81	07640		1 00 002222 002222	220224			27 07	56.16	0.00	22.00	0010		
0.1	87640		1.00 082323 082323	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87641	59	1.00 082323 082323	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 082323 082323	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 000000 000000	000004			226 00	21.86	0.00	224 00	0010		
81	87798		8.00 082323 082323	ZZUZZ 4			336.00	224.00 112.00	0.00	224.00	AATR		
NAME:	JESSICA	IVY	RECIPTENT II	D.: 530002327158	MRN:								
		02043514	I1603476	200000000000000000000000000000000000000		020224	153.21	94.00		59.21	0.00	0.0	94.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	OC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOE	SS	
81 87	7481	59	1.00	020224	020224	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81 87	7640	59	1.00	020224	020224	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81 87	7653	59	1.00	020224	020224	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81 87	7641	59	1.00	020224	020224	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
NAME: AN					TENI ID	.: 530002221238	MRN:	0.40204	614 00	400.00		010 05	0 00	0 00	400 00
	20241	07014400	I160861				040324	040324		402.03		212.95	0.00	0.00	402.03
D00 DD0	00 OD	MODIFIED	INITEG	SERVICE		RENDERING			BILLED	ALLOWED	COPAY	D3.TD			
POS PRO		MODIFIERS		FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL		DETAIL EOE	55	
81 87	/65I		1.00	040324	040324	220224			49.86	28.00	0.00	28.00	9918		
01 05	7400	F.O.	1 00	040204	040004	000004			27 07	21.86	0.00	00.00	0.01.0		
81 87	7498	59	1.00	040324	040324	220224			37.07	22.00	0.00	22.00	9918		
01 05	7501	F.O.	1 00	040204	040004	000004			40.00	15.07	0.00	00.00	0.01.0		
81 87	7581	59	1.00	040324	040324	220224			42.00	28.00	0.00	28.00	9918		
01 05	7622		1 00	040204	040004	000004			210 05	14.00	0.00	010 02	0.01.0		
81 87	7633		1.00	040324	040324	220224			318.05	212.03	0.00	212.03	9918		
01 05	7700		4 00	040204	040004	000004			160.00	106.02	0.00	110 00	0.01.0		
81 87	7798		4.00	040324	040324	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
NTN MED • N N	MMECTA	JACKSON		DECTD	רד ייואים דר	.: 530001166884	MRN:								
		03023680	I160624		TENI ID	330001100804	040924	040924	285.92	92.00		193.92	0.00	0.00	83.00
	20211	03023000	1100021	SERVICE	סשידעת י	RENDERING	010021	010021	BILLED	ALLOWED	COPAY	100.02	0.00	0.00	03.00
POS PRO	OC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	.S	
	0053	HODITIEND		040924		220224			15.84	12.00	0.00			,,,	
01 00	0033		1.00	010021	010021	220221			13.01	3.84	0.00	12.00	JJ±0		
81 83	3036		1 00	040924	040924	220224			14.00	12.00	0.00	12.00	9918		
01 01	3030		1.00	010721	010721				11.00	2.00	0.00	12.00	J J I O		
81 80	0061		1.00	040924	040924	220224			20.00	14.00	0.00	14.00	9918		
01 00	0001		1.00	010721	010721				20.00	6.00	0.00	11.00	J J I O		
81 36	6415		1.00	040924	040924	220224			4.50	0.00	0.00	0.00	3323		
0_ 0.	0 0			0 1 0 7 1 1	0 1 0 2 1 1					4.50	0.00	0.00	3323		
81 85	5049		1.00	040924	040924	220224			9.00	4.00	0.00	4.00	9918		
- 0			1.00	2 - 2 2 - 1		_			2.00	5.00	0.00	1.00	2 2 2 3		
81 84	4156		1.00	040924	040924	220224			8.00	4.00	0.00	4.00	9918		
						· - = = =			2.30	4.00	0.00	2.30	-		
											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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC	CD MODIFIERS		RENDERING PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 8257	0	1.00 040924 040924 2	220224		8.00	6.00 2.00	0.00	6.00	9918		
81 8306	9	1.00 040924 040924 2	220224		8.00	4.00	0.00	4.00	9918		
81 8431	1	2.00 040924 040924 2	220224		32.00	14.00	0.00	14.00	9918		
81 8201	0	1.00 040924 040924 2	220224		16.00	18.00	0.00	0.00	4524		
81 8294	5	1.00 040924 040924 2	220224		8.00	16.00 4.00	0.00	4.00	9918		
81 8224	7 59	1.00 040924 040924 2	220224		8.00	4.00 5.00	0.00	0.00	5472		
81 8398	6	1.00 040924 040924 2	220224		7.00	3.00 3.00	0.00 0.00	3.00	9918		
81 8100'	7	2.00 040924 040924 2	220224		120.00	4.00 4.00	0.00	0.00	5900		
81 8204	3 QW	1.00 040924 040924 2	220224		7.58	116.00 6.00	0.00	6.00	9918		
	~					1.58	0.00				
NAME: ARIE	L JACKSON 24103023712	RECIPIENT ID.: 11606244		011124	342.02	217.53		124.49	0.00	0.00	189.53
20.	24103023712		RENDERING	011124	BILLED	ALLOWED	COPAY	124.49	0.00	0.00	109.55
POS PROC	CD MODIFIERS		PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 8779	8	3.00 011124 011124 2	220224		126.00	84.00 42.00	0.00	84.00	9918		
81 8749	1 59	1.00 011124 011124 2	220224		49.86	28.00 21.86	0.00	0.00	5490		
81 8751	1 59	1.00 011124 011124 2	220224		42.00	28.00 14.00	0.00	28.00	9918		
81 8752	9 59	1.00 011124 011124 2	220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87593	1 59	1.00 011124 011124 2	220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87663	1 59	1.00 011124 011124 2	220224		32.30	21.53 10.77		21.53	9918		
MAME. VGT.	FV .TACKSON	RECIPIENT ID.:			250 14	116 22		1.41.00	0.00	0.00	116.22
		I1606246	113023	⊥ ⊥3∪∠3	∠58.⊥ 4	110.22		141.92	0.00	0.00	110.22
20: POS PROC (I1606246 SERVICE DATES F	RENDERING PROVIDER	113023	BILLED AMOUNT 83.81	ALLOWED	COPAY	PAID 0.00	DETAIL EOB		110.22

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	Т	PAID AMOUNT
	PROC CD G0482	MODIFIERS		SERVICE DATES FROM THRU 113023 113023	RENDERING PROVIDER 220224			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL			
NAME:		E JACKSON 02047158	I1604783		.: 530001542989	MRN: 040824	040824	715.12	417.64		297.48	0.00	ſ	0.00	417.64
	PROC CD 87635	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 040824 040824	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	87498	59	1.00	040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00	040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00	040824 040824	220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME:					.: 530001542989	MRN:	040024	222 50	E0 00		172 50	0 00		0 00	46.00
	20241	02047167	I160478	SERVICE DATES	RENDERING	040824	040824	222.58 BILLED	50.00 ALLOWED	COPAY	1/2.58	0.00	·	0.00	46.00
		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID		EOBS		
81	84156		1.00	040824 040824	220224			8.00	4.00 4.00	0.00 0.00	4.00	9918			
81	82570		1.00	040824 040824	220224			8.00	6.00	0.00	6.00	9918			
81	83069		1.00	040824 040824	220224			8.00	4.00	0.00	4.00	9918			
81	84311		2.00	040824 040824	220224			32.00	4.00 14.00	0.00	14.00	9918			
81	82010		1.00	040824 040824	220224			16.00	18.00 0.00	0.00 0.00	0.00	4524			
									16.00	0.00					
81	82945		1.00	040824 040824	220224			8.00	4.00 4.00	0.00 0.00	4.00	9918			
81	82247	59	1.00	040824 040824	220224			8.00	5.00	0.00	5.00	9918			
81	83986		1.00	040824 040824	220224			7.00	3.00 3.00	0.00	3.00	9918			
81	81007		2.00	040824 040824	220224			120.00	4.00 4.00 116.00	0.00 0.00 0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

293

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO.	N OWED		TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 82043 QW	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 7.58	ALLOWED NON-AlloWED 6.00	COPAY TPL	PAID 6.00	DETAIL EOE		1110011
NAME: BRI ELLE JACKSON 2024103023748 POS PROC CD MODIFIERS 81 87086	I1606247 SERVICE DATES RENDERING	9 MRN: 040824 040824		NON-AllOWED 10.00	COPAY TPL	8.53 PAID 10.00			10.00
NAME: BRIANNA JACKSON 2024102043525 POS PROC CD MODIFIERS 81 87491 59 81 87591 59	RECIPIENT ID.: 530001215446 I1603477 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224	022024 022024	BILLED AMOUNT 49.86	NON-AllOWED 28.00 21.86	COPAY TPL	35.86 PAID 0.00 28.00	DETAIL EOE 5490	0.00 3S	28.00
NAME: CATILIN JACKSON 2024107014427 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 NAME: JAIMAYA JACKSON	1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224 1.00 031824 031824 220224 RECIPIENT ID.: 530002005952	2 MRN:	563.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86	ALLOWED NON-AllOWED 7.50 34.50 7.50 29.57 7.50 34.50 7.50 310.55 7.50 29.57 7.50 29.57 7.50 42.36	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 7.50 7.50 7.50 7.50 7.50 7.50 7.50	DETAIL EOE 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936	3S	
2024102043532	I1603478	022124 022124	121.07	78.00		43.07	0.00	0.00	78.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		OPAY TI	PL DUNT	PAID AMOUNT
POS PROC CD 81 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 022124 022124	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED	COPAY TPL 0.00 0.00		DETAIL EOBS		
81 87798		2.00 022124 022124	220224			84.00	56.00 28.00	0.00	56.00	9918		
NAME: JAIMAYA 20241	JACKSON 09083370	RECIPIENT ID 11611752		MRN: 022124	022124		464.00		240.14	0.00	0.00	156.00
POS PROC CD 81 87481		SERVICE DATES UNITS FROM THRU 4.00 022124 022124	RENDERING PROVIDER 220224		022124	BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87640	59	1.00 022124 022124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 022124 022124	220224			37.07	22.00 15.07	0.00	22.00			
81 87798		11.00 022124 022124	220224			462.00	308.00 154.00	0.00	0.00	5000		
	CKSON 02044167	RECIPIENT ID I1604364	.: 530002196925	MRN: 040824	040824	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD 81 87651	MODIFIERS	I1604364 SERVICE DATES UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 49.86	NON-AllOWED	TPL	PAID 28.00	DETAIL EOBS 9918		
	ACKSON .02044178	RECIPIENT ID 11604365		MRN: 040824	040824	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD 81 87486		UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			BILLED AMOUNT 42.00	NON-AllOWED 28.00 14.00		PAID 28.00	DETAIL EOBS 9918		
81 87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL		
81 87798	8.00 040824 040824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: LACEY JACKSON 2024102047183	RECIPIENT ID.: 530001121682 I1604785 SERVICE DATES RENDERING	MRN: 040824 040824	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 040824 040824 220224		AMOUNT 150.00	NON-Allowed 43.61 106.39	TPL 0.00 0.00			EOBS	
NAME: NEVAEH JACKSON 2024107014461	RECIPIENT ID.: 530001639392 I1608622	MRN: 040324 040324	1 267 50	765.98		501.52	0.00	0.00	625.98
	SERVICE DATES RENDERING	010321 010321	BILLED	ALLOWED	COPAY				023.30
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81 87798	3.00 040324 040324 220224		126.00	84.00 42.00	0.00	84.00	9918		
81 87491 59	1.00 040324 040324 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 040324 040324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 040324 040324 220224		42.00	28.00	0.00	28.00	9918		
01 07661 50	1 00 040224 040224 220224		22.20	14.00	0.00	21 52	0010		
81 87661 59	1.00 040324 040324 220224		32.30	21.53 10.77	0.00	21.53	9918		
81 80053	1.00 040324 040324 220224		15.84	12.00 3.84	0.00	12.00	9918		
81 82306	1.00 040324 040324 220224		44.00	29.00	0.00	29.00	9918		
81 83540	1.00 040324 040324 220224		9.71	15.00 7.00	0.00	7.00	9918		
	1 00 040204 040204 000004			2.71	0.00	10.00	0.01.0		
81 83550	1.00 040324 040324 220224		13.11	10.00 3.11	0.00	10.00	9918		
81 87389	1.00 040324 040324 220224		36.00	23.88	0.00	23.88	9918		
81 82728	1.00 040324 040324 220224		40.00	12.12 13.00	0.00	13.00	9918		
				27.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATE FROM THRU		ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 84443	1.00 040324 040324 220224		25.20	22.93	0.00	22.93	9918		
				2.27	0.00				
81 84439	1.00 040324 040324 220224		13.00	9.00	0.00	9.00	9918		
				4.00	0.00				
81 36415	1.00 040324 040324 220224		4.50	0.00	0.00	0.00	3323		
				4.50	0.00				
81 85049	1.00 040324 040324 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
81 87635	1.00 040324 040324 220224		150.00	43.61	0.00	43.61	9918		
0.1				106.39	0.00		0.01.0		
81 87498 59	1.00 040324 040324 220224		37.07	22.00	0.00	22.00	9918		
0.1			40.00	15.07	0.00		0.01.0		
81 87581 59	1.00 040324 040324 220224		42.00	28.00	0.00	28.00	9918		
0.1			010 05	14.00	0.00	010 00	0.01.0		
81 87633	1.00 040324 040324 220224		318.05	212.03	0.00	212.03	9918		
01 0000	4 00 040204 040204 000004		160.00	106.02	0.00	0.00	F000		
81 87798	4.00 040324 040324 220224		168.00	112.00	0.00	0.00	5000		
				56.00	0.00				
	DEGEDERATE ID . [20001620200	NATO NT •							
NAME: NEVAEH JACKSON	RECIPIENT ID.: 530001639392	MRN:	24 20 00	1 - 0 0	.	15 00	0 00	0 00	1 - 00
2024107014482	I1608623	040324 0403				15.00	0.00	0.00	15.00
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	DETAIL EOBS		
81 85045	1.00 040324 040324 220224		8.00	5.00	0.00	5.00	9918		
01 06500	1 00 040304 040304 020004		7 00	3.00	0.00	Г 00	0.01.0		
81 86592	1.00 040324 040324 220224		7.00	5.00	0.00	5.00	9918		
01 06140	1 00 040324 040324 220224		15 00	2.00	0.00	г оо	0.01.0		
81 86140	1.00 040324 040324 220224		15.00	5.00	0.00	5.00	9918		
				10.00	0.00				
NAME: OLIVIA JACKSON	RECIPIENT ID.: 530000188477	MDN •							
2024107014486	I1608624	MRN: 121323 1213	23 208.16	133.53)	74.63	0.00	0.00	105.53
2024107014460	SERVICE DATES RENDERING	121323 1213	BILLED	ALLOWED		74.03	0.00	0.00	103.33
POS PROC CD MODIFIERS			AMOUNT	NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81 87798			42.00		0.00	28.00			
OI 0//20	1.00 121323 121323 220224		42.00	28.00 14.00	0.00	20.00	J J 1 O		
81 87491 59	1.00 121323 121323 220224		49.86	28.00	0.00	0 00	5490		
01 0/471 39	1.00 121323 121323 220224		49.00	21.86	0.00	0.00	J#7U		
81 87511 59	1.00 121323 121323 220224		42.00	28.00	0.00	28.00	0010		
01 0/311 39	1.00 121323 121323 22022 1		44.00	14.00	0.00	20.00	7910		
				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87591 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121323 121323 220224		BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00			
81 87661	1.00 121323 121323 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: SAFARRI JACKSON 2024107014505	RECIPIENT ID.: 530000651409 I1608625 SERVICE DATES RENDERING	MRN: 032924 032924	722.67 BILLED	474.00	COPAY	248.67	0.00	0.00	474.00
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 032924 032924 220224	032924 032924	AMOUNT 168.00	NON-AllOWED 112.00 56.00	TPL 0.00 0.00	PAID 112.00			
81 87640 59 81 87653 59	1.00 032924 032924 220224 1.00 032924 032924 220224		37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00	22.00			
81 87798	11.00 032924 032924 220224		462.00	15.07 308.00	0.00	308.00			
81 87086	1.00 032924 032924 220224		18.53	154.00 10.00 8.53	0.00 0.00 0.00	10.00	9918		
NAME: TYLER JACKSON 2024107014518 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 500002915572 I1608626 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	MRN: 041124 041124	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03	COPAY TPL		0.00 DETAIL EOBS	0.00	213.03
			317.33	106.52	0.00	213.03	JJ10		
NAME: VICKI JACOBS 2024107014538 POS PROC CD MODIFIERS 81 G0480	RECIPIENT ID.: 530001999488 11608629 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224	MRN: 032924 032924	125.00 BILLED AMOUNT 125.00	55.48 ALLOWED NON-AllOWED 55.48 69.52	COPAY TPL 0.00 0.00		0.00 DETAIL EOBS 9918	0.00	55.48
2024103023758 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000379857 I1606257 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	MRN: 022024 022024	BILLED	ALLOWED NON-AllOWED 22.00	COPAY TPL	PAID 22.00	DETAIL EOBS	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	87581	59	1.00 022024 022024	220224			42.00	28.00 14.00	0.00		9918	EODD	
81	87633		1.00 022024 022024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 022024 022024	220224			168.00	112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME:			RECIPIENT ID	.: 530001985204	MRN:								
	20241	.09083382	I1611760		041524	041524		101.41		63.25	0.00	0.00	73.41
DOG		MODITION	SERVICE DATES				BILLED	ALLOWED	COPAY	D 7 T D		HODG	
	PROC CD 87389	MODIFIERS	UNITS FROM THRU 1.00 041524 041524	PROVIDER 220224			AMOUNT 36.00	NON-AllOWED	TPL 0.00	PAID	DETAIL 9918	EOBS	
OΤ	0/309		1.00 041524 041524	220224			30.00	23.88 12.12	0.00	23.00	9910		
81	36415		1.00 041524 041524	220224			4.50	0.00	0.00	0.00	3323		
01	30113		1.00 011321 011321				1.30	4.50	0.00	0.00	3323		
81	87491	59	1.00 041524 041524	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87591	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
0.4	0.7.6.4		1 00 041-04 041-04	000004				14.00	0.00	04 = 0			
81	87661		1.00 041524 041524	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
NAME:	LILLIAN	TAMES	RECIPTENT ID	.: 530002173782	MRN:								
14111111		.03023782	I1606258	. 330002173702		041024	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	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.7.4.0.0	5 0	1 00 041004 041004	000004			25 25	14.00	0.00	00.00	0010		
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
81	87581	5.0	1.00 041024 041024	220224			42.00	15.07 28.00	0.00	28 00	9918		
01	07301	39	1.00 041024 041024	ZZUZZ I			42.00	14.00	0.00	20.00	9910		
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
			_,,,,					106.02	0.00				
81	87640		1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	Γ.Ο.	1 00 041004 041004	220224			40.00	15.07	0.00	00.00	0010		
81	87651	59	1.00 041024 041024	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
BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 041024 041024 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 336.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00 112.00	ALL COPAY TPL		COPAY AMOUNT DETAIL 9918	TPL AMOUNT EOBS	PAID AMOUNT
NAME: ARIANNA JAMISON 2024107014557 POS PROC CD MODIFIERS 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59	RECIPIENT ID.: 530001569961 11608632 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 8.00 040224 040224 220224	MRN: 040224	040224	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		PAID 28.00 22.00 28.00 212.03 22.00 22.00	9918 9918 9918 9918 9918 9918	0.00 EOBS	586.03
	RECIPIENT ID.: 530001297395 I1603480 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224	MRN: 021524	021524		112.00 11.00 ALLOWED NON-AllOWED	0.00	7.00 PAID 11.00	0.00 DETAIL	0.00 EOBS	11.00
NAME: JEREMIAH JEFFERSON 2024102044201 POS PROC CD MODIFIERS 81 87075 81 87070		MRN: 022124	022124	118.00 BILLED AMOUNT 100.00	20.00 ALLOWED NON-AllOWED 9.00 91.00 11.00 7.00	COPAY TPL 0.00 0.00 0.00	PAID	DETAIL 9918	0.00 EOBS	20.00
NAME: JAMES JEFFRIES 2024107014565	RECIPIENT ID.: 530001373107 I1608638	MRN: 040124	040124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT		OWED		PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID	DETAIL EOBS 9918		
NAME: JAMES JEFFRIES 2024107014574 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001373107 11610601 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 040324 040324	BILLED AMOUNT	213.03 ALLOWED NON-AllOWED	COPAY TPL	PAID			213.03
81 87507	1.00 040324 040324 220224		319.55	213.03 106.52	0.00	213.03	9918		
NAME: SAVANNAH JENKINS 2024107014576	RECIPIENT ID.: 530000844849 I1610602 SERVICE DATES RENDERING	MRN: 041224 041224	1,049.12 BILLED	629.64	l COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 041224 041224 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 041224 041224 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59 81 87640 59	1.00 041224 041224 220224 1.00 041224 041224 220224		37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81 87581 59	1.00 041224 041224 220224		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633	1.00 041224 041224 220224		318.05	212.03 106.02	0.00	212.03			
81 87641 59 81 87651 59	1.00 041224 041224 220224 1.00 041224 041224 220224		37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87798	8.00 041224 041224 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: MILES JERVIS 2024107014590	RECIPIENT ID.: 530002240662 I1610603 SERVICE DATES RENDERING	MRN: 030824 030824	713.12 BILLED	330.49		382.63	0.00	0.00	330.49
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 030824 030824 220224		AMOUNT 150.00		TPL 0.00 0.00		DETAIL EOBS 9918 9936		
81 87486 59	1.00 030824 030824 220224		42.00	18.94 23.06	0.00	18.94	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFFEDC	SERVICE DATES	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	חז גח	ו דיעייטע	ZODC	
81	PROC CD 87498	MODIFIERS 59		220224			AMOUNT 37.07	NON-AllOWED 18.94	TPL 0.00	PAID	DETAIL 1 9918 991		
0.1	0/490	39	1.00 030624 030624	220224			37.07	18.13	0.00	10.94	9910 99.	50	
81	87581	59	1.00 030824 030824	220224			42.00	18.94	0.00	10 01	9918 993	26	
01	07301		1.00 030024 030024	220224			42.00	23.06	0.00	10.74	JJ±0 JJ.		
81	87633		1.00 030824 030824	220224			318.05	185.17	0.00	185 17	9918 993	36	
01	07033		1.00 030021 030021	220221			310.03	132.88	0.00	103.17	JJ±0 JJ.		
81	87640		1.00 030824 030824	220224			37.07	18.94	0.00	18 94	9918 993	36	
01	07010		1.00 030021 030021	220221			37.07	18.13	0.00	10.71	JJ±0 JJ.		
81	87641	59	1.00 030824 030824	220224			37.07	18.94	0.00	18.94	9918 993	36	
0 ±	0,011		1.00 030021 030021	220221			37.07	18.13	0.00	10.71	JJ10 JJ.		
81	87651	59	1.00 030824 030824	220224			49.86	18.94	0.00	18.94	9918 993	36	
0_	0,00=						-2.00	30.92	0.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME:	DALTON	JESTER	RECIPIENT ID.	: 530001948361	MRN:								
		.02044210	I1604367			040824	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 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1	00651	F.0	1 00 040004 040004	000004			40.06	15.07	0.00	00.00	0010		
81	87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 040004 040004	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NT 7\ N/T=1 •	7271 77 T		DEGIDIENE ID	. 530000106430	N/ID NT •								
NAME:			RECIPIENT ID.	. 530002106430	MRN:	040004	F6F 10	374.03		101 00	0 00	0 00	274 02
	ZUZ41	02044227	I1604368 SERVICE DATES	DENDEDING	040824	040024		3/4.03 ALLOWED		⊥ ∄ 1. ∪ÿ	0.00	0.00	374.03
DOG	משטע מיי	MODIFIERS		RENDERING PROVIDER				NON-Allowed		PAID	י די עייט	ZODC	
			UNITS FROM THRU 1.00 040824 040824				37.07	22.00	U UU TETI	22.00		מפטי	
OΤ	0/400	JJ	1.00 040024 040024	44U44			31.01	15.07	0.00		99±0		
								13.07	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	ΝΤ	PAID AMOUNT
DOG	DDOG GD	MODIETEDC	TINTTOO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה	ההשתדו	EODC		
81	PROC CD 87581	MODIFIERS 59	UNITS 1.00	FROM THRU 040824	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	FORS		
81	87633		1.00	040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00	040824 040824	220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME:	MARIO J	IMENEZ		RECIPIENT ID	.: 530002100687	MRN:									
		.07014599	I160864			040124	040124	285.07	196.14		88.93	0.00		0.00	140.14
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87529		2.00	040124 040124	220224			99.72	56.00	0.00	0.00	5910			
									43.72	0.00					
81	87640	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87653	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87801		2.00	040124 040124	220224			74.14	74.14	0.00	74.14				
									0.00	0.00					
NT 7 N (T.) •					. [20001047200	MIDNI •									
NAME •		JIMENEZ	I160141		.: 530001047389	MRN: 011124	011104	635.32	423.17		212.15	0.00		0.00	374.03
	20240	199022927	1100141	SERVICE DATES	RENDERING	011124	011124	BILLED	ALLOWED	COPAY	212.13	0.00		0.00	3/4.03
DOG	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORC		
81	87498	59		011124 011124	220224			37.07	22.00	0.00		9918	EODS		
01	07150	3,5	1.00	011121 011121	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87581	59	1.00	011124 011124	220224			42.00	28.00	0.00	28.00	9918			
0_	0.00=		_,,	V				12.00	14.00	0.00	_0.00	2220			
81	87633		1.00	011124 011124	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87634		1.00	011124 011124	220224			70.20	49.14	0.00	0.00	5910			
									21.06	0.00					
81	87798		4.00	011124 011124	220224			168.00	112.00	0.00	112.00	9918			
									56.00	0.00					
NAME:		CLY JIMENEZ			.: 530000225691	MRN:									
	20241	.03023800	I160626			020824	020824		374.03		191.09	0.00		0.00	374.03
	DD 0 6 6 5	1400		SERVICE DATES				BILLED		COPAY	D. 7.	DD	707°		
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED				EOBS		
81	87498	59	1.00	020824 020824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVI FROM	CE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUN'	T	PAID AMOUNT
			SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
POS 81	PROC CD 87581	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 020824 020824 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 020824 020824 220224			318.05	212.03 106.02	0.00		9918			
81	87798		4.00 020824 020824 220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME:	CARA JO	HNS	RECIPIENT ID.: 5300002	19301 MRN:									
	20241	.09083395	I1611774	04152	4 041524	342.02	217.53		124.49	0.00		0.00	189.53
			SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS		
81	87798		3.00 041524 041524 220224			126.00	84.00	0.00	84.00	9918			
81	87491	59	1.00 041524 041524 220224			49.86	42.00 28.00	0.00	0 00	5490			
01	0/491	39	1.00 041324 041324 220224			49.00	21.86	0.00		3490			
81	87511	59	1.00 041524 041524 220224			42.00	28.00	0.00		9918			
0-	0,011						14.00	0.00		2220			
81	87529	59	1.00 041524 041524 220224			49.86	28.00	0.00		9918			
							21.86	0.00					
81	87591	59	1.00 041524 041524 220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81	87661	59	1.00 041524 041524 220224			32.30	21.53	0.00		9918			
							10.77	0.00					
NAME:	JENNING	умиот. !	RECIPIENT ID.: 5300002	19300 MRN:									
IVAI-ID .		.03023818	I1606289		4 020724	342.02	217.53		124.49	0.00		0.00	189.53
	20211	.00020010	SERVICE DATES RENDERING		1 020,21	BILLED	ALLOWED	COPAY	121.17	0.00		0.00	107.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87798		3.00 020724 020724 220224			126.00	84.00	0.00	84.00	9918			
							42.00	0.00					
81	87491	59	1.00 020724 020724 220224			49.86	28.00	0.00	0.00	5490			
							21.86	0.00					
81	87511	59	1.00 020724 020724 220224			42.00	28.00	0.00	28.00	9918			
0.1	0.5500	F-0	1 00 000004 000004			40.06	14.00	0.00	00.00	0.01.0			
81	87529	59	1.00 020724 020724 220224			49.86	28.00	0.00	28.00	9918			
81	87591	59	1.00 020724 020724 220224			42.00	21.86 28.00	0.00	20 00	0010			
ОΤ	0/391	JJ	1.00 020/24 020/24 220224			42.00	14.00	0.00	20.00	9918			
81	87661	59	1.00 020724 020724 220224			32.30	21.53	0.00	21.53	9918			
0 1	0,001		00 020,21 020,21 220221			32.30	10.77	0.00	21.33	7710			
								-					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	JENNING			0.: 530000219300	MRN:	000004	000 10	506.00		212 00	0.00	0.00	506.03
	20241	.03023834	I1606290	DENDEDING	022224	022224	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	FORS	
81	87486	59	1.00 022224 022224	220224			42.00	28.00	0.00		9918	LODD	
-			_,,,,					14.00	0.00				
81	87498	59	1.00 022224 022224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 022224 022224	220224			42.00	28.00	0.00	28.00	9918		
0.1	07633		1 00 02224 02224	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00 022224 022224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 022224 022224	220224			37.07	22.00	0.00	22.00	9918		
01	0,010		1.00 022221 022221				37.07	15.07	0.00	22.00	7710		
81	87641	59	1.00 022224 022224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 022224 022224	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 000004 000004	22224			226 00	21.86	0.00	224 00	0.01.0		
81	87798		8.00 022224 022224	220224			336.00	224.00 112.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	KASSADI	JOHNS	RECIPIENT II).: 530001355187	MRN:								
	20241	.02047192	I1604789		040824	040824	1,241.14	803.56		437.58	0.00	0.00	551.56
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87798		3.00 040824 040824	220224			126.00	84.00	0.00	84.00	9918		
81	87491	59	1.00 040824 040824	220224			49.86	42.00 28.00	0.00	0 00	5490		
01	07171	3,5	1.00 010021 010021	220221			17.00	21.86	0.00	0.00	3170		
81	87511	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.00	5 0	1 00 040004 040004	000004			40.00	21.86	0.00	00.00	0010		
81	87591	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
81	87661	59	1.00 040824 040824	220224			32.30	14.00 21.53	0.00	21.53	9918		
0 1	0,001		1.00 010024 040024	220221			52.50	10.77	0.00	21.33	ノノエロ		
81	87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	AL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	רע ע		DG	
POS PROC CD 81 87581	MODIFIERS 59	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL EO 9918	BS	
01 0/301	39	1.00 040824 040824	22022 1			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
01 07000		1.00 010021 010021				310.03	106.02	0.00	222.03	7710		
81 87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
0.1						225 22	21.86	0.00				
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	0.00	5000		
							112.00	0.00				
NAME: KASSADI	JOHNS	RECIPIENT ID	.: 530001355187	MRN:								
	09083421	I1612959	. 550001555107		041624	342.02	217.53		124.49	0.00	0.00	189.53
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 87798		3.00 041624 041624	220224			126.00	84.00	0.00	84.00	9918		
							42.00	0.00				
81 87491	59	1.00 041624 041624	220224			49.86	28.00	0.00	0.00	5490		
01 08511	5 0	1 00 041604 041604	000004			40.00	21.86	0.00	00.00	0.01.0		
81 87511	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
81 87529	59	1.00 041624 041624	220224			49.86	14.00 28.00	0.00	20 00	9918		
01 07329	59	1.00 041024 041024	22022 1			49.00	21.86	0.00	20.00	9910		
81 87591	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
01 07371		1.00 011021 011021				12.00	14.00	0.00	20.00	7710		
81 87661	59	1.00 041624 041624	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
NAME: ADEN JOH			.: 530001034412	MRN:	0.4.0.0.4	222	100 00		100 04	0.00	0.00	1.00
202410	07014608	I1610606		040824	040824	299.33	172.09		127.24	0.00	0.00	172.09
	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY	DATD		Da	
POS PROC CD 81 80307	MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 125.00	NON-AllOWED 55.87	TPL 0.00	PAID	DETAIL EO 9918	BS	
01 00307		1.00 040024 040824	44U44T			125.00	69.13	0.00	55.67	9910		
81 G0482		1.00 040824 040824	220224			174.33	116.22	0.00	116.22	9918		
		, , , , , , , , , , , , , , , , , , , ,				_ :	58.11	0.00	== -··			
NAME: BRAYLEIG			.: 530000219991	MRN:		_					_	_
202410	07014623	I1608645		041124	041124	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

RA#:

BIRMINGHAM, AL 35235-2718

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID	DETAIL 9918	EOBS	
81	87486	59	1.00 041124 041124 220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81	87498	59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041124 041124 220224			42.00	28.00 14.00	0.00 0.00		9918		
81	87633		1.00 041124 041124 220224			318.05	212.03 106.02	0.00	212.03			
81	87640	Γ0	1.00 041124 041124 220224			37.07	22.00 15.07	0.00		9918		
81 81	87641 87651	59 59	1.00 041124 041124 220224 1.00 041124 041124 220224			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81	87798		8.00 041124 041124 220224			336.00	21.86 224.00	0.00		9918		
NAME:	СПУБТ.Б.Б.	JOHNSON	RECIPIENT ID.: 53000120)3739 MRN:			112.00	0.00				
NAME •		07014644	i1610608 SERVICE DATES RENDERING		041124	899.12 BILLED	586.03	COPAY	13.09	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 041124 041124 220224			42.00	28.00 14.00	0.00 0.00		9918		
81	87498	59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 041124 041124 220224			42.00	28.00 14.00	0.00		9918		
81	87633		1.00 041124 041124 220224			318.05	212.03 106.02	0.00 0.00	212.03			
81	87640		1.00 041124 041124 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87641	59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041124 041124 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041124 041124 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:												

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87507	MODIFIERS		SERVICE DATES FROM THRU 041124 041124	RENDERING PROVIDER 220224	11011		BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	DETAIL :		11100111
NAME:	DEKLYN 20241	JOHNSON 03023859	I160627	9	.: 530001331158	MRN: 120623	120623		629.64		419.48	0.00	0.00	629.64
POS 81	PROC CD 87486	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 120623 120623	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	87498	59	1.00	120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00	120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	120623 120623	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	120623 120623	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00	120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	120623 120623	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	120623 120623	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00	120623 120623	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:		JOHNSON 07014666	I160864	9	.: 530000890625	MRN: 041124	041124	899.12			313.09	0.00	0.00	586.03
DOG	DPAC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL :	FORC	
	87486			041124 041124	220224			42.00	28.00 14.00	0.00	28.00		EODO	
81	87498	59	1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	041124 041124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	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 9918	EOBS	
81	87651	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME	EMERIE 20241	JOHNSON 09083455	I1611775	: 530002246842	MRN: 041524	041524	1,049.12	629.64		419.48	0.00	0.00	629.64
				RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 041524 041524	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 041524 041524	220224			42.00	15.07 28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041524 041524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
81	07700		0 00 041524 041524	220224			226 00	21.86	0.00	224 00	0010		
01	87798		8.00 041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9910		
NAME	: FARRARA	H JOHNSON	RECIPIENT ID.	: 530001165627	MRN:								
	20241	07014684	I1608652		040324	040324	1,049.12	629.64		419.48	0.00	0.00	629.64
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00 040324 040324	220224			150.00	43.61	0.00	43.61	9918		
0.1	07106	E O	1 00 040224 040224	220224			40.00	106.39 28.00	0.00	20 00	0010		
81	87486	59	1.00 040324 040324	ZZUZZ 1			42.00	14.00	0.00	20.00	9918		
81	87498	59	1.00 040324 040324	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	AL:		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500	550G G5	MODIFIER	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	DDD3.11 D	. D. G	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81	87581	59	1.00 040324 040324	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00 040204 040204	000004			210 05	14.00	0.00	010 03	0.01.0		
81	87633		1.00 040324 040324	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00 040204 040204	000004			27 07	106.02	0.00	00.00	0.01.0		
81	87640		1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	F 0	1 00 040204 040204	000004			27 07	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.0.6.5.1	F.0	1 00 040004 040004	000001			40.06	15.07	0.00	00.00	0010		
81	87651	59	1.00 040324 040324	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.7.7.0		0.00.040004.040004	000001			226 22	21.86	0.00	004 00	0010		
81	87798		8.00 040324 040324	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
37334		TOTINGON			N/DAT 4								
NAME	: JESSICA			530000426553	MRN:	00000	405 01	060 00		1.42 01	0 00	0 00	060 00
	20241	02047216	I1604788	DENDEDTNA	082923	082923	405.21	262.00		143.21	0.00	0.00	262.00
DOG	DD00 0D	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 3 T D		ND C	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81	87481	59	1.00 082923 082923	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.00	F.0	1 00 000000 000000	000004			25 25	14.00	0.00	00.00	0.01.0		
81	87640	59	1.00 082923 082923	220224			37.07	22.00	0.00	22.00	9918		
0.1	00653	F.0	1 00 000000 000000	000004			25 25	15.07	0.00	00.00	0.01.0		
81	87653	59	1.00 082923 082923	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.000	F.0	6 00 000000 000000	000004			050 00	15.07	0.00	1.60 00	0.01.0		
81	87798	59	6.00 082923 082923	220224			252.00	168.00	0.00	168.00	9918		
0.1	0.00	F.0	1 00 00000 00000	000004			25 25	84.00	0.00	00.00	0010		
81	87641	59	1.00 082923 082923	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
NT 7\ N (T.)		TOUNICON	DEGIDIEME ID		MIDNI •								
NAME	: JESSICA			530000426553	MRN:	00000	700 14	F20 00		260 14	0 00	0 00	464.00
	20241	09083468	I1611777	DENDEDING	082923	082923	788.14	520.00		268.14	0.00	0.00	464.00
DOG	DDOG GD	MODIFFEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חז דר	בי בייעים בי	ND C	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81	87481	59	4.00 082923 082923	220224			168.00	112.00	0.00	112.00	9918		
0.1	07640	Γ0	1 00 000000 000000	220224			27 07	56.00	0.00	22.00	0010		
81	87640	59	1.00 082923 082923	220224			37.07	22.00	0.00	22.00	9918		
0.1	07652	E O	1 00 000000 000000	220224			27 07	15.07	0.00	22 00	0010		
81	87653	59	1.00 082923 082923	220224			37.07	22.00	0.00	22.00	9918		
0.1	87798		11.00 082923 082923	220224			460.00	15.07	0.00	200 00	0010		
81	01190		11.00 002923 002923	220224			462.00	308.00 154.00	0.00	308.00	フフエ ロ		
								134.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWE			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 082923 082923 220224		BILLED AMOUNT 84.00	ALLOWED NON-AlloWED 56.00 28.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOE 5000	3S	
NAME: LONDYN JOHNSON 2024102043554	RECIPIENT ID.: 530002276209 I1603482 SERVICE DATES RENDERING	MRN: 022024 022024	565.12 BILLED	374.03 ALLOWED	191 COPAY	.09	0.00	0.00	374.03
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		AMOUNT 37.07	NON-Allowed 22.00 15.07		PAID 22.00	DETAIL EOE 9918	3S	
81 87581 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 022024 022024 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: LYLA JOHNSON 2024102047238	RECIPIENT ID.: 530002335647 I1604790 SERVICE DATES RENDERING	MRN: 040924 040924	547.12 BILLED	305.64 ALLOWED	241 COPAY	.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87498 59	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 37.07	NON-Allowed 22.00 15.07		PAID 22.00	DETAIL EOE 9918	3S	
81 87581 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87635	1.00 040924 040924 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: MADALYN JOHNSON 2024107014698	RECIPIENT ID.: 530001630353 I1608657	MRN: 040624 040624		464.00		.14	0.00	0.00	464.00
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040624 040624 220224		BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EOE 9918	3S	
81 87640 59	1.00 040624 040624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040624 040624 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040624 040624 220224		462.00	308.00 154.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO! ALL		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
NAME:	MICHAEL 20241	JOHNSON 07014705	I161061		RENDERING	MRN: 030324	030324	563.12 BILLED	298.81 ALLOWED	COPAY	264.31	0.00		0.00	298.81
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAII	LEOBS		
81	87486	59		030324 030324	220224			42.00	18.94	0.00		9918 9			
-					-				23.06	0.00					
81	87498	59	1.00	030324 030324	220224			37.07	18.94	0.00	18.94	9918 9	936		
									18.13	0.00					
81	87581	59	1.00	030324 030324	220224			42.00	18.94	0.00	18.94	9918 9	9936		
									23.06	0.00					
81	87633		1.00	030324 030324	220224			318.05	185.17	0.00	185.17	9918 9	936		
									132.88	0.00					
81	87640		1.00	030324 030324	220224			37.07	18.94	0.00	18.94	9918 9	9936		
									18.13	0.00					
81	87641	59	1.00	030324 030324	220224			37.07	18.94	0.00	18.94	9918 9	936		
									18.13	0.00					
81	87651	59	1.00	030324 030324	220224			49.86	18.94	0.00	18.94	9918 9	9936		
									30.92	0.00					
• יידו/ ועדע	אדא תיאד דהי	TOUNGON		חד שמשדתדטשת		MDNT•									
NAME.	NATALIE	03023908	I160629		0.: 530001318723	MRN: 041024	041024	1,049.12	629.64		419.48	0.00		0.00	629.64
	20241	03023900	1100029	SERVICE DATES	RENDERING	041024	041024	BILLED	ALLOWED	COPAY	419.40	0.00		0.00	029.04
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAII	FORS		
81	87635	HODITIBRO		041024 041024	220224			150.00	43.61	0.00		9918	LODD		
01	0,033		1.00	011021 011021	220221			130.00	106.39	0.00	13.01	3310			
81	87486	59	1.00	041024 041024	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	041024 041024	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	041024 041024	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	041024 041024	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	041024 041024	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	041024 041024	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.00.00	F.0	4 66	0.41.004.041.004	000004			40.05	15.07	0.00	22.22	0010			
81	87651	59	1.00	041024 041024	220224			49.86	28.00	0.00	28.00	9918			
0.1	07700		0 00	041004 041004	220224			226 00	21.86	0.00	004 00	0010			
81	87798		8.00	041024 041024	ZZUZZ 4			336.00	224.00	0.00	224.00	9918			
									112.00	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

3524808

REPORT: CRA-PRPD-R

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

312

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	QUINTEZ JOHNSON 2024109083499 PROC CD MODIFIERS 87507	RECIPIENT ID.: 530001292168 11611783 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	MRN: 041524	041524	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	DETAIL	0.00 EOBS	213.03
POS	SANTOINE JOHNSON 2024102043565 PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59	RECIPIENT ID.: 530002364535 I1603483 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 8.00 022024 022024 220224 220224	MRN: 022024	022024	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	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 EOBS	586.03
POS 81 81	2024099022939 PROC CD MODIFIERS 86003 86003 82785 LC	RECIPIENT ID.: 530000893578 11601457 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 12.00 032724 032724 220224 23.00 032724 032724 220224 1.00 032724 032724 220224		032724	304.25 BILLED AMOUNT 93.00 178.25 33.00	225.00 ALLOWED NON-AllOWED 72.00 21.00 138.00 40.25 15.00 18.00	O.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	0.00	0.00 DETAIL 9918 5000 9918	0.00 EOBS	87.00
NAME:	AYDEN JONES 2024109083517	RECIPIENT ID.: 530002279081 I1612961	MRN: 041124	041124	18.00	15.00		3.00	0.00	0.00	15.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

313

	ICN	PAT ACCT NO.		ERVICE ROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		OPAY TI	PL DUNT	PAID AMOUNT
POS PROC CD 81 83655	MODIFIERS	UNITS FROM THRU P	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL	PAID 15.00	DETAIL EOBS		
NAME: BROOKE 20241	JONES .03023934	RECIPIENT ID.: 11606307		MRN: 31224	031224	1,049.12	629.64	4	19.48	0.00	0.00	128.00
	MODIFIERS	UNITS FROM THRU F	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87635 81 87486	59		220224 220224			150.00 42.00	43.61 106.39 28.00	0.00 0.00 0.00	28.00	5000		
81 87498	59		220224			37.07	14.00 22.00	0.00	22.00			
81 87581	59		220224			42.00	15.07 28.00	0.00	28.00			
81 87633			220224			318.05	14.00 212.03	0.00		5000		
81 87640		1.00 031224 031224 2	220224			37.07	106.02 22.00	0.00	0.00	5000		
81 87641	59	1.00 031224 031224 2	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651	59	1.00 031224 031224 2	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 031224 031224 2	220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME: CADEN J	ONES 09083524	RECIPIENT ID.: 11612962		MRN:	041624	13.50	4.00		9.50	0.00	0.00	4.00
	MODIFIERS	SERVICE DATES R	RENDERING PROVIDER	41024	041024	BILLED AMOUNT		COPAY TPL		DETAIL EOBS	0.00	1.00
81 36415		1.00 041624 041624 2	220224			4.50	0.00 4.50	0.00		3323		
81 85049		1.00 041624 041624 2	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: CALEB J	ONES 09083529	RECIPIENT ID.:	: 530001323490	MRN:	041624	13 50	4.00		9.50	0.00	0.00	4.00
	MODIFIERS	SERVICE DATES R	RENDERING PROVIDER	11021	011021	BILLED	ALLOWED NON-AlloWED 0.00	COPAY TPL		DETAIL EOBS	0.00	1.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

314

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224		BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID 4.00	DETAIL EOB 9918	S	
NAME: CHARLES JONES	RECIPIENT ID.: 5300010898		50.54	41 05		1.6.61	0.00	0.00	41 02
2024107014720	I1608663	041024 041024	58.54			16.61	0.00	0.00	41.93
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOB	C	
81 80053	1.00 041024 041024 220224		15.84	12.00	0.00		9918	.S	
01 00033	1.00 041024 041024 220224		13.04	3.84	0.00	12.00	7710		
81 85652	1.00 041024 041024 220224		4.00	3.00	0.00	3.00	9918		
01 00001			2,00	1.00	0.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
81 84443	1.00 041024 041024 220224		25.20	22.93	0.00	22.93	9918		
				2.27	0.00				
81 36415	1.00 041024 041024 220224		4.50	0.00	0.00	0.00	3323		
				4.50	0.00				
81 85049	1.00 041024 041024 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: GUADIEG TONEG	DEGINIENTE IN . E200010000	4.0 MDNI •							
NAME: CHARLES JONES 2024109083533	RECIPIENT ID.: 5300010898	49 MRN: 041024 041024	100 00	102.00	1	88.00	0.00	0.00	102.00
2024109063533	SERVICE DATES RENDERING	041024 041024	190.00 BILLED	102.00 ALLOWED	COPAY	00.00	0.00	0.00	102.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 86665	2.00 041024 041024 220224		70.00	44.00	0.00		9918	.5	
01 00003	2.00 011021 011021 220221		70.00	26.00	0.00	11.00	7710		
81 86664	1.00 041024 041024 220224		30.00	18.00	0.00	18.00	9918		
				12.00	0.00				
81 86255	1.00 041024 041024 220224		35.00	14.00	0.00	14.00	9918		
				21.00	0.00				
81 83516	1.00 041024 041024 220224		36.00	14.00	0.00	14.00	9918		
				22.00	0.00				
81 82784	1.00 041024 041024 220224		19.00	12.00	0.00	12.00	9918		
				7.00	0.00				
NAME: ELT TONEC	DEGIDIEME ID • E200011121	E 2 MDNT •							
NAME: ELI JONES 2024107014742	RECIPIENT ID.: 5300011131 I1610621	53 MRN: 040924 040924	1 0/0 12	620 6/	1	419.48	0.00	0.00	629.64
202410/014/42	SERVICE DATES RENDERING	040924 040924	I,U49.12 BILLED	629.64 ALLOWED	t COPAY	T17.40	0.00	0.00	047.04
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	.S	
81 87486 59	1.00 040924 040924 220224		42.00	28.00	0.00		9918		
01 07100 00	1.00 010921 010921 220221		12.00	14.00	0.00	20.00			
81 87498 59	1 00 040004 040004 000004		27 07			00 00	0010		
= =	1.00 040924 040924 220224		37.07	22.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

I(CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MOD:	IFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBG.	
81 87581 59	IFIERD	1.00 040924 040924				42.00	28.00 14.00	0.00		9918	OBS	
81 87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 040924 040924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
81 87635		1.00 040924 040924	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: EMERY JONES 202410701		RECIPIENT ID	0.: 530002291685	MRN: 040424	040424	13 50	4.00		9.50	0.00	0.00	4.00
POS PROC CD MOD		SERVICE DATES UNITS FROM THRU		010121	010121	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E		1.00
81 36415		1.00 040424 040424				4.50	0.00 4.50	0.00		3323		
81 85049		1.00 040424 040424	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JACK JONES 202410204	7244	I1604791	530002222520	MRN: 040924	040924	397.12			135.09	0.00	0.00	262.03
POS PROC CD MOD:	IFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
81 87498 59	TLIEKS	1.00 040924 040924				37.07	22.00 15.07	0.00		9918	OBS	
81 87581 59		1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME: JACKSON JONE 202410908		RECIPIENT ID	530000555532		041524	926.72	514.00		412.72	0.00	0.00	510.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				3 = 3 . 3 •
POS PROC CD MOD: 81 87481 59		UNITS FROM THRU 4.00 041524 041524				AMOUNT 168.00			112.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	EOBS	
81	87640	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 041524 041524	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	84156		1.00 041524 041524	220224			8.00	4.00	0.00	4.00	9918		
81	82570		1.00 041524 041524	220224			8.00	6.00 2.00	0.00	6.00	9918		
81	83069		1.00 041524 041524	220224			8.00	4.00 4.00	0.00	4.00	9918		
81	84311		2.00 041524 041524	220224			32.00	14.00 18.00	0.00	14.00	9918		
81	82010		1.00 041524 041524	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1.00 041524 041524	220224			8.00	4.00	0.00	4.00	9918		
81	82247	59	1.00 041524 041524	220224			8.00	5.00 3.00	0.00	5.00	9918		
81	83986		1.00 041524 041524	220224			7.00	3.00 3.00 4.00	0.00	3.00	9918		
81	81007		2.00 041524 041524	220224			120.00	4.00 4.00 116.00	0.00	0.00	5900		
81	82043	QW	1.00 041524 041524	220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME:	JAYDA J	ONES	RECIPIENT ID).: 530000165245	MRN:								
	20241	.07014765	I1610623 SERVICE DATES	RENDERING	041124	041124	881.59 BILLED	535.53 ALLOWED	COPAY	346.06	0.00	0.00	463.53
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81	87798	59	9.00 041124 041124	220224			378.00	252.00 126.00	0.00	252.00	9918		
81	87481	59	2.00 041124 041124	220224			84.00	56.00 28.00	0.00	56.00	9918		
81	87491	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	2.00 041124 041124	220224			99.72	56.00 43.72	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

317

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
D00 F		MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידה		DD.C	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	JBS	
81	87591	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07653	Γ.Ο.	0 00 041104 041104	220224			7111	14.00	0.00	0 00	F000		
81	87653	59	2.00 041124 041124	220224			74.14	44.00	0.00	0.00	5900		
0.1	07661	Γ.Ο.	1 00 041104 041104	220224			20.20	30.14	0.00	01 50	0010		
81	87661	59	1.00 041124 041124	220224			32.30	21.53	0.00	21.53	9918		
0.1	07563		1 00 041124 041124	220224			40 50	10.77	0.00	0 00	4001		
81	87563		1.00 041124 041124	220224			42.50	0.00	0.00	0.00	4021		
0.1	07640	Γ0	1 00 041124 041124	220224			27 07	42.50	0.00	22.00	0010		
81	87640	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
NTAME •	JAYDEN	TONEC	DECIDIENT ID	.: 530000666959	MRN:								
MANE .		07014779	I1610624	3300000000339		041224	1,049.12	629.64		419.48	0.00	0.00	629.64
	20241	0/014///	SERVICE DATES	RENDERING	041224	041224	BILLED	ALLOWED	COPAY	417.40	0.00	0.00	027.04
DOS E	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E)BS	
	87635	MODITIEND	1.00 041224 041224	220224			150.00	43.61	0.00		9918	300	
01	07033		1.00 011221 011221	220221			130.00	106.39	0.00	13.01	JJ±0		
81	87486	59	1.00 041224 041224	220224			42.00	28.00	0.00	28 00	9918		
01	0,100	33	1.00 011221 011221	220221			12.00	14.00	0.00	20.00	J J ± 0		
81	87498	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
01	0,100		1.00 011221 011221	220221			37.07	15.07	0.00	22.00	J J I O		
81	87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
0 =	0.00=		_,,,,					14.00	0.00		,,,,		
81	87633		1.00 041224 041224	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041224 041224	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041224 041224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	KALIYAH		RECIPIENT ID	.: 530001679145									
	20241	07014794	I1608669		040524	040524		586.03		313.09	0.00	0.00	586.03
			SERVICE DATES					ALLOWED					
		MODIFIERS		PROVIDER				NON-AllowED				OBS	
81	87486	59	1.00 040524 040524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DA	ATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS		ΓHRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87498	59	1.00	040524 040	0524	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87581	59	1.00	040524 040	0524	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87633		1.00	040524 040	0524	220224			318.05	212.03	0.00	212.03	9918		
										106.02	0.00				
81	87640		1.00	040524 040	0524	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87641	59	1.00	040524 040	0524	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87651	59	1.00	040524 040	0524	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
81	87798		8.00	040524 040	0524	220224			336.00	224.00	0.00	224.00	9918		
										112.00	0.00				
NAME	: KYSON J		- 161060		NT ID	.: 530001466189	MRN:	0.41.004	00 54	E1 00		06.61	0 00	0.00	F1 00
	20241	.07014807	I161062				041224	041224	98.54	71.93		26.61	0.00	0.00	71.93
DOG	DD 0.0 GD	MODIFIED	TRITEC	SERVICE DA		RENDERING			BILLED	ALLOWED	COPAY	D.3.T.D.		o D. C.	
	PROC CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	80053		1.00	041224 043	LZZ4	220224			15.84	12.00	0.00	12.00	9918		
0.1	02026		1 00	041004 043	1004	220224			14 00	3.84	0.00	10.00	0.01.0		
81	83036		1.00	041224 043	LZZ4	220224			14.00	12.00	0.00	12.00	9918		
0.1	80061		1 00	041004 04	1224	220224			20.00	2.00	0.00	14.00	0010		
81	90091		1.00	041224 043	LZZ 4	220224			20.00	14.00 6.00	0.00 0.00	14.00	9910		
81	84443		1 00	041224 043	1224	220224			25.20	22.93	0.00	22 02	9918		
0.1	04443		1.00	041224 04.	L Z Z I	220224			23.20	2.27	0.00	22.93	JJIO		
81	84436	59	1 00	041224 043	1224	220224			10.00	7.00	0.00	7 00	9918		
01	04430		1.00	041224 04.	1227	220224			10.00	3.00	0.00	7.00	J J ± 0		
81	36415		1 00	041224 043	1224	220224			4.50	0.00	0.00	0 00	3323		
01	30413		1.00	041224 04.	1227	220224			4.50	4.50	0.00	0.00	3323		
81	85049		1 00	041224 043	1224	220224			9.00	4.00	0.00	4 00	9918		
01	03019		1.00	011221 01	1221	220221			J.00	5.00	0.00	1.00	JJ±0		
										3.00	0.00				
NAME	MACK JO	NES		RECIPTE	TD TD	.: 530001933716	MRN:								
		02047252	I160479				040424	040424	258.14	172.09		86.05	0.00	0.00	172.09
					ATES	RENDERING				ALLOWED	COPAY				= - = • • •
POS	PROC CD	MODIFIERS	UNITS			PROVIDER				NON-AllowED		PAID	DETAIL E	OBS	
	80307			040424 040					83.81			55.87		-	
										27.94	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

FROM THRU AMOUNT AMOUNT ALLOWED AMOUNT AMOUNT SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllowED TPL PAID DETAIL EOBS 81 G0482 1.00 040424 040424 220224 174.33 116.22 0.00 16.22 9918 NAME: MAKANYIA JONES	AMOUNT 263.50
NAME: MAKAANIA TONEC DEGIDIENT ID : E20001EE6260 MDN:	263.50
NAME: MAKAAYLA JONES RECIPIENT ID.: 530001556360 MRN: 2024103023946 I1606317 021324 021324 457.83 291.50 166.33 0.00 0.00	203.30
SERVICE DATES RENDERING 021324 021324 457.83 291.50 100.53 0.00 0.00	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 87389 1.00 021324 021324 220224 36.00 23.88 0.00 23.88 9918	
12.12 0.00 81 85027 1.00 021324 021324 220224 12.00 5.00 0.00 5.00 9918	
7.00 0.00	
81 36415 1.00 021324 021324 220224 4.50 0.00 0.00 0.00 3323	
4.50 0.00	
81 87491 59 1.00 021324 021324 220224 49.86 28.00 0.00 0.00 5490	
21.86 0.00 81 87591 59 1.00 021324 021324 220224 42.00 28.00 0.00 28.00 9918	
14.00 0.00	
81 87661 1.00 021324 021324 220224 32.30 21.53 0.00 21.53 9918	
10.77 0.00	
81 87086 1.00 021324 021324 220224 18.53 10.00 0.00 10.00 9918	
8.53 0.00 81 81015 1.00 021324 021324 220224 4.50 3.00 0.00 3.00 9918	
1.50 0.00	
81 80307 1.00 021324 021324 220224 83.81 55.87 0.00 55.87 9918	
27.94 0.00	
81 G0482 1.00 021324 021324 220224 174.33 116.22 0.00 116.22 9918	
58.11 0.00	
NAME: MAKAAYLA JONES RECIPIENT ID.: 530001556360 MRN:	
2024103023975	130.85
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 81001 1.00 021324 021324 220224 5.00 4.00 0.00 0.00 5911 5912	
1.00 021324 021324 220224 1.00 0.00 0.00	
81 85660 1.00 021324 021324 220224 8.00 5.00 5.00 9918	
3.00 0.00	
81 86850 1.00 021324 021324 220224 30.00 8.00 0.00 8.00 9918	
22.00 0.00 81 86901 1.00 021324 021324 220224 9.00 2.91 0.00 2.91 9918	
6.09	

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY	TPL AMOUNT	PAID AMOUNT
POS :	PROC CD 86900	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 021324 021324	RENDERING PROVIDER 220224			BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 2.94	COPAY TPL 0.00	PAID 2.94	DETAIL EO 9918	BS	
81	86592		1.00 021324 021324	220224			7.00	6.06 5.00 2.00	0.00 0.00 0.00	5.00	9918		
81	86762		1.00 021324 021324	220224			42.00	18.00 24.00	0.00	18.00	9918		
81	87340		1.00 021324 021324	220224			15.00	13.00	0.00	13.00	9918		
81	82677		1.00 021324 021324				72.00	27.00 45.00	0.00		9918		
81	84702		1.00 021324 021324				22.00	12.00	0.00		9918		
81 81	82105 86336	T.C	1.00 021324 021324 1.00 021324 021324				51.00 32.00	20.00 31.00 17.00	0.00 0.00 0.00		9918 5001 9918		
01	00330	ПС	1.00 021321 021321	220221			32.00	15.00	0.00	17.00	3001 3310		
NAME:	MARYAH 20241	JONES L02044265	I1604372	.: 530000462678	MRN: 040824	040824	1,049.12			419.48	0.00	0.00	629.64
DUS .	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EO	RQ	
81	87635	MODIFIER	1.00 040824 040824	220224			150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040824 040824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	MIKE JC 20241	ONES L07014822	RECIPIENT ID	.: 530001968466	MRN: 040124	040124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87486	MODIFIERS 59	SERVICE UNITS FROM 1.00 040124	THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL F		
81	87498	59	1.00 040124	040124	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 040124	040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040124	040124	220224			318.05	212.03 106.02	0.00	212.03	9918		
	87640		1.00 040124	040124	220224			37.07	22.00 15.07	0.00		9918		
		59	1.00 040124		220224			37.07	22.00 15.07	0.00		9918		
	87651	59	1.00 040124					49.86	28.00 21.86	0.00		9918		
81	87798		8.00 040124	040124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	NEVAEH	JONES 03023997	RECIP: 11606320	IENT ID	530002309457	MRN: 041024	041024	1,049.12	629.64		419.48	0.00	0.00	629.64
			SERVICE		RENDERING	011021	011021	BILLED	ALLOWED	COPAY				023.01
	PROC CD	MODIFIERS	UNITS FROM 1.00 041024	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	EOBS	
81	87635		1.00 041024	041024	220224			150.00	43.61 106.39	0.00 0.00	43.01	9918		
81	87486	59	1.00 041024	041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
	87498	59	1.00 041024	041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
	87581	59	1.00 041024		220224			42.00	28.00 14.00	0.00		9918		
81	87633		1.00 041024	041024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041024	041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041024	041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041024	041024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041024	041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	NOVA JO 20241	NES 03024015	RECIP: I1606319	IENT IC	530001912821	MRN: 040924	040924	13.50	4.00		9.50	0.00	0.00	4.00

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

322

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

ICN POS PROC CD MODIFIERS 81 36415 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224	SERVICE FROM	DATES THRU	AMOUNT	AMOUNT ALLOWED NON-AlloWED 0.00 4.50		OWED 2	DETAIL EOBS 3323	PL DUNT	PAID AMOUNT
NAME: NOVA JONES 2024107014837 POS PROC CD MODIFIERS 81 85610 81 85730	RECIPIENT ID.: 530001912821 I1608673 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224	MRN: 040924		BILLED	2.00	COPAY	PAID 5.00		0.00	11.00
NAME: CAROLYN JORDAN 2024109083571 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530001074357 I1612970 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224	041624		BILLED AMOUNT		COPAY TPL		DETAIL EOBS	0.00	43.61
NAME: JONATHAN JORDAN 2024099022956 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59	RECIPIENT ID.: 530000299602 I1601481 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021924 021924 220224 1.00 021924 021924 220224 1.00 021924 021924 220224		021924	229.07 BILLED AMOUNT 150.00 37.07 42.00	69.56 ALLOWED NON-AllOWED 31.68 118.32 18.94 18.13 18.94 23.06	COPAY	PAID 31.68 18.94	0.00 DETAIL EOBS 9918 9936 9918 9936 9918 9936	0.00	69.56
NAME: JONATHAN JORDAN 2024102039538 POS PROC CD MODIFIERS 81 87633	RECIPIENT ID.: 530000299602 11603485 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021924 021924 220224		021924		0.00 ALLOWED NON-AllOWED 0.00 318.05	COPAY TPL	PAID 0.00	DETAIL EOBS	0.00	0.00
	RECIPIENT ID.: 530001245362 I1611797		041524	141.04	102.93		38.11	0.00	0.00	102.93

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

323

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				'PL OUNT	PAID AMOUNT
			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	0.00	12.00	9918		
81	82306		1.00 041524 041524	220224			44.00	3.84 29.00	0.00	20 00	9918		
0.1	02300		1.00 041524 041524	220224			44.00	15.00	0.00	29.00	9910		
81	83036		1.00 041524 041524	220224			14.00	12.00	0.00	12.00	9918		
01	03030		1.00 011321 011321	220221			11.00	2.00	0.00	12.00	JJ10		
81	80061		1.00 041524 041524	220224			20.00	14.00	0.00	14.00	9918		
								6.00	0.00				
81	84443		1.00 041524 041524	220224			25.20	22.93	0.00	22.93	9918		
								2.27	0.00				
81	84439		1.00 041524 041524	220224			13.00	9.00	0.00	9.00	9918		
								4.00	0.00				
81	85049		1.00 041524 041524	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
MΛΜΕ	: LAKELYN	מסדייסווד. ז	PFCTDTFNT T	.: 530002119876	MRN:								
IAMILI		.09079785	I1612973	·· 550002117070	041624	041624	899.12	586.03		313.09	0.00	0.00	586.03
	20211	200010100	SERVICE DATES	RENDERING	011021	011021	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 041624 041624	220224			42.00	28.00	0.00		9918		
								14.00	0.00				
81	87498	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00 041604 041604	000004			210 05	14.00	0.00	010 02	0010		
81	87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 041624 041624	220224			37.07	106.02 22.00	0.00	22 00	9918		
01	07040		1.00 041024 041024	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
-								15.07	0.00				
81	87651	59	1.00 041624 041624	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
377 3 <i>7</i> 77		17.3.37.0			MDATA								
NAME			RECIPIENT ID	530001456550	MRN: 041124	041124	000 10	E06 02		212 00	0 00	0 00	E06 02
	ZUZ41	07014857	I1608680 SERVICE DATES	DENIDEDING	041124	041124	899.12 BILLED	586.03	COPAY	3±3.U9	0.00	0.00	586.03
DUG	DRAC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS	!	
	87486		1.00 041124 041124				42.00	28.00	0.00			•	
<i>3</i> –	2.200						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
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	E 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	EOBS	
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
0.1	07.40		4 00	0.4.4.0.4.0.4.4.0.4	000001			0.7.0.7	106.02	0.00		0010		
81	87640		1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	F.0	1 00	041104 041104	000004			25 25	15.07	0.00	00.00	0010		
81	87641	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	ГО	1 00	041104 041104	220224			40.06	15.07	0.00	20.00	0010		
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	20.00	9918		
81	87798		9 00	041124 041124	220224			336.00	21.86 224.00	0.00	224.00	0010		
0.1	01190		0.00	041124 041124	220224			330.00	112.00	0.00	224.00	9910		
									112.00	0.00				
NAME:	TENNTER	R KEARNEY		RECIPIENT ID	.: 530001387308	MRN:								
141111		.07014870	I160868		. 33000130,300		041024	272.36	178.93		93.43	0.00	0.00	178.93
				SERVICE DATES	RENDERING	0 1 2 0 2 1	0 1 1 0 1 1	BILLED	ALLOWED	COPAY	70110			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	80053			041024 041024	220224			15.84	12.00	0.00		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	36415		1.00	041024 041024	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
81	85049		1.00	041024 041024	220224			9.00	4.00	0.00	4.00	9918		
0.1	00600		1 00	0.41.004.041.004	000004			00.00	5.00	0.00	1 00	0010		
81	82607		1.00	041024 041024	220224			22.00	17.00	0.00	17.00	9918		
0.1	00206		1 00	041004 041004	220224			44.00	5.00	0.00	20.00	0010		
81	82306		1.00	041024 041024	220224			44.00	29.00	0.00	29.00	9918		
81	83540		1 00	041024 041024	220224			9.71	15.00 7.00	0.00	7 00	9918		
01	03340		1.00	011021 011021	220224			9.11	2.71	0.00	7.00	9910		
81	83550		1 00	041024 041024	220224			13.11	10.00	0.00	10 00	9918		
01	03330		1.00	011021 011021	220221			13.11	3.11	0.00	10.00	JJ±0		
81	82728		1.00	041024 041024	220224			40.00	13.00	0.00	13.00	9918		
0.1	02,20		±.00	511021 011021				10.00	27.00	0.00	±3.00	2210		
81	84481		1.00	041024 041024	220224			24.00	16.00	0.00	16.00	9918		
-	_							. , ,	8.00	0.00		-		
81	83036		1.00	041024 041024	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT 1	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN	ЛТ	PAID AMOUNT
POS 81	PROC CD 86376	MODIFIERS	UNITS F	ERVICE DATES ROM THRU 41024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 21.00	ALLOWED NON-AlloWED 15.00 6.00	COPAY TPL 0.00 0.00	PAID 15.00		EOBS		
81	84443		1.00 04	41024 041024	220224			25.20	22.93 2.27	0.00	22.93	9918			
81	84436	59	1.00 04	41024 041024	220224			10.00	7.00 3.00	0.00	7.00	9918			
NAME:	FELICIA 20241	KEEN 02039596	I1603491		: 530001265083	MRN: 040324	040324	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00		0.00	116.22
	PROC CD G0482	MODIFIERS	UNITS F		PROVIDER			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL	PAID 116.22		EOBS		
NAME:	KRISTIE 20241	KEENER 07014888	I1608683	RECIPIENT ID	.: 530001476881	MRN: 041024	041024	294.65	200.93		93.72	0.00		0.00	193.93
	PROC CD 82044	MODIFIERS QW	UNITS F		RENDERING PROVIDER 220224			BILLED AMOUNT 12.00	ALLOWED NON-AlloWED 3.00	COPAY TPL 0.00	PAID 3.00	DETAIL 9918	EOBS		
81	80053		1.00 04	41024 041024	220224			15.84	9.00 12.00 3.84	0.00 0.00 0.00	12.00	9918			
81	84439		1.00 04	41024 041024	220224			13.00	9.00 4.00	0.00	9.00	9918			
81	84436	59	1.00 04	41024 041024	220224			10.00	7.00 3.00	0.00	0.00	5910			
81	36415		1.00 04	41024 041024	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	86800		1.00 04	41024 041024	220224			23.00	15.00 8.00	0.00	15.00	9918			
81	84432		1.00 04	41024 041024	220224			24.00	17.00 7.00	0.00	17.00	9918			
81				41024 041024				9.00	4.00 5.00	0.00		9918			
81	82607			41024 041024				22.00	17.00 5.00	0.00	17.00				
81	82306			41024 041024				44.00	29.00 15.00	0.00		9918			
81	84481		1.00 04	41024 041024	220224			24.00	16.00 8.00	0.00 0.00	16.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	83036	HODII IIKS		041024 041024	220224			14.00	12.00	0.00		9918	LODE	
									2.00	0.00				
81	83735		1.00	041024 041024	220224			13.11	8.00	0.00	8.00	9918		
									5.11	0.00				
81	80061		1.00	041024 041024	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81	86376		1.00	041024 041024	220224			21.00	15.00	0.00	15.00	9918		
0.1	0.4.4.0		1 00	0.41.004.041.004	000004			05.00	6.00	0.00	00.00	0010		
81	84443		1.00	041024 041024	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
NAMF:	WILLOW	KEENEE		חדר דמד⊊אים דה	.: 530001477981	MRN:								
IVAI-ID •		.07014913	I161062		. • 550001177501	041224	041224	899.12	586.03		313.09	0.00	0 .	00 586.03
	20211	.0,011913	1101001	SERVICE DATES	RENDERING	011221	0 11221	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	1.00	041224 041224				42.00	28.00	0.00		9918		
									14.00	0.00				
81	87498	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041224 041224	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	0.41.004.041.004	000004			210 05	14.00	0.00	010 02	0010		
81	87633		1.00	041224 041224	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1 00	041224 041224	220224			37.07	106.02 22.00	0.00	22 00	9918		
01	07040		1.00	011221 011221	220224			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918		
0_	0.01=			011111					15.07	0.00		2220		
81	87651	59	1.00	041224 041224	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	041224 041224	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
					E2000102006									
NAME:		A KEETON	T161100		.: 530001239865	MRN:	041404	FCF 10	274 02		101 00	0 00	0	00 374 03
	20241	.09079826	I161180	SERVICE DATES	DEMDEDING	041424	041424		374.03		191.09	0.00	0.	00 374.03
DUG	DRUC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	דדעהאדד	FORS	
81				041424 041424				37.07		0.00		9918	ECDO	
0 ±	3,170		1.00	011121 011121	22021			57.07	15.07	0.00	22.00	J J ± 0		
81	87581	59	1.00	041424 041424	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 8763		SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 041424 041424 220224	NG		BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL E		
81 8779	98	4.00 041424 041424 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: BREN 20	IIN KELLEY 024103024021	RECIPIENT ID.: 5300 I1606340	1719706 MRN: 120623	120623	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC 81 8748	CD MODIFIERS	SERVICE DATES RENDER UNITS FROM THRU PROVID 1.00 120623 120623 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00	PAID 28.00		OBS	
81 8749	8 59	1.00 120623 120623 220224			37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 8758	31 59	1.00 120623 120623 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8763	33	1.00 120623 120623 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 8764	10	1.00 120623 120623 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8764	1 59	1.00 120623 120623 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8765	51 59	1.00 120623 120623 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 8779	98	8.00 120623 120623 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: TONY 20	KELLY 024103024040	RECIPIENT ID.: 5300 I1606345	040924	040924	899.12			313.09	0.00	0.00	586.03
POS PROC	CD MODIFIERS	SERVICE DATES RENDER UNITS FROM THRU PROVID			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
	6 59	1.00 040924 040924 220224			42.00	28.00				OBS	
81 8749	8 59	1.00 040924 040924 220224			37.07	14.00 22.00	0.00	22.00	9918		
81 8758	31 59	1.00 040924 040924 220224			42.00	15.07 28.00	0.00	28.00	9918		
81 8763	33	1.00 040924 040924 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 8764	10	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	ORG	
81	87641	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00		9918	OBS	
81	87651	59	1.00 040924 040924	220224			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00		9918		
NAME:	TYIREHA	ANNA KELLY	RECIPIENT ID	.: 530001438638	MRN:								
		.03024061	I1606346			040924	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	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87486	59	1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040924 040924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	JAMES K 20241	TELTON .09079840	RECIPIENT ID	.: 530000915667	MRN: 041624	041624	565.12	374.03		191.09	0.00	0.00	374.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87498	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041624 041624	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 041624 041624	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	-ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL DUNT	PAID AMOUNT
NAME: CARLIE KEM 20241020	MP 039614	RECIPIENT ID.: 53000061794 I1603492 SERVICE DATES RENDERING	MRN: 040624	040624	342.02 BILLED	217.53 ALLOWED	S COPAY	124.49	0.00	0.00	189.53
POS PROC CD MO 81 87798	DDIFIERS	UNITS FROM THRU PROVIDER 3.00 040624 040624 220224			342.02 BILLED AMOUNT 126.00 49.86 42.00 49.86	NON-AllOWED	TPL 0.00 0.00	PAID 84.00	DETAIL EOBS 9918		
81 87491 59	e	1.00 040624 040624 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	e	1.00 040624 040624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	9	1.00 040624 040624 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	9	1.00 040624 040624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661 59	9	1.00 040624 040624 220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: ARIELLE KE 20241030	124079	RECIPIENT ID.: 5300015849' 11606347 SERVICE DATES RENDERING	022624	022624	49.86 BILLED	28.00 ALLOWED) COPAY	21.86	0.00	0.00	28.00
POS PROC CD MO 81 87651	DDIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022624 022624 220224			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 28.00	DETAIL EOBS 9918		
20240990	022972	RECIPIENT ID.: 53000090493		032024	49.86	0.00)	49.86	0.00	18.94	0.00
HEADER EOBS: 90 POS PROC CD MO 81 87651	DDIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032024 032024 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 0.00 49.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936		
NAME: JAXON KIKE 20241070		RECIPIENT ID.: 53000229733		041224	899.12	586.03	}	313.09	0.00	0.00	586.03
POS PROC CD MO 81 87486 59	ODIFIERS 9	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 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	9	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	9	1.00 041224 041224 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	Γ NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 876		MODIFIERS		SERVICE FROM 041224 (THRU	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	:OBS	
81 876	640		1.00	041224 (041224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	641	59	1.00	041224 (041224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	651	59	1.00	041224 (041224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 877	798		8.00	041224 (041224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: DAN		CILGO 02039631	I160349	3		.: 530000911954	MRN: 040324	040324		55.48		69.52	0.00	0.0	55.48
POS PROC 81 G04		MODIFIERS		SERVICE FROM 040324 (THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52		PAID 55.48		:OBS	
NAME: CAL		GORE 07014961	I160869		IENT ID	.: 530001695308	MRN: 040224	040224	1 049 12	629.64		419.48	0.00	0.0	629.64
POS PROC 81 874	C CD	MODIFIERS	UNITS	SERVICE FROM 040224 (THRU	RENDERING PROVIDER 220224	010221	010221	BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E		023.01
81 874	498	59	1.00	040224 (040224	220224			37.07	14.00 22.00	0.00	22.00	9918		
81 875	581	59	1.00	040224 (040224	220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 876	633		1.00	040224 (040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 876	640		1.00	040224 (040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	641	59	1.00	040224 (040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	651	59	1.00	040224 (040224	220224			49.86	28.00	0.00	28.00	9918		
81 877	798		8.00	040224 (040224	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
81 876	635		1.00	040224 (040224	220224			150.00	43.61 106.39	0.00	43.61	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

CRA-PRPD-R

3524808

1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

331

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: 3		KIMBLE 02047269	RECIPIENT ID I1604794 SERVICE DATES		MRN: 040924	040924	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PF 81 8		MODIFIERS 59	UNITS FROM THRU 1.00 040924 040924				AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	EOBS	
	87498	59	1.00 040924 040924				37.07	22.00 15.07	0.00	22.00			
		59	1.00 040924 040924				42.00	28.00 14.00	0.00	28.00			
81 8	87633		1.00 040924 040924				318.05 37.07	212.03 106.02 22.00	0.00	212.03			
		59	1.00 040924 040924 1.00 040924 040924				37.07	15.07 22.00	0.00 0.00 0.00	22.00			
		59	1.00 040924 040924				49.86	15.07 28.00	0.00	28.00			
81 8	87798		8.00 040924 040924	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: A		MBRELL 99022990	RECIPIENT ID I1601521	.: 530001705111	MRN: 032524	032524	563.12	0.00		563.12	0.00	298.81	0.00
	EOBS:												
POS PF 81 8		MODIFIERS 59					AMOUNT 42.00	NON-AllOWED 0.00 42.00	TPL 0.00 0.00	PAID 0.00	DETAIL E 9918 993		
81 8	87498	59	1.00 032524 032524	220224			37.07	0.00 37.07	0.00	0.00	9918 993	36	
		59	1.00 032524 032524				42.00	0.00 42.00	0.00		9918 993		
	87633		1.00 032524 032524					0.00 318.05	0.00		9918 993		
	87640 87641	59	1.00 032524 032524 1.00 032524 032524				37.07 37.07	0.00 37.07 0.00	0.00 0.00 0.00		9918 993 9918 993		
	87651	59	1.00 032524 032524				49.86	37.07 0.00	0.00		9918 993		
								49.86	0.00				
NAME: 1		INARD 09079859	RECIPIENT ID 11611807	.: 530000803376	MRN: 031224	031224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E 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	'ODC	
	59	9.00 031224 031224 220224			378.00	252.00 126.00	0.00	252.00		1000	
81 87481	59	2.00 031224 031224 220224			84.00	56.00 28.00	0.00	56.00	9918		
81 87491	59	1.00 031224 031224 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 031224 031224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	2.00 031224 031224 220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591	59	1.00 031224 031224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87653	59	2.00 031224 031224 220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661	59	1.00 031224 031224 220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87563		1.00 031224 031224 220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640	59	1.00 031224 031224 220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: AMANDA K 202410	ING 7014978	RECIPIENT ID.: 53000035389		040824	258.14	172.09		86.05	0.00	0.00	172.09
POS PROC CD 1	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			BILLED AMOUNT 83.81	ALLOWED NON-AllOWED 55.87	COPAY TPL 0.00	PAID 55.87	DETAIL E 9918	OBS	
81 G0482		1.00 040824 040824 220224			174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22	9918		
NAME: EMBREYAH 202410	KING 2039646	RECIPIENT ID.: 53000039083	37 MRN: 040524	040524	13.50	4.00)	9.50	0.00	0.00	4.00
POS PROC CD 181 36415		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224	010021	010321	BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00	COPAY TPL 0.00	PAID	DETAIL E		1.00
81 85049		1.00 040524 040524 220224			9.00	4.50 4.00	0.00		9918		
NAME: JEREMIAH 202410	KING 2044285	RECIPIENT ID.: 53000144383		040324	1,049.12	5.00 629.64	0.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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 CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00 040324 040324 220224		150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040324 040324 220224		318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040324 040324 220224		49.86	28.00	0.00	28.00	9918		
81	87798		8.00 040324 040324 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:	: KARTER		RECIPIENT ID.: 5300012256		1 040 10	500 54		410 40	0.00	0.00	500 54
	20241	L09079904	I1611809	041524 041524	1,049.12			419.48	0.00	0.00	629.64
DOG	DD00 0D	MODIFIED	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D3.TD		HODG	
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 041524 041524 220224		42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 041524 041524 220224		37.07	14.00 22.00	0.00	22 00	9918		
OΤ	0/490	59	1.00 041324 041324 220224		37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 041524 041524 220224		42.00	28.00	0.00	28 00	9918		
01	07301	3,7	1.00 011321 011321 220221		12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00 041524 041524 220224		318.05	212.03	0.00	212.03	9918		
0_	0,000				3_3.33	106.02	0.00		,,,,		
81	87640		1.00 041524 041524 220224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81	87641	59	1.00 041524 041524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041524 041524 220224		49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041524 041524 220224		336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041524 041524 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED		PL OUNT	PAID AMOUNT
NAME: PHOENIX KING 2024107014990 POS PROC CD MODIFIERS 81 86003	RECIPIENT ID.: 530001900395 11610636 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 12.00 040824 040824 220224	040824 040824		72.00 ALLOWED COPAY NON-AllOWED TPL 72.00 0 21.00 0	PAID .00 72.0	0.00 DETAIL EOBS 0 9918		72.00
202/100070010	RECIPIENT ID.: 530001432979 I1612981 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224	0/162/ 0/162/	49.86 BILLED AMOUNT 49.86	NON-AllOWED TPL	PAID .00 28.0	DETAIL EOBS		28.00
2024107014996 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000491331 I1608708 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	040224 040224	49.86 BILLED AMOUNT 49.86	NON-AllOWED TPL	PAID .00 28.0	DETAIL EOBS		28.00
NAME: BRAYDEN KING-HERREF 2024103024169 POS PROC CD MODIFIERS 81 80053 81 83036 81 80061 81 84443 81 36415 81 85049		MRN: 040924 040924	88.54 BILLED AMOUNT 15.84 14.00 20.00 25.20 4.50 9.00	NON-AllOWED TPL 12.00 0 3.84 0 12.00 0 2.00 0 14.00 0 6.00 0 22.93 0 22.93 0 2.27 0 0.00 0 4.50 0 4.00 0	PAID .00 12.0 .00 12.0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00			64.93
2024103024188 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001278005 I1606375 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	MRN: 020524 020524		28.00 0		DETAIL EOBS	0.00	28.00

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ISLA KI 20241 POS PROC CD 81 87651	L03024198	RECIPIENT ID.: 530002354685 11606376 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121123 121123 220224	MRN: 121123	121123	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AlloWED 28.00	COPAY TPL			0.00 DBS	28.00
NAME: AERIS K 20241	KNIGHT L09079928	RECIPIENT ID.: 530001143980 I1611815	MRN: 040324	040324	899.12	21.86	0.00		0.00	0.00	586.03
POS PROC CD 81 87486		SERVICE DATES RENDERING			BILLED	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EC		300.03
81 87498 81 87581	59 59	1.00 040324 040324 220224 1.00 040324 040324 220224			37.07 42.00	22.00 15.07 28.00 14.00	0.00 0.00 0.00	22.00 28.00			
81 87633 81 87640		1.00 040324 040324 220224 1.00 040324 040324 220224			318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00 0.00	212.03 22.00			
81 87641 81 87651	59 59	1.00 040324 040324 220224 1.00 040324 040324 220224			37.07 49.86	15.07 22.00 15.07 28.00	0.00 0.00 0.00 0.00	22.00 28.00			
81 87798		8.00 040324 040324 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00			
NAME: ARIYANA 20241	A KNIGHT L02039656	RECIPIENT ID.: 530001419452 I1603501 SERVICE DATES RENDERING	MRN: 022024	022024	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD 81 87635		UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61)BS	
81 87486 81 87498	59 59	1.00 022024 022024 220224 1.00 022024 022024 220224			42.00 37.07	28.00 14.00 22.00 15.07	0.00 0.00 0.00 0.00	28.00			
81 87581 81 87633	59	1.00 022024 022024 220224 1.00 022024 022024 220224			42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
						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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC 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 EC	DBS	
81 8764	40	1.00 022024 022024 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 8764	41 59	1.00 022024 022024 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 8765	51 59	1.00 022024 022024 220224		49.86	28.00	0.00	28.00	9918		
0.1				005.00	21.86	0.00	224	0010		
81 8779	98	8.00 022024 022024 220224		336.00		0.00	224.00	9918		
					112.00	0.00				
37334F1 4 T F1 7		DEGEDTEME TD . 520001142001	MIDATA							
	IANA KNIGHT	RECIPIENT ID.: 530001143981	MRN:	4 000 10	F06 03	•	212 00	0 00	0 00	F06 02
۷.	024103024210	I1606387	040924 04092				313.09	0.00	0.00	586.03
	OD MODIETEDO	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	ח א ד ח	המתאדו הל) D.C	
POS PROC		UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	JBS	
81 8748	36 59	1.00 040924 040924 220224		42.00	28.00	0.00	28.00	9918		
01 0740	00 E0	1.00 040924 040924 220224		27 07	14.00	0.00	22 00	0010		
81 8749	98 59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 8758	31 59	1.00 040924 040924 220224		42.00	28.00	0.00	20 00	9918		
OI 0/30	31 39	1.00 040924 040924 220224		42.00	14.00	0.00	20.00	9910		
81 8763	3 3	1.00 040924 040924 220224		318.05	212.03	0.00	212.03	0018		
01 070	33	1.00 040924 040924 220224		310.03	106.02	0.00	212.03	9910		
81 8764	4.0	1.00 040924 040924 220224		37.07	22.00	0.00	22 00	9918		
01 070	10	1.00 010921 010921 220221		37.07	15.07	0.00	22.00	JJ10		
81 8764	41 59	1.00 040924 040924 220224		37.07	22.00	0.00	22 00	9918		
01 070	11 37	1.00 010921 010921 220221		37.07	15.07	0.00	22.00	JJ 10		
81 8765	51 59	1.00 040924 040924 220224		49.86	28.00	0.00	28.00	9918		
0_ 0.00	- 0,			22.00	21.86	0.00		2220		
81 8779	98	8.00 040924 040924 220224		336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
NAME: KARI	ENA KRAUDY	RECIPIENT ID.: 530000406159	MRN:							
	024102047285	I1604799	040824 04082	4 179.54	122.93	}	56.61	0.00	0.00	122.93
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	OBS	
81 8005	53	1.00 040824 040824 220224		15.84	12.00	0.00	12.00	9918		
					3.84	0.00				
81 8260	07	1.00 040824 040824 220224		22.00	17.00	0.00	17.00	9918		
					5.00	0.00				
81 8274	46	1.00 040824 040824 220224		22.00	13.00	0.00	13.00	9918		
					9.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

337

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 E	r^pc	
81 82306	1.00 040824 040824 220224		44.00	29.00	0.00		9918	Caor	
01 02300	1.00 010021 010021 220221		11.00	15.00	0.00	27.00	JJ±0		
81 84481	1.00 040824 040824 220224		24.00	16.00	0.00	16 00	9918		
01 01101	1.00 010021 010021 220221		21.00	8.00	0.00	10.00	JJ±0		
81 84443	1.00 040824 040824 220224		25.20	22.93	0.00	22 93	9918		
01 01115	1.00 010021 010021 220221		23.20	2.27	0.00	22.75	JJ±0		
81 84439	1.00 040824 040824 220224		13.00	9.00	0.00	9 00	9918		
01 01139	1.00 010021 010021 220221		13.00	4.00	0.00	J.00	JJ±0		
81 36415	1.00 040824 040824 220224		4.50	0.00	0.00	0 00	3323		
01 30113	1.00 010021 010021 220221		1.50	4.50	0.00	0.00	3323		
81 85049	1.00 040824 040824 220224		9.00	4.00	0.00	4.00	9918		
02 00019			,,,,,	5.00	0.00		7720		
NAME: KARENA KRAUDY	RECIPIENT ID.: 530000406159	MRN:							
2024103024225	I1606393	040824 040824	40.00	15.00)	25.00	0.00	0.00	15.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81 86038	1.00 040824 040824 220224		40.00	15.00	0.00	15.00			
				25.00	0.00				
NAME: KARENA KRAUDY	RECIPIENT ID.: 530000406159	MRN:							
2024107015004	I1610640	041224 041224	1,049.12	629.64	<u> </u>	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 E	EOBS	
81 87635	1.00 041224 041224 220224		150.00	43.61	0.00	43.61	9918		
				106.39	0.00				
81 87486 59	1.00 041224 041224 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87498 59	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 041224 041224 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 041224 041224 220224		318.05	212.03	0.00	212.03	9918		
0.1				106.02	0.00		2212		
81 87640	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
01 08641 50	1 00 041004 041004 000004		20.25	15.07	0.00	22.22	0010		
81 87641 59	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
01 05651 50	1 00 041004 041004 000004		40.00	15.07	0.00	00.00	0010		
81 87651 59	1.00 041224 041224 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

338

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	083131776
35235-2718	ISSUE DATE	04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 041224 041224 220224		BILLED AMOUNT 336.00	ALLOWED NON-AlloweD		PAID	DETAIL EOBS		
NAME: KARTER LAMB 2024107015028	T1 C1 O C 4 O	MRN: 022924 022924	563.12	52.50)	510.62	0.00	246.31	52.50
	SERVICE DATES RENDERING	022924 022924	BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL		DETAIL EOBS		
81 87486 59	1.00 022924 022924 220224		42.00	7.50 34.50	0.00	7.50	9918 9936		
81 87498 59	1.00 022924 022924 220224		37.07	7.50	0.00	7.50	9918 9936		
				29.57	0.00				
81 87581 59	1.00 022924 022924 220224		42.00	7.50	0.00	7.50	9918 9936		
81 87633	1.00 022924 022924 220224		318.05	34.50 7.50	0.00	7 50	9918 9936		
01 07033	1.00 022724 022724 220224		310.03	310.55	0.00	7.50	JJ10 JJ30		
81 87640	1.00 022924 022924 220224		37.07	7.50	0.00	7.50	9918 9936		
0.1				29.57	0.00				
81 87641 59	1.00 022924 022924 220224		37.07	7.50 29.57	0.00	7.50	9918 9936		
81 87651 59	1.00 022924 022924 220224		49.86	29.57 7.50	0.00	7.50	9918 9936		
0_ 0,00_ 0,			27.00	42.36	0.00	,,,,,	7720 7700		
NAME: JENNIFER LAMBERTH 2024107015042	RECIPIENT ID.: 530000331814 I1608719	MRN: 032124 032124	125 00	EE //0)	69.52	0 00	0.00	55.48
2024107013042	SERVICE DATES RENDERING	032124 032124	BILLED	ALLOWED	COPAY	09.52	0.00	0.00	55.40
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED		PAID	DETAIL EOBS		
81 G0480	1.00 032124 032124 220224		125.00			55.48	9918		
				69.52	0.00				
NAME: TRISTON LANDRUM	RECIPIENT ID.: 530000980646	MRN:							
2024107015052	I1608720	040224 040224	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	TOTAL TITTOMED			DETAIL EOBS		
81 80307	1.00 040224 040224 220224		83.81	55.87 27.94	0.00	55.87	9918		
81 G0482	1.00 040224 040224 220224		174.33	116.22	0.00	116.22	9918		
	-			58.11	0.00				
NAME · DISC I AND DISC	DEGIDTENE TO . F20001010001	MDNI •							
NAME: TY LANGLEY 2024103024253	RECIPIENT ID.: 530001919081 I1606406	MRN: 032724 032724	49.86	28.00)	21.86	0.00	0.00	28.00
2021103021233	11000100	032/21 032/24	47.00	20.00	,	21.00	0.00	0.00	20.00

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032724 032724	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00		DETAIL 9918	EOBS	
NAME: MASON L 20241	ANKFORD .07015061	RECIPIENT ID	530002231125	MRN: 040324	040324	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 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CALI LA	APORTE	RECIPTENT ID	0.: 530002380611	MRN:								
	.02044301	I1604379			040824	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 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824	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

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		-ICN ODIFIERS 9	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 8.00 040824 040824 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00 21.86 224.00 112.00	NO ALL COPAY TPL 0.00 0.00 0.00	OWED A	AMOUNT AM DETAIL EOBS 9918	PL OUNT	PAID AMOUNT
POS PRO 81 87	2024109 OC CD M 7507	079954 ODIFIERS	RECIPIENT ID.: 530002131642 I1611823 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	041524	041524	319.55 BILLED AMOUNT 319.55	NON-AllOWED 213.03	COPAY TPL	106.52 PAID 213.03	DETAIL EOBS	0.00	213.03
POS PRO	2024107 OC CD M	015072 ODIFIERS	RECIPIENT ID.: 530002432207 I1608723 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224	MRN: 040524	040524	8.00 BILLED AMOUNT 8.00	NON-AllOWED 5.00	COPAY TPL	3.00 PAID 5.00	0.00 DETAIL EOBS 9918	0.00	5.00
POS PRO 81 87 81 87 81 87 81 87 81 87 81 87	2024109 OC CD M 7481 5 7640 5 7798 7641 5 7798 7086	079970 ODIFIERS 9 9 9	RECIPIENT ID.: 530002140191 I1611826 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 2.00 041124 041124 220224 PECIPIENT ID : 530001525418	041124	041124		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 8.53	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 112.00 22.00 22.00 308.00 22.00	9918 9918 9918 9918 5000	0.00	496.00
	TEPHANIE 2024102	LAWRENCE 039676	RECIPIENT ID.: 530001525419 I1603507	MRN: 032924	032924	125.00	55.48		69.52	0.00	0.00	55.48

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0480	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224		BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL 0.00 0.00	PAID 55.48		EOBS	
NAME: CAMRIN LAWSON 2024102047305	RECIPIENT ID.: 530001127428	3 MRN: 040924 040924	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 040924 040924 220224		BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID	DETAIL F 9918	EOBS	
81 87491 59	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661 59	1.00 040924 040924 220224		32.30	21.53 10.77	0.00	21.53	9918		
	RECIPIENT ID.: 530001127428		222 50	F0. 00		170 50	0.00	0.00	46.00
2024103024261	I1606414 SERVICE DATES RENDERING	040924 040924	BILLED	50.00 ALLOWED	COPAY		0.00	0.00	46.00
POS PROC CD MODIFIERS 81 84156	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00	PAID 4.00	DETAIL I 9918	EOBS	
81 82570	1.00 040924 040924 220224		8.00	4.00 6.00	0.00	6.00	9918		
81 83069	1.00 040924 040924 220224		8.00	2.00 4.00	0.00	4.00	9918		
81 84311	2.00 040924 040924 220224		32.00	4.00 14.00	0.00	14.00	9918		
81 82010	1.00 040924 040924 220224		16.00	18.00 0.00	0.00		4524		
81 82945	1.00 040924 040924 220224		8.00	16.00 4.00	0.00		9918		
81 82247 59	1.00 040924 040924 220224		8.00	4.00 5.00	0.00		9918		
			7.00	3.00	0.00				
81 83986	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUI		PAID AMOUNT
	PROC CD 81007	MODIFIERS	SERVICE DATES UNITS FROM THRU 2.00 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 120.00	ALLOWED NON-AllOWED 4.00 116.00	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 5900	EOBS		
81	82043	QW	1.00 040924 040924	220224			7.58	6.00 1.58	0.00	6.00	9918			
NAME:	CAMRIN 20241	LAWSON .07015079	RECIPIENT ID		MRN: 041124	041124		374.03		191.09	0.00		0.00	374.03
	PROC CD 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	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	87581	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87798		4.00 041124 041124	220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME:	JENNA L		RECIPIENT ID	.: 530001466255	MRN:	000004	1 040 10	600 64		410 40	0.00		0.00	600 64
	20241	.03024284	I1606416 SERVICE DATES	RENDERING	022024	022024	I,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00		0.00	629.64
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS		
81	87635		1.00 022024 022024	220224			150.00	43.61 106.39	0.00	43.61	9918			
81	87486	59	1.00 022024 022024	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918			
81	87640	59	1.00 022024 022024	220224			37.07	15.07 22.00	0.00	22.00	9918			
81	87581	59	1.00 022024 022024	220224			42.00	15.07 28.00	0.00	28.00	9918			
81	87633		1.00 022024 022024	220224			318.05	14.00 212.03	0.00	212.03	9918			
			_,,,,				3-3113	106.02	0.00					
81	87641	59	1.00 022024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 022024 022024	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 022024 022024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

343

ICN-	- PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: PAMELA LAWSON 202410203968		D:: 530001078042	MRN: 040424	040424	54.04 BILLED	43.93 ALLOWED	COPAY	10.11	0.00	0.00	43.93
POS PROC CD MODIFI 81 80053		PROVIDER 220224			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 84443	1.00 040424 040424	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439	1.00 040424 040424	220224			13.00	9.00 4.00	0.00	9.00	9918		
NAME: AUBREY LEATHER 202410203970	4 I1603510	DEED TO S	MRN: 022024	022024	188.36			69.43	0.00	0.00	118.93
POS PROC CD MODIFI 81 80053	SERVICE DATES ERS UNITS FROM THRU 1.00 022024 022024	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	
81 82306	1.00 022024 022024	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83540	1.00 022024 022024	220224			9.71	7.00 2.71	0.00	7.00	9918		
81 83550	1.00 022024 022024	220224			13.11	10.00 3.11	0.00	10.00	9918		
81 82728	1.00 022024 022024				40.00	13.00 27.00	0.00	13.00			
81 83036	1.00 022024 022024				14.00	12.00	0.00	12.00			
81 84443	1.00 022024 022024				25.20	22.93 2.27	0.00		9918		
81 84439	1.00 022024 022024	220224			13.00	9.00 4.00	0.00		9918		
81 36415	1.00 022024 022024				4.50	0.00 4.50	0.00		3323		
81 85049	1.00 022024 022024	220224			9.00	4.00 5.00	0.00	4.00	9918		
	WOOD RECIPIENT ID 3 I1603511 SERVICE DATES			022024		10.00		13.00	0.00	0.00	10.00
POS PROC CD MODIFI 81 85045		PROVIDER			AMOUNT 8.00	NON-AllOWED			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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 86140	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		BILLED AMOUNT 15.00	ALLOWED NON-AllOWED 5.00 10.00	COPAY	PAID 5.00			
NAME: JASON LEDBETTER 2024107015093 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530000791393 11610648 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031324 031324 220224	MRN: 031324 031324	49.86 BILLED AMOUNT 49.86	5.00 ALLOWED NON-AllOWED 5.00 44.86	COPAY TPL	44.86 PAID 5.00	0.00 DETAIL EOBS 9918 9936		5.00
NAME: REMINGTON LEDLOW 2024107015102 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59	RECIPIENT ID.: 530002280079 I1608731 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224	MRN: 040124 040124	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	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	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	9918 9918 9918	0.00	586.03
81 87651 59 81 87798	1.00 040124 040124 220224 8.00 040124 040124 220224		49.86	28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00 224.00	9918 9918		
NAME: ANTORIA LEE 2024102047326 POS PROC CD MODIFIERS 81 87798 59 81 87481 59 81 87491 59	RECIPIENT ID.: 530001004119 I1604802 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 9.00 040924 040924 220224 2.00 040924 040924 220224 1.00 040924 040924 220224	MRN: 040924 040924	881.59 BILLED AMOUNT 378.00 84.00 49.86	535.53 ALLOWED NON-AllOWED 252.00 126.00 56.00 28.00 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00		0.00 DETAIL EOBS 9918 9918 5490	0.00	463.53

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

345

	ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NO		COPAY	TPL	PAID
		CEDUICE DATEC	DENDEDING	FROM	THRU	AMOUNT	AMOUNT		OWED	AMOUNT	AMOUNT	AMOUNT
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חאדה		HODO	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS	
81 87511	59	1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
01 07500	F.0	0 00 040004 040004	000004			00 50	14.00	0.00	F.C. 0.0	0010		
81 87529	59	2.00 040924 040924	220224			99.72	56.00	0.00	56.00	9918		
0.1			000004			40.00	43.72	0.00		0010		
81 87591	59	1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87653	59	2.00 040924 040924	220224			74.14	44.00	0.00	0.00	5900		
							30.14	0.00				
81 87661	59	1.00 040924 040924	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
81 87563		1.00 040924 040924	220224			42.50	0.00	0.00	0.00	4021		
							42.50	0.00				
81 87640	59	1.00 040924 040924	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
NAME: CHARLIE	C LEE	RECIPIENT II	.: 530002252128	MRN:								
	L09079988	I1612990		041624	041624	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 041624 041624	220224			150.00	43.61	0.00		9918		
							106.39	0.00				
81 87486	59	1.00 041624 041624	220224			42.00	28.00	0.00	28 00	9918		
01 0,100		1.00 011021 011021	220221			12.00	14.00	0.00	20.00	2210		
81 87498	59	1.00 041624 041624	220224			0 - 0 -						
01 07190	5,7	1.00 011021 011021	220221			3.7 0.7	22 00	0 00	22 00	9918		
81 87581	59					37.07	22.00 15.07	0.00	22.00	9918		
01 07301	37	1 00 041624 041624	220224				15.07	0.00				
		1.00 041624 041624	220224			42.00	15.07 28.00	0.00		9918 9918		
01 07622						42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633		1.00 041624 041624 1.00 041624 041624					15.07 28.00 14.00 212.03	0.00 0.00 0.00 0.00		9918		
		1.00 041624 041624	220224			42.00 318.05	15.07 28.00 14.00 212.03 106.02	0.00 0.00 0.00 0.00 0.00	28.00 212.03	9918 9918		
81 87633 81 87640			220224			42.00	15.07 28.00 14.00 212.03 106.02 22.00	0.00 0.00 0.00 0.00 0.00	28.00 212.03	9918		
81 87640	50	1.00 041624 041624 1.00 041624 041624	220224 220224			42.00 318.05 37.07	15.07 28.00 14.00 212.03 106.02 22.00 15.07	0.00 0.00 0.00 0.00 0.00 0.00	28.00 212.03 22.00	9918 9918 9918		
	59	1.00 041624 041624	220224 220224			42.00 318.05	15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00	0.00 0.00 0.00 0.00 0.00 0.00	28.00 212.03 22.00	9918 9918		
81 87640 81 87641		1.00 041624 041624 1.00 041624 041624 1.00 041624 041624	220224 220224 220224			42.00 318.05 37.07 37.07	15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	0.00 0.00 0.00 0.00 0.00 0.00 0.00	28.00 212.03 22.00 22.00	9918 9918 9918 9918		
81 87640	59 59	1.00 041624 041624 1.00 041624 041624	220224 220224 220224			42.00 318.05 37.07	15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	28.00 212.03 22.00 22.00	9918 9918 9918		
81 87640 81 87641 81 87651		1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 1.00 041624 041624	220224 220224 220224 220224			42.00 318.05 37.07 37.07 49.86	15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918		
81 87640 81 87641		1.00 041624 041624 1.00 041624 041624 1.00 041624 041624	220224 220224 220224 220224			42.00 318.05 37.07 37.07	15.07 28.00 14.00 212.03 106.02 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 0.00 0.0	28.00 212.03 22.00 22.00	9918 9918 9918 9918 9918		
81 87640 81 87641 81 87651		1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 1.00 041624 041624	220224 220224 220224 220224			42.00 318.05 37.07 37.07 49.86	15.07 28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07 28.00 21.86	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918		
81 87640 81 87641 81 87651 81 87798	59	1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 8.00 041624 041624	220224 220224 220224 220224 220224			42.00 318.05 37.07 37.07 49.86	15.07 28.00 14.00 212.03 106.02 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 0.00 0.0	28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918		
81 87640 81 87641 81 87651 81 87798 NAME: DYLLAN	59 LEE	1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 8.00 041624 041624 RECIPIENT II	220224 220224 220224 220224	MRN:		42.00 318.05 37.07 37.07 49.86 336.00	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	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	28.00 212.03 22.00 22.00 28.00 224.00	9918 9918 9918 9918 9918		
81 87640 81 87641 81 87651 81 87798 NAME: DYLLAN	59	1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 1.00 041624 041624 8.00 041624 041624	220224 220224 220224 220224 220224	MRN: 021924	021924	42.00 318.05 37.07 37.07 49.86	15.07 28.00 14.00 212.03 106.02 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 0.00 0.0	28.00 212.03 22.00 22.00 28.00	9918 9918 9918 9918 9918	0.00	172.09

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM		AMOUNT	ALLOWED AMOUNT	ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 80307		1.00 021924 021924 220224			AMOUNT 83.81	27 04	TPL	55.87		OBS	
81 G0482		1.00 021924 021924 220224			174.33	116.22	0.00	116.22	9918		
202410	7015113	SEDVICE DATES DEMDEDING	040824	040824	מדו.ד.דח	116.22 ALLOWED	$C \cap D \setminus V$				116.22
POS PROC CD 81 G0482	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			AMOUNT 174.33	NON-AllOWED 116.22	TPL 0.00 0.00	PAID 116.22	DETAIL E	OBS	
NAME: MARGARET	LEE	RECIPIENT ID.: 530001076600	MRN:					1.5.00			
		I1606430 SERVICE DATES RENDERING			BILLED	29.00 ALLOWED	COPAY				29.00
POS PROC CD 81 82306	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			AMOUNT 44.00	NON-AllOWED 29.00	TPL 0.00 0.00	PAID 29.00	DETAIL E	OBS	
		RECIPIENT ID.: 530000879350	MRN:								
202410	7015131	I1608735 SERVICE DATES RENDERING	040424	040424		629.64 ALLOWED		419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	\mathtt{TPL}	PAID		OBS	
81 87635		1.00 040424 040424 220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 040424 040424 220224 1.00 040424 040424 220224			42.00	28.00	0.00	28.00	9918		
81 87498	59	1.00 040424 040424 220224			37.07	14.00 22.00	0.00 0.00	22.00	9918		
					42.00	15.07	0.00				
81 87581	59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633		1.00 040424 040424 220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 040424 040424 220224			37.07	106.02 22.00	0.00 0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87651	59	1.00 040424 040424 220224			49.86	28.00	0.00	28.00	9918		
81 87798		8.00 040424 040424 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATE		ALLOWED AMOUNT	NON ALLOWE			PL OUNT	PAID AMOUNT
2024107015144 POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING	MRN: 041124 041	1124 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	PAID 0.00	0.00 DETAIL EOBS 3323 9918		4.00
2024103024341 POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530001402464 11606432 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224		0924 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	PAID 0.00	0.00 DETAIL EOBS 3323 9918	0.00	4.00
2024107015152 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87798 81 87635	RECIPIENT ID.: 530000906831 I1608737 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 1.00 040224 040224 220224 RECIPIENT ID : 530001570870	040224 040	1,049.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 49.86 336.00 150.00	629.64 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 15.07 28.00 21.86 224.00 112.00 43.61 106.39	COPAY		9918 9918 9918 9918 9918 9918	0.00	629.64
NAME: CASHUS LEUSBY 2024102047341	RECIPIENT ID.: 530001578270 I1604803	MRN: 040924 040	0924 1,049.12	629.64	419	9.48	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87486	59	1.00	040924 040924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87640	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	040924 040924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
0.1	0		1 00		000001			40.05	15.07	0.00		0.01.0		
81	87651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918		
0.1					000001			004.00	21.86	0.00	004.00	0.01.0		
81	87798		8.00	040924 040924	220224			336.00	224.00	0.00	224.00	9918		
0.1	0.00.0		1 00	0.4.0.0.4.0.4.0.0.4	000004			150.00	112.00	0.00	10.61	0010		
81	87635		1.00	040924 040924	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
NTN N4T1 •	11710 TE	K ZED EMM				N/ID NT •								
NAME.	HALO LE		T161102).: 530002101504	MRN:	041524	715 10	117 61		297.48	0.00	0.00	417.64
	20241	.09080006	I161183		DENDEDING	041524	041524	715.12			297.40	0.00	0.00	417.04
DOC T	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ODC	
	87635	MODILIEKS		FROM THRU 041524	220224			150.00	43.61	0.00		9918	CBS	
0.1	0/033		1.00	041524 041524	220224			150.00	106.39	0.00	43.01	9910		
81	87498	59	1 00	041524 041524	220224			37.07	22.00	0.00	22 00	9918		
0.1	0/490	59	1.00	041524 041524	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	041524 041524	220224			42.00	28.00	0.00	28 00	9918		
01	0/301	37	1.00	041324 041324	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1 00	041524 041524	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00	011521 011521	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87798		4 00	041524 041524	220224			168.00	112.00	0.00	112.00	9918		
01	07750		1.00	011321 011321	220221			100.00	56.00	0.00	112.00	JJ 10		
									30.00	0.00				
NAME:	JURNIEE	LEWIS		RECIPIENT II).: 530002209802	MRN:								
		.02044324					040824	1,049.12	629.64	:	419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING		,		ALLOWED			, , , ,	3.30	V-2.V1
POS I	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-Allowed		PAID	DETAIL E	OBS	
	87635			040824 040824				150.00			43.61			
									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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NOI ALL(COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 040824 040824 220224		42.00	28.00	0.00	28.00			
81 87498 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040824 040824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040824 040824 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040824 040824 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040824 040824 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: SHAMYRA LEWIS	RECIPIENT ID.: 53000134252	25 MRN:							
2024103024369	I1606447	021024 021024	405.21	262.00		143.21	0.00	0.00	262.00
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 021024 021024 220224		42.00	28.00 14.00	0.00	28.00			
81 87640 59	1.00 021024 021024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 021024 021024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798 59	6.00 021024 021024 220224		252.00	168.00 84.00	0.00	168.00	9918		
81 87641 59	1.00 021024 021024 220224		37.07	22.00 15.07	0.00	22.00	9918		
NAME: YUN TING LIAO	RECIPIENT ID.: 50000296054								
2024099023010	I1601624 SERVICE DATES RENDERING	121523 121523	397.12 BILLED		COPAY	382.12	0.00	208.05	15.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS		
81 87498 59	1.00 121523 121523 220224		37.07	5.00 32.07	0.00 0.00	5.00	9918 9936		
81 87581 59	1.00 121523 121523 220224		42.00	5.00 37.00	0.00	5.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

350

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121523 121523 220224		BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 5.00 313.05	COPAY TPL 0.00 0.00		DETAIL EOBS 9918 9936	}	
NAME: JADA LINDERMAN	RECIPIENT ID.: 530000759221								
2024107015166	I1608742	040124 040124	49.86			21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS	1	
81 87651	1.00 040124 040124 220224		49.86	28.00 21.86	0.00	28.00	9918)	
NAME: MICAYLAH LINDLEY	RECIPIENT ID.: 530001424863	3 MRN:							
2024107015175	I1608743	040424 040424	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	TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 040424 040424 220224		42.00	28.00	0.00	28.00	9918		
81 87498 59	1.00 040424 040424 220224		37.07	14.00	0.00	22.00	0010		
81 87498 59	1.00 040424 040424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040424 040424 220224		42.00	28.00	0.00	28.00	9918		
0_ 0/00_ 0/				14.00	0.00		J J _ G		
81 87633	1.00 040424 040424 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
01 00041 50	1 00 040404 040404 000004		27 07	15.07	0.00	22.00	0010		
81 87641 59	1.00 040424 040424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040424 040424 220224		49.86	28.00	0.00	28 00	9918		
01 07031 39	1.00 010121 010121 220221		17.00	21.86	0.00	20.00	JJ±0		
81 87798	8.00 040424 040424 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: ARLEIGH LINDSEY	DEGIDIENTE ID • E2000216446	. MDN •							
2024107015191	RECIPIENT ID.: 530002164465	5 MRN: 041124 041124	715.12	417.64	l	297.48	0.00	0.00	417.64
202410/013171	SERVICE DATES RENDERING	041124 041124	BILLED	ALLOWED	COPAY	207.40	0.00	0.00	117.01
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	1	
81 87635	1.00 041124 041124 220224		150.00	43.61	0.00		9918		
				106.39	0.00				
81 87498 59	1.00 041124 041124 220224		37.07	22.00	0.00	22.00	9918		
01 07501 50	1 00 041104 041104 000004		40.00	15.07	0.00	00.00	0.01.0		
81 87581 59	1.00 041124 041124 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87633	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	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 041124 041124	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		E LITTLE .03024420	RECIPIENT ID	530001600940	MRN: 012424	012424	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	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 012424 012424	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 012424 012424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 012424 012424	220224			37.07	22.00	0.00	22.00	9918		
81	87640	59	1.00 012424 012424	220224			37.07	15.07 22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 012424 012424	220224			42.00	15.07	0.00	20.00	0.01.0		
81	87581	59	1.00 012424 012424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 012424 012424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 012424 012424	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00 012424 012424	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		9 00 012424 012424	220224			336.00	21.86	0.00	224.00	0010		
0.1	01190		8.00 012424 012424	220224			330.00	224.00 112.00	0.00	224.00	9910		
NAME:	FALLON	LITTLE	RECIPIENT ID).: 530001307044	MRN:								
	20241	.03024447	I1606459		031824	031824	173.16	102.00		71.16	0.00	0.00	102.00
			SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00 031824 031824	220224			15.84	12.00	0.00	12.00	9918		
81	82306		1.00 031824 031824	220224			44.00	3.84 29.00	0.00	29.00	9918		
81	83540		1.00 031824 031824	220224			9.71	15.00 7.00	0.00	7.00	9918		
81	83550		1.00 031824 031824	220224			13.11	2.71 10.00 3.11	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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
DOG	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	RC	
81	82728	MODIFIERS		031824 031824	220224			40.00	13.00 27.00	0.00	13.00		טט	
81	83036		1.00	031824 031824	220224			14.00	12.00	0.00	12.00	9918		
81	80061		1.00	031824 031824	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	85027			031824 031824				12.00	5.00 7.00	0.00		9918		
81	36415		1.00	031824 031824	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:	FALLON	LITTLE		RECIPIENT ID	.: 530001307044	MRN:								
	20241	03024461	I160646	0		031824	031824		10.00		13.00	0.00	0.00	10.00
DOG	DDOG GD	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	D.C.	
	85045	MODIFIERS		031824 031824				8.00	5.00 3.00	0.00		9918	סט	
81	86140		1.00	031824 031824	220224			15.00	5.00 10.00	0.00	5.00	9918		
NAME:	KALEB L	TTTLE		RECIPTENT ID	.: 530001548725	MRN:								
111111		02047356	I160480	4		040824	040824	342.02			124.49	0.00	0.00	189.53
DOG	משטע מח	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	D.C.	
81	87798	MODIFIERS		040824 040824	220224			126.00	84.00 42.00	0.00	84.00		טט	
81	87491	59	1.00	040824 040824	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	1.00	040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87591	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661	59	1.00	040824 040824	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	WYATT L				.: 530002330748	MRN:								
	20241	02044340	I160438	3 SERVICE DATES	PENDER INC	040824	040824	319.55 BILLED	213.03 ALLOWED	COPAY	106.52	0.00	0.00	213.03
	PROC CD 87507	MODIFIERS	UNITS 1.00		PROVIDER			AMOUNT 319.55		\mathtt{TPL}	PAID 213.03	DETAIL EO 9918	BS	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ERYN 202	LOFTIS 4102039765	I1603517	.: 530001340401	MRN: 022024	022024	948.98	614.03		334.95	0.00	0.0	0 614.03
POS PROC C 81 87486		SERVICE DATES UNITS FROM THRU 1.00 022024 022024	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 022024 022024	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00			
81 87581	59	1.00 022024 022024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 022024 022024				318.05	212.03 106.02	0.00	212.03			
81 87640 81 87641		1.00 022024 022024 1.00 022024 022024				37.07 37.07	22.00 15.07 22.00	0.00	22.00			
81 87651		1.00 022024 022024				49.86	15.07 28.00	0.00 0.00 0.00	28.00			
81 87798		8.00 022024 022024				336.00	21.86 224.00	0.00	224.00			
81 87651		1.00 022024 022024	220224			49.86	112.00 28.00 21.86	0.00 0.00 0.00	28.00	9918		
	TOPHER LOGAN		530001496366	MRN:								
202	4102047368	I1604805 SERVICE DATES	RENDERING	040824	040824	764.98 BILLED	445.64 ALLOWED	COPAY	319.34	0.00	0.0	0 445.64
POS PROC C 81 87635	D MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS	
81 87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824				318.05	212.03 106.02	0.00	212.03			
81 87798		4.00 040824 040824				168.00	112.00 56.00	0.00	112.00			
81 87651		1.00 040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME: RYLAN 202	LONDON 4103024465	RECIPIENT ID	.: 530001513304	MRN: 041024	041024	899.12	586.03		313.09	0.00	0.0	0 586.03

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
DOS E	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOR	35	
	87486	59	1.00 041024 041024	220224			42.00	28.00	0.00		9918	55	
-								14.00	0.00				
81	87498	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
0.4	0.7.600			000001			010 05	14.00	0.00	010 00			
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 041024 041024	220224			37.07	106.02 22.00	0.00 0.00	22.00	0010		
01	07040		1.00 041024 041024	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041024 041024	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.000		0.00.041004.041004	000004			226.00	21.86	0.00	004 00	0.01.0		
81	87798		8.00 041024 041024	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	JAKIYAH	LONG	RECIPIENT ID	.: 530001285439	MRN:								
		02044349	I1604384		040824	040824	391.88	245.53		146.35	0.00	0.00	217.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOF	3S	
81	87491	59	1.00 040824 040824	220224			49.86	28.00	0.00	0.00	5490		
81	87511		1.00 040824 040824	220224			42.00	21.86 28.00	0.00 0.00	28.00	0010		
ΟŢ	0/311		1.00 040024 040024	22022 1			12.00	14.00	0.00	20.00	9910		
81	87529		2.00 040824 040824	220224			99.72	56.00	0.00	56.00	9918		
								43.72	0.00				
81	87591		1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0.4	0							14.00	0.00	04 -0	2212		
81	87661		1.00 040824 040824	220224			32.30	21.53	0.00	21.53	9918		
81	87798	59	3.00 040824 040824	220224			126.00	10.77 84.00	0.00 0.00	84.00	0010		
01	01190	39	3.00 040024 040024	ZZUZZ I			120.00	42.00	0.00	04.00	9910		
								12.00	0.00				
NAME:			RECIPIENT ID	.: 530001698566	MRN:								
	20241	02044363	I1604385		040824	040824		245.53		146.35	0.00	0.00	217.53
			SERVICE DATES					ALLOWED				- ~	
		MODIFIERS		PROVIDER			AMOUNT					3S	
QΤ	0/491	59	1.00 040824 040824	ZZUZZ 4			49.86	28.00 21.86	0.00	0.00	5490		
								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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACC		RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EORS	
81	87511	HODII ILKO		040824 040824	220224			42.00	28.00	0.00		9918	ПОДО	
									14.00	0.00				
81	87529		2.00	040824 040824	220224			99.72	56.00	0.00	56.00	9918		
									43.72	0.00				
81	87591		1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0.1	07661		1 00	040004 040004	220224			22 20	14.00	0.00	21 52	0010		
81	87661		1.00	040824 040824	220224			32.30	21.53 10.77	0.00	21.53	9918		
81	87798	59	3 00	040824 040824	220224			126.00	84.00	0.00	84 00	9918		
01	01150	3,7	3.00	010021 010021	220221			120.00	42.00	0.00	01.00	JJ±0		
NAME	: TREVOR	LONG		RECIPIENT ID	.: 530001009397	MRN:								
	20241	.09080034	I161184			041524	041524	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	TPL	PAID	DETAIL	EOBS	
81	87635		1.00	041524 041524	220224			150.00	43.61	0.00	43.61	9918		
81	87486	59	1 00	041524 041524	220224			42.00	106.39 28.00	0.00	28 00	9918		
01	07400		1.00	041324 041324	220224			42.00	14.00	0.00	20.00	JJ10		
81	87498	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	041524 041524	220224			318.05	212.03	0.00	212.03	9918		
0.1	07640		1 00	041504 041504	220224			27 07	106.02	0.00	22.00	0010		
81	87640		1.00	041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1 00	041524 041524	220224			37.07	22.00	0.00	22 00	9918		
01	07011	3,7	1.00	011321 011321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00	041524 041524	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	041524 041524	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
3.T.3.3.4T.1	• 100003.0	TOOGTED				MID AT .								
NAME	: JORDAS	.07015200	I160875		.: 530000195809	MRN: 041024	041024	722 67	474.00		248.67	0.00	0	.00 474.00
	20241	.07015200	TT000/5	SERVICE DATES	RENDERING	041024	041024		ALLOWED		470.0/	0.00	U .	4/4.00
POS	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-Allowed		PAID	DETATI	EOBS	
	87481			041024 041024				168.00			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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

356

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDER			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU PROVID			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87640	59	1.00 041024 041024 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87653	59	1.00 041024 041024 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87798		11.00 041024 041024 220224			462.00	308.00	0.00	308.00	9918		
						154.00	0.00				
81 87086		1.00 041024 041024 220224			18.53	10.00	0.00	10.00	9918		
						8.53	0.00				
NAME: EMORY	I.ODEZ	RECIPIENT ID.: 5300	01300822 MRN:								
	107015213	11608757		040124	764.98	445.64		319.34	0.00	0.00	445.64
2021	10/013213	SERVICE DATES RENDER		010121	BILLED	ALLOWED	COPAY	317.31	0.00	0.00	113.01
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVID			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 87635	HODITIEND	1.00 040124 040124 220224			150.00	43.61	0.00		9918	ПОВВ	
01 07033		1.00 010121 010121 220221			130.00	106.39	0.00	13.01	JJ±0		
81 87498	59	1.00 040124 040124 220224			37.07	22.00	0.00	22 00	9918		
01 07470	3,7	1.00 040124 040124 220224			37.07	15.07	0.00	22.00	J J ± 0		
81 87581	59	1.00 040124 040124 220224			42.00	28.00	0.00	28 00	9918		
01 0/301	39	1.00 040124 040124 220224			42.00	14.00	0.00	20.00	9910		
01 07622		1 00 040124 040124 220224			318.05			212 02	0010		
81 87633		1.00 040124 040124 220224			310.03	212.03	0.00	212.03	9910		
01 07700		4 00 040104 040104 000004			160.00	106.02	0.00	110 00	0010		
81 87798		4.00 040124 040124 220224			168.00	112.00	0.00	112.00	9918		
01 07651		1 00 040104 040104 000004			40.06	56.00	0.00	20.00	0010		
81 87651		1.00 040124 040124 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
NAME: RICARD	O LOPEZ	RECIPIENT ID.: 5300	00780361 MRN:								
	103024483	11606470	020524	020524	63.34	42.00		21.34	0.00	0.00	42.00
2021	103021103	SERVICE DATES RENDER		020321	BILLED	ALLOWED	COPAY	21.31	0.00	0.00	12.00
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVID			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 80053	HODITIEND	1.00 020524 020524 220224			15.84	12.00	0.00		9918	ПОВВ	
01 00055		1.00 020321 020321 220221			13.01	3.84	0.00	12.00	JJ±0		
81 83036		1.00 020524 020524 220224			14.00		0.00	12 00	9918		
01 03030		1.00 020324 020324 220224			14.00	2.00	0.00	12.00	J J ± 0		
81 80061		1.00 020524 020524 220224			20.00	14.00	0.00	14 00	9918		
01 00001		1.00 020524 020524 220224			20.00	6.00		14.00	9910		
01 26415		1 00 000504 000504 000004			4 50		0.00	0 00	2222		
81 36415		1.00 020524 020524 220224			4.50	0.00	0.00	0.00	3323		
01 05040		1 00 020524 020524 220224			0 00	4.50	0.00	4 00	0010		
81 85049		1.00 020524 020524 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

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: RICARDO LOPEZ 2024103024498 POS PROC CD MODIFIER 81 84443	I1606471 SERVICE DATES RENDERING	MRN: 020524 020524	27.89 BILLED AMOUNT 27.89	22.93 ALLOWED NON-AllOWED 22.93 4.96	COPAY	AID DETAI	0.00	22.93
NAME: HALEY LOVE 2024107015224 POS PROC CD MODIFIER 81 87498 59 81 87581 59 81 87633 81 87798 81 87635	T1608759	MRN: 040424 040424	715.12 BILLED AMOUNT 37.07 42.00 318.05 168.00 150.00	ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	48 0.00 AID DETAI 22.00 9918 28.00 9918 212.03 9918 112.00 9918 43.61 9918		417.64
NAME: KOLLYNS LOVE 2024102044372 POS PROC CD MODIFIER 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59	RECIPIENT ID.: 530002159324 11604386 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224	MRN: 040824 040824	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 37.07 49.86	629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	419.4 COPAY	48 0.00 AID DETAL 43.61 9918 28.00 9918 22.00 9918 28.00 9918 212.03 9918 22.00 9918 22.00 9918 22.00 9918 23.00 9918		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

358

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	UNITS FROM THRU PROVIDER 8.00 040824 040824 220224		AMOUNT 336.00	NON-AllOWED		224.00			
NAME: KOLLYNS LOVE	RECIPIENT ID.: 530002159324		12 50	4 00	,	0 50	0.00	0.00	4 00
2024102047377	I1604806 SERVICE DATES RENDERING	040824 040824		ALLOWED		9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT		TPL	PAID	DETAIL EOBS		
81 36415	1.00 040824 040824 220224				0.00		3323		
01 05040	1 00 040024 040024 220224		0 00	4.50	0.00		0010		
81 85049	1.00 040824 040824 220224		9.00	4.00 5.00	0.00		9910		
NAME: FOLLANC LOVE	RECIPIENT ID.: 530002159324	MRN:							
2024107015232	I1608760	040824 040824	18.00	15.00)	3.00	0.00	0.00	15.00
	SERVICE DATES RENDERING			ALLOWED					
POS PROC CD MODIFIERS			AMOUNT	NON-Allowed					
81 83655	1.00 040824 040824 220224		18.00		0.00		9918		
				3.00	0.00				
	RECIPIENT ID.: 530002237840								
2024102039786	I1603518	040124 040124		552.00		291.74	0.00	0.00	496.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED	ALLOWED NON-AlloWED		PAID	DETAIL EOBS		
81 87481 59	4.00 040124 040124 220224		168.00		0.00				
					0.00				
81 87640 59	1.00 040124 040124 220224		37.07		0.00		9918		
81 87653 59	1.00 040124 040124 220224		37.07	15.07 22.00	0.00		9918		
01 07033 33				15.07	0.00		JJ±0		
81 87798	11.00 040124 040124 220224		462.00		0.00	308.00	9918		
01 00641 50	1 00 040104 040104 000004		25 25	154.00	0.00		0.01.0		
81 87641 59	1.00 040124 040124 220224		37.07	22.00 15.07	0.00		9918		
81 87798	2.00 040124 040124 220224		84.00		0.00		5000		
				28.00	0.00				
81 87086	1.00 040124 040124 220224		18.53	10.00	0.00	10.00	9918		
				8.53	0.00				
NAME: AURORA LOWE	RECIPIENT ID.: 530002275868	MRN:							
2024107015238	I1610661	041224 041224	18.00	15.00)	3.00	0.00	0.00	15.00

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

359

:	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD MOI 81 83655	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AlloWED 15.00 3.00	COPAY TPL 0.00 0.00		DETAIL EOBS		
NAME: TOBIAS LOZZ 20241070		I1608771	: 530001373362 RENDERING	MRN: 040324	040324	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MOI 81 87486 59			PROVIDER 220224			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 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 040324 040324				37.07	22.00 15.07	0.00		9918		
81 87641 59		1.00 040324 040324				37.07	22.00 15.07	0.00		9918		
81 87651 59 81 87798		1.00 040324 040324 8.00 040324 040324				49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00	28.00	9918		
01 0//90		0.00 040324 040324	220224			330.00	112.00	0.00	224.00	9910		
NAME: CHAZZ LUCA: 20241090		I1612994	.: 530002193939	MRN: 041624	041624		464.00		240.14	0.00	0.00	464.00
POS PROC CD MOI 81 87481 59			RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87640 59		1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59		1.00 041624 041624				37.07	22.00 15.07	0.00		9918		
81 87798		11.00 041624 041624	220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: TRACE LUCA: 20241070	.S 15259	RECIPIENT ID I1610663 SERVICE DATES		MRN: 022624	022624		5.00 ALLOWED		44.86	0.00	13.94	5.00
POS PROC CD MOI 81 87651			PROVIDER				NON-AllOWED	TPL 0.00 0.00	PAID 5.00	DETAIL EOBS 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JOSE LUNA 2024099		RECIPIENT ID 11601681		MRN: 120823	120823		52.93		17.11	0.00	0.0	52.93
POS PROC CD M 81 80053	ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 120823 120823	PROVIDER 220224			AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00		EOBS	
81 80061		1.00 120823 120823	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 120823 120823	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 85049		1.00 120823 120823	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: JOSE LUNA 2024099		RECIPIENT ID I1601682			120823		47.93		35.46	0.00	0.00	25.00
POS PROC CD M 81 84443		SERVICE DATES UNITS FROM THRU 1.00 120823 120823	PROVIDER			AMOUNT	ALLOWED NON-AlloWED 22.93	COPAY TPL 0.00		DETAIL :	EOBS	
81 83527		1.00 120823 120823				39.00	4.96 14.00	0.00	14.00			
81 83525		1.00 120823 120823	220224			16.50	25.00 11.00 5.50		11.00	9918		
NAME: JOSE LUNA 2024102		RECIPIENT ID 11603523			040524		112.00		53.34	0.00	0.0	112.00
POS PROC CD M 81 80053		SERVICE DATES UNITS FROM THRU 1.00 040524 040524	PROVIDER			BILLED AMOUNT 15.84	NON-AllowED	COPAY TPL 0.00	PAID 12.00		EOBS	
81 83036		1.00 040524 040524				14.00	3.84 12.00	0.00	12.00			
81 84481		1.00 040524 040524				24.00	2.00 16.00 8.00	0.00 0.00 0.00	16.00	9918		
81 80061		1.00 040524 040524	220224			20.00		0.00	14.00	9918		
81 86376		1.00 040524 040524	220224			21.00	15.00 6.00	0.00	15.00	9918		
81 84436 5	9	1.00 040524 040524				10.00	7.00 3.00	0.00		9918		
81 36415		1.00 040524 040524	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
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS 81 81	PROC CD 86800 84432 85049	ICN MODIFIERS	1.00	T NO. SERVICE DATES FROM THRU 040524 040524 040524 040524		SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 23.00 24.00 9.00	ALLOWED AMOUNT ALLOWED NON-AllOWED 15.00 8.00 17.00 7.00 4.00	TPL 0.00 0.00 0.00 0.00 0.00	PAID 15.00 17.00	AMOUNT A DETAIL EOE 9918 9918	TPL AMOUNT 3S	PAID AMOUNT
NAME:		UNA DONAGUST 99023058	'IN I160168		.: 530000239982	MRN: 010424	010424	635.32 BILLED	5.00 423.17 ALLOWED	0.00 COPAY	212.15	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59	UNITS 1.00	FROM THRU 010424	PROVIDER			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	3S	
81 81	87581 87633	59		010424 010424 010424 010424				42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
81	87634			010424 010424				70.20	106.02 49.14	0.00	0.00			
81	87798		4.00	010424 010424	220224			168.00	21.06 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME:		I LUNSFORD 02047387	I160480		.: 530000673493	MRN: 040424	040424	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.00	172.09
	PROC CD 80307	MODIFIERS	UNITS 1.00	FROM THRU 040424	PROVIDER			AMOUNT 83.81	NON-AllOWED 55.87	TPL 0.00			BS	
81	G0482		1.00	040424 040424	220224			174.33	27.94 116.22 58.11	0.00 0.00 0.00		9918		
POS		99023078 MODIFIERS		9 SERVICE DATES	PROVIDER	MRN: 032024	032024		ALLOWED NON-Allowed	COPAY TPL 0.00	7.50	DETAIL EOR	41.86 3S	7.50
NAME:		LYLES 03024502	I160648		530002313440	MRN: 020624	020624	319.55	213.03		106.52	0.00	0.00	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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU			NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87507	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020624 020624 220224		BILLED	ALLOWED NON-AlloweD	COPAY		EOBS	
2024107015271	RECIPIENT ID.: 530002372183 I1610666 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	040424 040424		ALLOWED NON-AllOWED 213.03	106.52 COPAY TPL PAID 0.00 213.0 0.00	DETAIL E		213.03
NAME: JOANNA MADDOX 2024103024509 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002044015 I1606495 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224	022024 022024		ALLOWED NON-AlloWED 0.00 83.81	TPL PAID 0.00 0.00 0.00 116.2	DETAIL E 0 6340		116.22
2024107015274 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59	1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224	MRN: 040124 040124	BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 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	0.00 28.0 0.00 22.0 0.00 22.0 0.00 28.0 0.00 212.0 0.00 212.0 0.00 22.0 0.00 22.0 0.00 22.0 0.00 22.0 0.00 28.0	DETAIL E 0 9918 0 9918 0 9918 3 9918 0 9918 0 9918 0 9918		586.03
81 87798 NAME: PEGGY MADDOX 2024109080068	8.00 040124 040124 220224 RECIPIENT ID.: 530001951164 I1611865	MRN: 032824 032824	336.00 396.91	224.00 112.00 166.22	0.00 0.00	0.00	0.00	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
POS 81	PROC CD 84156	MODIFIERS	UNITS	SERVICE DATES FROM THRU 032824 032824	PROVIDER			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00	PAID	DETAIL) 5000	EOBS		
									4.00	0.00					
81	82570		1.00	032824 032824	220224			8.00	6.00 2.00	0.00 0.00	0.00	5000			
81	83069		1.00	032824 032824	220224			8.00	4.00 4.00	0.00 0.00	0.00	5000			
81	84311		2.00	032824 032824	220224			32.00	14.00 18.00	0.00	0.00	5000			
81	82010		1.00	032824 032824	220224			16.00	0.00	0.00	0.00	4524			
81	82945		1.00	032824 032824	220224			8.00	16.00 4.00	0.00	0.00	5000			
81	82247	59	1.00	032824 032824	220224			8.00	4.00 5.00	0.00 0.00	5.00	9918			
81	83986		1.00	032824 032824	220224			7.00	3.00 3.00	0.00 0.00	0.00	5000			
81	81007		2.00	032824 032824	220224			120.00	4.00 4.00	0.00		5900			
81	82043	QW		032824 032824				7.58	116.00 6.00	0.00		5000			
									1.58	0.00					
81	G0482	59	1.00	032824 032824	220224			174.33	116.22 58.11	0.00 0.00	0.00	5930			
NAME:	ALLISON				D.: 530002354354	MRN:									
	20241	.03024520	I160650	8 SERVICE DATES	RENDERING	040924	040924	18.00 BILLED	15.00 ALLOWED	COPAY	3.00	0.00	0	.00	15.00
		MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	83655		1.00	040924 040924	220224			18.00	15.00 3.00	0.00	15.00) 9918			
NAME:	KAITLYN		-1.60650		D.: 530002354356	MRN:	0.4.0.0.4	000 10	506.00		212 22	0.00		0.0	506.00
	20241	.03024523	I160650	SERVICE DATES	RENDERING	040924	040924	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		040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918			
81	87581	59	1.00	040924 040924	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO. Atiti			PL OUNT	PAID AMOUNT
POS PROC CD 81 87633	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 040924 040924 22022	RING DER	111110	BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00	PAID 212.03	DETAIL EOBS		11100111
81 87640		1.00 040924 040924 22022	24		37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641	59	1.00 040924 040924 22022	2.4		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040924 040924 22022	24		49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040924 040924 22022	24		336.00	224.00 112.00	0.00	224.00	9918		
NAME: ROHAAN 20241	MALIK L02044386	RECIPIENT ID.: 530 I1604387	0000174045 MRN: 040224	040224	1,049.12	629.64		419.48	0.00	0.00	629.64
20213	102011300	SERVICE DATES RENDE		010221	BILLED	ALLOWED	COPAY	110.10	0.00	0.00	029.01
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87635		1.00 040224 040224 22022	2.4		150.00	43.61	0.00	43.61	9918		
81 87486	59	1.00 040224 040224 22022	24		42.00	106.39 28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498	59	1.00 040224 040224 22022	24		37.07	22.00	0.00	22.00	9918		
0.1		1 00 040004 040004 0000			40.00	15.07	0.00		0.01.0		
81 87581	59	1.00 040224 040224 22022	24		42.00	28.00	0.00	28.00	9918		
01 07633		1 00 040224 040224 22022) A		210 05	14.00	0.00	212 02	0.01.0		
81 87633		1.00 040224 040224 22022	14		318.05	212.03	0.00	212.03	9918		
81 87640		1.00 040224 040224 22022	0.4		37.07	106.02 22.00	0.00 0.00	22 00	9918		
01 07040		1.00 040224 040224 22022	. 4		37.07	15.07	0.00	22.00	9910		
81 87641	59	1.00 040224 040224 22022	2.4		37.07	22.00	0.00	22.00	9918		
01 07011			· -		0.,0.	15.07	0.00		J J _ 0		
81 87651	59	1.00 040224 040224 22022	2.4		49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 040224 040224 22022	24		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
		DEGEDEENE ED . 520	001000000								
		RECIPIENT ID.: 530		000004	ECT 10	274 02		101 00	0 00	0 00	274 02
2024]	L02039851			022024		374.03 ALLOWED		⊥ 9 ⊥. 09	0.00	0.00	374.03
POS PROC CD	MUDIELEDG	SERVICE DATES RENDE UNITS FROM THRU PROVI				NON-AllOWED		חדעם	חבתאוו בטסט		
81 87498		1.00 022024 022024 22022			37.07			22.00			
01 07100		1.00 022021 022021 22022	· -		57.07		0.00	22.00	J J ± 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87581	MODIFIERS 59	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 022024 022024 22022	IDER		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	OBS	
81 87633		1.00 022024 022024 22022	24		318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 022024 022024 22022	24		168.00	112.00 56.00	0.00	112.00	9918		
NAME: HENRY 2024	MANASCO 099023107	RECIPIENT ID.: 530	122723	122723		423.17		212.15	0.00	0.00	374.03
		SERVICE DATES RENDE			BILLED	ALLOWED	COPAY				
POS PROC CI		UNITS FROM THRU PROVI			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87498	59	1.00 122723 122723 22022	24		37.07	22.00	0.00	22.00	9918		
01 07501	ΕO	1 00 100702 100702 0000	3.4		42.00	15.07	0.00	20 00	0010		
81 87581	59	1.00 122723 122723 22022	24		42.00	28.00	0.00	28.00	9910		
81 87633		1.00 122723 122723 22022	2.4		318.05	14.00 212.03	0.00	212.03	0010		
01 07033		1.00 122/23 122/23 22022	24		310.03	106.02	0.00	212.03	9910		
81 87634		1.00 122723 122723 22022	2.4		70.20	49.14	0.00	0 00	5910		
01 07034		1.00 122/23 122/23 22022	<u> </u>		70.20	21.06	0.00	0.00	3910		
81 87798		4.00 122723 122723 22022	24		168.00	112.00	0.00	112.00	9918		
01 01170		1.00 122/23 122/23 22022	21		100.00	56.00	0.00	112.00	JJ±0		
						30.00	0.00				
NAME: JAHMIR	MANGRAM	RECIPIENT ID.: 530	0002333162 MRN:								
	102047403	I1604811		040924	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES RENDE			BILLED	ALLOWED	COPAY				
POS PROC CI	MODIFIERS	UNITS FROM THRU PROVI			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 040924 040924 22022			150.00	43.61	0.00		9918		
						106.39	0.00				
81 87486	59	1.00 040924 040924 22022	24		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87498	59	1.00 040924 040924 22022	24		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 040924 040924 22022	24		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 040924 040924 22022	24		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 040924 040924 22022	24		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT	'NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC At.t		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87651	MODIFIERS 59	UNITS	SERVICE DAT FROM TH 040924 0409	RU PROVIDER	111011		BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL		11100111
81	87798		8.00	040924 0409	24 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		A MANUEL 02044404	I1604388		ID.: 530002350912		040824	1,049.12	629.64		419.48	0.00	0.00	629.64
	PROC CD 87486	MODIFIERS 59	UNITS	SERVICE DAT FROM TH 040824 0408	RU PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 1	EOBS	
81	87498	59	1.00	040824 0408	24 220224			37.07	14.00 22.00	0.00	22.00	9918		
81	87581	59	1.00	040824 0408	24 220224			42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
	87633			040824 0408				318.05	212.03 106.02	0.00	212.03			
	87640	F.O.		040824 0408				37.07 37.07	22.00 15.07	0.00	22.00			
	87641 87651	59 59		040824 0408 040824 0408				49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00 28.00			
	87798			040824 0408				336.00	21.86 224.00	0.00	224.00			
81	87635		1.00	040824 0408	24 220224			150.00	112.00 43.61 106.39	0.00 0.00 0.00	43.61	9918		
NAME:		A MANUEL 07015290	I1608798		ID.: 530000530999		040124	88.54	64.93		23.61	0.00	0.00	64.93
				SERVICE DAT				BILLED	ALLOWED	COPAY				
	ROC CD 80053	MODIFIERS		FROM TH 040124 0401	RU PROVIDER 24 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL	PAID 12.00	DETAIL	EOBS	
OΤ	00053		1.00	040124 0401	24 220224			13.04	3.84	0.00	12.00	9910		
81	83036		1.00	040124 0401	24 220224			14.00	12.00	0.00	12.00	9918		
	80061			040124 0401				20.00	14.00 6.00	0.00	14.00			
81	84443		1.00	040124 0401	24 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

367

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 36415	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		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 040124 040124 220224		9.00		0.00		9918		
NAME: GIANNA MARCHBANKS 2024102047414	RECIPIENT ID.: 530001653616 I1604812	MRN: 040824 040824	825.21	542.00)	283.21	0.00	0.00	486.00
	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 040824 040824 220224		168.00	112.00 56.00	0.00	112.00	9918		
81 87640 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040824 040824 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 040824 040824 220224		84.00	56.00 28.00	0.00	0.00	5000		
NAME: MARLEY MARKS 2024103024535	RECIPIENT ID.: 530000980982 I1606515	MRN: 040924 040924	98.54	67.93	.	30.61	0.00	0.00	67.93
	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 040924 040924 220224		15.84	12.00 3.84	0.00	12.00	9918		
81 82306	1.00 040924 040924 220224		44.00	29.00 15.00	0.00	29.00	9918		
81 84443	1.00 040924 040924 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 36415	1.00 040924 040924 220224		4.50	0.00 4.50	0.00		3323		
81 85049	1.00 040924 040924 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: CATHY MARONEY 2024102047427	RECIPIENT ID.: 530000253721 I1604814	MRN: 040824 040824	407.01	279.93	}	127.08	0.00	0.00	279.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224	113311 010011		ALLOWED NON-AllOWED 12.00	COPAY	PAID 12.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN-		PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD MODIFI	TERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	OBS	
81	83036		1.00 040824 040824	220224			14.00	12.00	0.00		9918	020	
81	86376		1.00 040824 040824	220224			21.00	15.00	0.00	15.00	9918		
81	84443		1.00 040824 040824	220224			25.20	6.00 22.93	0.00	22.93	9918		
81	84436 59		1.00 040824 040824	220224			10.00	2.27 7.00	0.00	7.00	9918		
81	80061		1.00 040824 040824	220224			20.00	3.00 14.00	0.00	14.00	9918		
81	36415		1.00 040824 040824	220224			4.50	6.00 0.00	0.00	0.00	3323		
81	85049		1.00 040824 040824	220224			9.00	4.50 4.00	0.00 0.00	4.00	9918		
81	82607		1.00 040824 040824	220224			22.00	5.00 17.00	0.00 0.00	17.00	9918		
81	82306		1.00 040824 040824	220224			44.00	5.00 29.00	0.00 0.00	29.00	9918		
81	83540		1.00 040824 040824	220224			9.71	15.00 7.00	0.00 0.00	7.00	9918		
81	83550		1.00 040824 040824	220224			13.11	2.71 10.00	0.00 0.00	10.00	9918		
81	83002		1.00 040824 040824	220224			27.78	3.11 21.00	0.00 0.00	21.00	9918		
81	83001		1.00 040824 040824	220224			27.87	6.78 22.00	0.00 0.00	22.00	9918		
81	82670		1.00 040824 040824	220224			41.00	5.87 27.00	0.00 0.00	27.00	9918		
81	82728		1.00 040824 040824	220224			40.00	14.00 13.00	0.00 0.00	13.00	9918		
81	84481		1.00 040824 040824	220224			24.00	27.00 16.00	0.00 0.00	16.00	9918		
81	84403		1.00 040824 040824	220224			38.00	8.00 31.00	0.00 0.00	31.00	9918		
								7.00	0.00				
NAME:	CATHY MARONEY 202410701530		RECIPIENT ID	530000253721	MRN: 040824	040824	106.00	55.00	1	51.00	0.00	0.00	55.00
	PROC CD MODIFI			PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL		DETAIL E		
81	82627		1.00 040824 040824	22U22 4			33.00	28.00 5.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

369

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY TP		PAID AMOUNT
POS PROC CD MODIFIERS 81 84144	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 31.00	ALLOWED NON-AllOWED 20.00 11.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
81 82397	1.00 040824 040824 220224		42.00	7.00	0.00		9918		
NAME: BENJAMIN MARTIN 2024107015325	RECIPIENT ID.: 530002040285	MRN: 040924 040924		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 040924 040924 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22			
NAME: BENTLEY MARTIN 2024107015341	RECIPIENT ID.: 530000875410 I1610675	MRN: 041224 041224	1,049.12	629.64	<u> </u>	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 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 041224 041224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041224 041224 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 041224 041224 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 041224 041224 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 041224 041224 220224		49.86	28.00 21.86	0.00		9918		
81 87798	8.00 041224 041224 220224		336.00	224.00 112.00	0.00	224.00			
81 87635	1.00 041224 041224 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: CHELSEA MARTIN 2024099023124	RECIPIENT ID.: 530000010804 I1601724	MRN: 040424 040424	1,049.12	629.64	Į.	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		BILLED AMOUNT 150.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDER	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 040424 040424 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 040424 040424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040424 040424 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040424 040424 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040424 040424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040424 040424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040424 040424 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040424 040424 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: COURTNEY MARTIN	RECIPIENT ID.: 5300								
2024107015359	I1610676	030224 030224	258.14			243.14	0.00	83.29	15.00
POS PROC CD MODIFIER	SERVICE DATES RENDER S UNITS FROM THRU PROVID		BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EOBS		
81 80307	1.00 030224 030224 220224		83.81	7.50 76.31	0.00	7.50	9918 9936		
81 G0482	1.00 030224 030224 220224		174.33		0.00		9918 9936		
NAME: LOGAN MARTIN	RECIPIENT ID.: 5300	0145520 MRN:							
2024103024549	I1606527	021324 021324				419.48	0.00	0.00	629.64
POS PROC CD MODIFIER	SERVICE DATES RENDER S UNITS FROM THRU PROVID		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87486 59	1.00 021324 021324 220224	ĸ	42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 021324 021324 220224		37.07		0.00	22.00	9918		
81 87581 59	1.00 021324 021324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 021324 021324 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 021324 021324 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87641	59		021324 021324	220224			37.07	22.00 15.07	0.00		9918	1020	
81	87651	59	1.00	021324 021324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	021324 021324	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00	021324 021324	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	PHOENIX	MARTIN		RECIPIENT ID	.: 530000906372	MRN:								
	20241	02039874	I160353		DENDEDING	021624	021624	18.00			7.00	0.00	0.00	11.00
	PROC CD 87070	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 021624 021624	PROVIDER			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 11.00 7.00	COPAY TPL 0.00 0.00	PAID 11.00	DETAIL 9918	EOBS	
NAME:	AUSTIN	MARTINEZ		RECIPIENT ID	.: 530002006493	MRN:								
		07015368	I161067	3		041124	041124	246.36			84.43	0.00	0.00	161.93
DUG	DROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	₽∩RS	
81	80053	FIODITIERO		041124 041124				15.84	12.00	0.00		9918		
81	86431		1.00	041124 041124	220224			20.00	5.00 15.00	0.00	5.00	9918		
81	36415		1.00	041124 041124	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	85049		1.00	041124 041124	220224			9.00	4.00 5.00	0.00	4.00	9918		
81	82607		1.00	041124 041124	220224			22.00	17.00 5.00	0.00	17.00	9918		
81	82746		1.00	041124 041124	220224			22.00	13.00 9.00	0.00	13.00	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 2.71	0.00	7.00	9918		
81	83550		1.00	041124 041124	220224			13.11	10.00	0.00	10.00	9918		
81	85652		1.00	041124 041124	220224			4.00	3.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

372

1	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MOD	DIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC)DC	
81 84481	DILIEKS	UNITS FROM THRU 1.00 041124 041124	220224			24.00	16.00	0.00	16.00		640	
01 04401		1.00 041124 041124	220224			24.00	8.00	0.00	10.00	JJ±0		
81 80061		1.00 041124 041124	220224			20.00	14.00	0.00	14.00	9918		
01 00001		1.00 011121 011121				20.00	6.00	0.00	11.00	J J I O		
81 84443		1.00 041124 041124	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 84439		1.00 041124 041124	220224			13.00	9.00	0.00	9.00	9918		
							4.00	0.00				
NAME: AUSTIN MART	TINEZ	RECIPIENT ID	.: 530002006493	MRN:								
202410908		I1611873		041124	041124	302.00	127.00		175.00	0.00	0.00	127.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MOD	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81 86160		1.00 041124 041124	220224			36.00	15.00	0.00	15.00	9918		
							21.00	0.00				
81 82150 59		1.00 041124 041124	220224			18.00	7.00	0.00	7.00	9918		
							11.00	0.00				
81 83690		1.00 041124 041124	220224			14.00	7.00	0.00	7.00	9918		
01 06140		1 00 041104 041104	22224			1 - 00	7.00	0.00	Г 00	0010		
81 86140		1.00 041124 041124	220224			15.00	5.00	0.00	5.00	9918		
81 83970		1.00 041124 041124	220224			123.00	10.00 51.00	0.00	51.00	0010		
01 03970		1.00 041124 041124	22022 1			123.00	72.00	0.00	31.00	9910		
81 82553		1.00 041124 041124	220224			36.00	14.00	0.00	14.00	9918		
01 02333		1.00 011121 011121	220221			30.00	22.00	0.00	11.00	J J I O		
81 86038		1.00 041124 041124	220224			40.00	15.00	0.00	15.00	9918		
							25.00	0.00				
81 86200		1.00 041124 041124	220224			20.00	13.00	0.00	13.00	9918		
							7.00	0.00				
NAME: CAIN MARTIN	VE 2	פהפדסוהאיי דה	.: 530001179927	MRN:								
202410701		I1608804	330001173327	032924	032924	173.69	122.93		50.76	0.00	0.00	115.93
202110701	13300	SERVICE DATES	RENDERING	032321	032321	BILLED	ALLOWED	COPAY	30.70	0.00	0.00	113.73
POS PROC CD MOD	DIFIERS		PROVIDER			AMOUNT		TPL	PAID	DETAIL EC	DBS	
81 80053		1.00 032924 032924				15.84	12.00	0.00	12.00			
							3.84	0.00				
81 36415		1.00 032924 032924	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
81 85049		1.00 032924 032924	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED		PL IOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84481	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224		BILLED AMOUNT 24.00	ALLOWED NON-AllOWED 16.00	0.00	AID DETAIL EOBS 16.00 9918	}	
81 83036	1.00 032924 032924 220224		14.00	8.00 12.00 2.00	0.00 0.00 0.00	12.00 9918		
81 80061	1.00 032924 032924 220224		20.00	14.00 6.00	0.00	14.00 9918		
81 86376	1.00 032924 032924 220224		21.00	15.00 6.00	0.00 0.00	15.00 9918		
81 84443	1.00 032924 032924 220224		25.20	22.93 2.27	0.00 0.00	22.93 9918		
81 84439	1.00 032924 032924 220224		13.00	9.00 4.00	0.00 0.00	9.00 9918		
81 84436 59	1.00 032924 032924 220224		10.00	7.00 3.00	0.00	0.00 5910		
81 83525	1.00 032924 032924 220224		17.15	11.00 6.15	0.00	11.00 9918		
NAME: KAIN MARTINEZ 2024107015401 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002286666 11608809 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224	MRN: 032924 032924	18.00 BILLED AMOUNT 18.00	15.00 ALLOWED NON-AllOWED 15.00 3.00	COPAY	0.00 AID DETAIL EOBS 15.00 9918	0.00	15.00
NAME: KARIM MARTINEZ 2024107015409 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002286667 I1608810 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224	MRN: 032924 032924	18.00 BILLED AMOUNT 18.00	15.00 ALLOWED NON-AllOWED 15.00 3.00	3.0 COPAY TPL PA 0.00 0.00	AID DETAIL EOBS		15.00
NAME: TORI MASON 2024109080147 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59	RECIPIENT ID.: 530000279306 I1613002 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224 1.00 041624 041624 220224 1.00 041624 041624 220224	MRN: 041624 041624	1,049.12 BILLED AMOUNT 42.00 37.07	629.64 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00	COPAY	0.00 AID DETAIL EOBS 28.00 9918 22.00 9918 28.00 9918	0.00	629.64
				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
	PROC CD 87633	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041624 041624	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00	PAID 212.03	DETAIL EOBS 9918	5	
81	87640		1.00 041624 041624	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87641	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
	87651	59	1.00 041624 041624				49.86	28.00 21.86	0.00		9918		
	87798		8.00 041624 041624				336.00	224.00 112.00	0.00	224.00			
81	87635		1.00 041624 041624	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	TARA MA 20240	SSEY 99023149	RECIPIENT ID I1601746 SERVICE DATES	.: 530001080342	MRN: 012224	012224	258.14 BILLED	98.29) COPAY	159.85	0.00	0.00	98.29
	PROC CD 80307	MODIFIERS		PROVIDER 220224			AMOUNT 83.81	NON-AllOWED 48.93 34.88	TPL 0.00 0.00	PAID 48.93	DETAIL EOBS 9918 9936	3	
81	G0482		1.00 012224 012224	220224			174.33	49.36 124.97	0.00	49.36	9918 9936		
NAME:	TARA MA 20241	SSEY 07015415	I1610680	.: 530001080342 RENDERING	MRN: 031824	031824	258.14 BILLED	98.29 ALLOWED) COPAY	159.85	0.00	0.00	98.29
	PROC CD 80307	MODIFIERS	UNITS FROM THRU 1.00 031824 031824	PROVIDER 220224			AMOUNT 83.81	NON-AllOWED 48.93 34.88	TPL 0.00 0.00		DETAIL EOBS 9918 9936	3	
81	G0482		1.00 031824 031824	220224			174.33	49.36 124.97	0.00	49.36	9918 9936		
NAME:	DANIEL 20241	MATHER 03024565	I1606537	.: 530001065395	MRN: 022224	022224	285.07			88.93	0.00	0.00	140.14
	PROC CD 87529	MODIFIERS	SERVICE DATES UNITS FROM THRU 2.00 022224 022224	RENDERING PROVIDER 220224			BILLED AMOUNT 99.72	ALLOWED NON-AllOWED 56.00 43.72	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 5910	3	
81	87640	59	1.00 022224 022224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 022224 022224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY			TPL AMOUNT	PAID AMOUNT
POS PRO 81 8'	OC CD 7653	MODIFIERS 59	UNITS FROM THRU	PROVIDER 220224			AMOUNT 37.07	NON-AlloWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	BS	
81 8'	7801		2.00 022224 022224	220224			74.14	74.14	0.00	74.14			
NAME: L		MATHIS		.: 530001434159	MRN:	0.4.0.0.4	184 00	116.00		FO 11	0.00	0.00	116.00
	202410	07015434	I1608817 SERVICE DATES	RENDERING	040824	040824	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PRO	OC CD	MODIFIERS					AMOUNT	NON-AllOWED		PAID	DETAIL EOE	3S	
81 G			1.00 040824 040824				174.33		0.00	116.22			
NAME: A	LANA M	ATTHEWS	RECIPIENT ID	.: 530002090399	MRN:								
	20241	02044418	I1604389		040824	040824		629.64		419.48	0.00	0.00	629.64
	oa ab	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY			2.0	
81 8'		MODIFIERS	UNITS FROM THRU 1.00 040824 040824	PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43 61	DETAIL EOE 9918	35	
01 0	7033		1.00 010021 010021	220221			150.00	106.39	0.00	15.01	JJ±0		
81 8'	7486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 8'	7498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81 8'	7581	59	1.00 040824 040824	220224			42.00	15.07 28.00	0.00	28.00	9918		
01 0	, 501		1.00 010021 010021				12.00	14.00	0.00	20.00	J J I G		
81 8'	7633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
01 01	7640		1 00 040004 040004	000004			27 07	106.02	0.00	00.00	0010		
81 8'	7640		1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8'	7641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 8'	7651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
81 8'	7798		8.00 040824 040824	220224			336.00	21.86 224.00	0.00	224.00	0010		
01 0	7790		0.00 010021 010021	220224			330.00	112.00		224.00	9910		
NAME: A	UTUMN I	MATTHEWS	RECIPIENT ID	.: 530002328577	MRN:								
		09080171	I1613006			041624		402.03		212.95	0.00	0.00	402.03
D02 ==	00 00	MOD THE ~	SERVICE DATES					ALLOWED		D. 7-			
POS PRO 81 8'		MODIFIERS	UNITS FROM THRU 1.00 041624 041624	PROVIDER			AMOUNT 49.86			PAID 28.00		35	
0 1 0	100T		1.00 041024 041024	22U22 1			49.00	21.86	0.00		9910		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

376

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
DOG DDOG GD	MODIFIEDC	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED	COPAY TPL	PAID	ד ג ייים כו	EODC		
	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			37.07	NON-AllOWED 22.00	0.00		DETAIL 9918	FODS		
						15.07	0.00					
81 87581	59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00 0.00	28.00	9918			
81 87633		1.00 041624 041624 220224			318.05	212.03	0.00	212.03	9918			
						106.02	0.00					
81 87798		4.00 041624 041624 220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME: ELIZABET	TH MAYBERRY	RECIPIENT ID.: 530001454	380 MRN:									
	7015446	I1608820		041124	342.02			124.49	0.00		0.00	189.53
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC		
81 87798	MODIFIERS	3.00 041124 041124 220224			126.00	84.00	0.00		9918	EODS		
						42.00	0.00					
81 87491	59	1.00 041124 041124 220224			49.86	28.00 21.86	0.00 0.00	0.00	5490			
81 87511	59	1.00 041124 041124 220224			42.00	28.00	0.00	28.00	9918			
						14.00	0.00					
81 87529	59	1.00 041124 041124 220224			49.86	28.00 21.86	0.00 0.00	28.00	9918			
81 87591	59	1.00 041124 041124 220224			42.00	28.00	0.00	28.00	9918			
						14.00	0.00					
81 87661	59	1.00 041124 041124 220224			32.30	21.53 10.77	0.00 0.00	21.53	9918			
NAME: CAROLINA	A MAYHALL	RECIPIENT ID.: 530000351	971 MRN:									
	9080185	I1613007		041624	49.86			21.86	0.00		0.00	28.00
	MODIETED	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	ח א א די		HODG		
POS PROC CD 81 87651	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL 9918	FORS		
0_ 0.00_					27.00	21.86	0.00		,,,,			
NAME: EMILIO N	MAYLE	RECIPIENT ID.: 530002296	393 MRN:									
		I1603534		022024		305.64		241.48	0.00		0.00	305.64
POS PROC CD	MODIFIEDC	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	ד גייים רו	FODC		
	59	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			37.07	22.00	0.00		9918	COO		
						15.07	0.00					
81 87581	59	1.00 022024 022024 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

377

ICN	PAT ACC	Γ NO.		SERVICE FROM	DATES THRU	AMOUNT	AMOUNT	NO: ALL	OWED A	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIF 81 87633		SERVICE DATES FROM THRU 022024 022024	PROVIDER				ALLOWED NON-AllOWED 212.03 106.02		PAID		EOBS	
81 87635	1.00	022024 022024	220224			150.00	43.61		43.61	9918		
NAME: TERESA MAYNAR 20241020398	99 I160353!	5		MRN: 032824			55.48			0.00	0.00	55.48
POS PROC CD MODIF 81 G0480	IERS UNITS 1.00	SERVICE DATES FROM THRU 032824 032824	RENDERING PROVIDER 220224				NON-AllOWED 55.48	COPAY TPL 0.00 0.00	PAID 55.48	DETAIL I 9918	EOBS	
NAME: JOSHUA MAYNE 20241070154	57 I1610683	3		030524		49.86	18.94		30.92	0.00	0.00	18.94
POS PROC CD MODIF 81 87651	IERS UNITS 1.00	SERVICE DATES FROM THRU 030524 030524	PROVIDER 220224			49.86	ALLOWED NON-AlloWED 18.94 30.92	COPAY TPL 0.00 0.00	PAID 18.94	DETAIL F 9918 993	EOBS 36	
NIANTE CUDICHODUED N	3.1.0	D-0-D-0-0-0										
NAME: CHRISTOPHER M 20240990231	AYS 71 I160175:	RECIPIENT ID	.: 530002261140	MRN: 040424	040424	1,049.12	629.64	CODAY	419.48	0.00	0.00	629.64
	AYS 71	RECIPIENT ID 2 SERVICE DATES FROM THRU 040424 040424	RENDERING PROVIDER 220224	MRN: 040424	040424	1,049.12 BILLED AMOUNT 150.00	629.64 ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID	DETAIL E		629.64
20240990231 POS PROC CD MODIF	AYS 71	RECIPIENT 1D 2 SERVICE DATES FROM THRU 040424 040424	RENDERING PROVIDER 220224 220224	MRN: 040424	040424	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	DETAIL E 9918		629.64
20240990231 POS PROC CD MODIF 81 87635	AYS 71	RECIPIENT 1D 2 SERVICE DATES FROM THRU 040424 040424 040424 040424	RENDERING PROVIDER 220224 220224 220224	MRN: 040424	040424	1,049.12 BILLED AMOUNT 150.00 42.00 37.07	629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61	DETAIL F 9918 9918		629.64
20240990231 POS PROC CD MODIF 81 87635 81 87486 59	AYS 71	RECIPIENT 1D 2 SERVICE DATES FROM THRU 040424 040424 040424 040424 040424 040424 040424 040424	RENDERING PROVIDER 220224 220224 220224 220224	MRN: 040424	040424	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	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 0.00 0.00	PAID 43.61 28.00	DETAIL E 9918 9918 9918		629.64
20240990231 POS PROC CD MODIF 81 87635 81 87486 59 81 87498 59			RENDERING PROVIDER 220224 220224 220224 220224 220224	MRN: 040424	040424	1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	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 0.00 0.00 0.00 0.00	PAID 43.61 28.00 22.00 28.00 212.03	DETAIL F 9918 9918 9918 9918		629.64
20240990231 POS PROC CD MODIF 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640	1.00	040424 040424	220224	MRN: 040424	040424	37.07	22.00 15.07	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	DETAIL F 9918 9918 9918 9918 9918		629.64
20240990231 POS PROC CD MODIF 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59	1.00	040424 040424 040424 040424	220224	MRN: 040424	040424	37.07 37.07	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 43.61 28.00 22.00 28.00 212.03 22.00 22.00	DETAIL F 9918 9918 9918 9918 9918 9918		629.64
20240990231 POS PROC CD MODIF 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640	1.00 1.00 1.00	040424 040424	220224 220224 220224	MRN: 040424	040424	37.07	22.00 15.07 22.00	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	DETAIL F 9918 9918 9918 9918 9918 9918 9918		629.64

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ALEIGHA MCAVOY 2024107015467 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002301879 11608822 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	MRN: 040124 040124	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 E 9918	0.00 OBS	15.00
NAME: KAILANI MCCAIN 2024102039908 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001144878 11603539 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 021924 021924	211.36 BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	0.00 DETAIL E		133.93
81 80053 81 82306 81 83540	1.00 021924 021924 220224 1.00 021924 021924 220224 1.00 021924 021924 220224		15.84 44.00 9.71	12.00 3.84 29.00 15.00 7.00	0.00 0.00 0.00 0.00	12.00 29.00 7.00			
81 83550 81 82728	1.00 021924 021924 220224 1.00 021924 021924 220224		13.11	2.71 10.00 3.11 13.00 27.00	0.00 0.00 0.00 0.00 0.00	10.00			
81 83036 81 80061 81 84443	1.00 021924 021924 220224 1.00 021924 021924 220224 1.00 021924 021924 220224		14.00 20.00 25.20	12.00 2.00 14.00 6.00 22.93	0.00 0.00 0.00 0.00 0.00	12.00 14.00 22.93	9918		
81 84439 81 85027	1.00 021924 021924 220224 1.00 021924 021924 220224		13.00 12.00	2.27 9.00 4.00 5.00	0.00 0.00 0.00 0.00	9.00	9918 9918		
81 36415 NAME: KAILANI MCCAIN	1.00 021924 021924 220224 RECIPIENT ID.: 530001144878	MRN:	4.50	7.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
2024102039926 POS PROC CD MODIFIERS 81 85045	I1603540 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021924 021924 220224	021924 021924	BILLED AMOUNT 8.00	NON-AllOWED 5.00 3.00	COPAY TPL 0.00 0.00	PAID 5.00	9918	0.00 OBS	10.00
81 86140	1.00 021924 021924 220224		15.00	5.00 10.00	0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

379

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
	MCCAIN 02039932	RECIPIENT ID		MRN: 040324	040324		374.03		191.09	0.00	0.00	374.03
POS PROC CD 81 87498	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040324 040324	PROVIDER 220224			BILLED AMOUNT 37.07		COPAY TPL 0.00 0.00	PAID 22.00		3S	
81 87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 040324 040324	220224			168.00	112.00 56.00	0.00	112.00	9918		
	MCCAIN 02039939	RECIPIENT ID	.: 530001143920	MRN: 040324	040324	565.12	374.03		191.09	0.00	0.00	374.03
	0_007707	SERVICE DATES	RENDERING	0 100 1	0 1 0 0 = 1	BILLED		COPAY				0,100
POS PROC CD							NON-AllowED	\mathtt{TPL}			3S	
81 87498	59	1.00 040324 040324					22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798		4.00 040324 040324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: KY LYNN 20241	MCCAIN 02039952	RECIPIENT ID		MRN: 021924	021924		133.93		77.43	0.00	0.00	133.93
		SERVICE DATES				BILLED		COPAY			. ~	
POS PROC CD	MODIFIERS	UNITS FROM THRU					NON-AllOWED				BS	
81 80053		1.00 021924 021924 1.00 021924 021924	220224			15.64	12.00 3.84	0.00	12.00			
81 82306		1.00 021924 021924	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83540		1.00 021924 021924	220224			9.71		0.00	7.00	9918		
81 83550		1.00 021924 021924	220224			13.11	10.00	0.00	10.00	9918		
81 82728		1.00 021924 021924	220224			40.00	3.11 13.00	0.00	13.00	9918		
81 83036		1.00 021924 021924	220224			14.00	27.00 12.00 2.00	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	Γ 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	EOBS	
81	80061		1.00	021924 021924	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1 00	021924 021924	220224			25.20	22.93	0.00	22 93	9918		
01	01113		1.00	021724 021724	22022 1			23.20	2.27	0.00	22.73	J J ± 0		
81	84439		1.00	021924 021924	220224			13.00	9.00	0.00	9.00	9918		
0_	0 1 1 0 7			0				_5,00	4.00	0.00	2.00	,,,,		
81	85027		1.00	021924 021924	220224			12.00	5.00	0.00	5.00	9918		
									7.00	0.00				
81	36415		1.00	021924 021924	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
					520000004106									
NAME:		ICCLENDON	T1606F4		530000934186	MRN:	040004	000 10	F0C 03		212 00	0 00	0 00	F0C 03
	20241	.03024584	I160654	SERVICE DATES	RENDERING	040924	040924	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		040924 040924	220224			42.00	28.00	0.00		9918	пово	
0_	0 / 200			0107=1 0107=1					14.00	0.00		,,,,		
81	87498	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	040924 040924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
0.4	0.7.4.0			0.4.0.0.4.0.4.0.0.4					106.02	0.00		2212		
81	87640		1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	ΕO	1 00	040004 040004	220224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1 00	040924 040924	220224			49.86	28.00	0.00	28 00	9918		
01	07031	3,7	1.00	010021 010021	220221			17.00	21.86	0.00	20.00	JJ±0		
81	87798		8.00	040924 040924	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:		II MCCLENDON			530001609867	MRN:								
	20241	.07015474	I160882			033024	033024	258.14			86.05	0.00	0.00	172.09
D02	DD 0.0 .05	MODIFIE		SERVICE DATES	RENDERING				ALLOWED	COPAY	D3.TD	DD03.77	HODG	
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
ŖΤ	80307		1.00	033024 033024	ZZUZZ 4			83.81	55.87 27.94	0.00	55.87	9918		
Q 1	G0482		1 00	033024 033024	220224			174.33	116.22	0.00	116.22	9919		
OΤ	GU-102		1.00	033044 033044	44U44I			1/4.33	58.11	0.00	110.22	99±0		
									20.11	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE I FROM	DATES IHRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			PL OUNT	PAID AMOUNT
2024102039978	RECIPIENT ID.: 530000361544 I1603543 SERVICE DATES RENDERING	MRN: 040524 (040524	BILLED	42.00 ALLOWED	COPAY		0.00	0.00	42.00
POS PROC CD MODIFIERS 81 80053	UNITS FROM THRU PROVIDER 1.00 040524 040524 220224			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00			
81 83036	1.00 040524 040524 220224			14.00	12.00 2.00	0.00 0.00	12.00	9918		
81 80061	1.00 040524 040524 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415	1.00 040524 040524 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040524 040524 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: EMERY MCCOLLUM 2024102039997	RECIPIENT ID.: 530000361544 I1603544 SERVICE DATES RENDERING		040524	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 040524 040524 220224			AMOUNT 27.89	NON-7110MED	трт.	PAID 22.93	DETAIL EOBS 9918		
NAME: KATELYN MCCULLAR 2024099023188	RECIPIENT ID.: 530000595265 I1601796 SERVICE DATES RENDERING	MRN: 032924 (032924	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 032924 032924 220224			AMOUNT 18.53	NON-Allowed 10.00 8.53	TPL 0.00 0.00	PAID 10.00			
81 87186	1.00 032924 032924 220224			13.50	9.00 4.50	0.00	9.00	9918		
81 87088	1.00 032924 032924 220224			8.09	8.09 0.00	0.00	8.09			
NAME: KATELYN MCCULLAR 2024102040006	RECIPIENT ID.: 530000595265 I1603545	MRN: 032924 (032924	825.21	542.00		283.21	0.00	0.00	486.00
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 032924 032924 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00			
81 87640 59	1.00 032924 032924 220224			37.07	22.00 15.07	0.00	22.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

382

IC	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	IT	PAID AMOUNT
POS PROC CD MODI 81 87653 59	IFIERS	SERVICE DATES UNITS FROM THRU 1.00 032924 032924	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL 9918	EOBS		
81 87798		11.00 032924 032924	220224			462.00	15.07 308.00 154.00	0.00 0.00 0.00	308.00	9918			
81 87641 59		1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87798		2.00 032924 032924	220224			84.00	56.00 28.00	0.00	0.00	5000			
NAME: GREYSON MCCU 2024103024		RECIPIENT ID.	.: 530000672264	MRN: 112723	112723	899.12	586.03		313.09	0.00		0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81 87486 59			220224			42.00	28.00 14.00	0.00		9918			
81 87498 59			220224			37.07	22.00 15.07	0.00		9918			
81 87581 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			220224			37.07	22.00 15.07	0.00		9918			
81 87641 59			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 112723 112723	220224			336.00	224.00 112.00	0.00	224.00	9910			
NAME: ELI MCDONALI 2024109080		RECIPIENT ID. 11611889 SERVICE DATES	.: 530002258822	MRN: 041524	041524	18.00 BILLED	15.00 ALLOWED	COPAY	3.00	0.00		0.00	15.00
POS PROC CD MODI 81 83655			PROVIDER				NON-AllowED	\mathtt{TPL}	15.00		EOBS		
NAME: NEVAEH MCDOW 2024102044		RECIPIENT ID. 11604391 SERVICE DATES		MRN: 040824	040824		305.64		241.48	0.00		0.00	305.64
POS PROC CD MODI 81 87498 59			PROVIDER				NON-AllOWED	\mathtt{TPL}	22.00		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

383

ICI	N PAT	ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODII 81 87581 59	FIERS UNIT	SERVICE DATES S FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	COBS	
81 87633	-	.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87635	-	.00 040824 040824	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: ANGELA MCFARI 2024107015	489 I163	.0693 SERVICE DATES	.: 530002278827 RENDERING	MRN: 040924	040924	BILLED	116.22 ALLOWED	COPAY		0.00	0.00	116.22
POS PROC CD MODII 81 G0482		S FROM THRU00 040924 040924	PROVIDER 220224			AMOUNT 174.33	NON-AllOWED 116.22 58.11	TPL 0.00 0.00	PAID 116.22	DETAIL E 9918	COBS	
NAME: IVY MCGARVEY 20241090802		RECIPIENT ID 3010 SERVICE DATES	.: 530002171337 RENDERING	MRN: 041624	041624	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODII	FIERS UNIT		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87635		.00 041624 041624	220224			150.00	43.61 106.39	0.00	43.61			
81 87486 59	- -	00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	=	00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	-	00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	=	.00 041624 041624	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	=	.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	-	00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	=	00 041624 041624	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8	3.00 041624 041624	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JA MARIAN MCC 2024107015		RECIPIENT ID		MRN: 040824	040824		172.09		127.24	0.00	0.00	172.09
POS PROC CD MODII 81 80307		SERVICE DATES S FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.87 69.13	COPAY TPL 0.00 0.00	PAID 55.87		GOBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

384

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		N(AL)			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 174.33	NON-AllowED		116.22			
NAME: MICHAEL MCGHEE									
2024107015524	I1610695	040824 040824		172.09		127.24	0.00	0.00	172.09
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	DATE			
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 125.00	NON-AllOWED 55.87	TPL 0.00		DETAIL EOBS 9918		
81 80307	1.00 040024 040024 220224		125.00	69.13	0.00		9910		
81 G0482	1.00 040824 040824 220224		174.33		0.00		9918		
02 00102			_ /	58.11	0.00		J J _ 0		
NAME: SORIAH MCGHEE	RECIPIENT ID.: 530001921020	MRN:							
2024107015539	I1608843	032924 032924	760 52	457.53	}	302.99	0.00	0.00	429.53
2021107013333	SERVICE DATES RENDERING	032321 032321	BILLED	ALLOWED	COPAY	302.77	0.00	0.00	127.55
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 87640 59	1.00 032924 032924 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87491 59	1.00 032924 032924 220224		49.86	28.00	0.00		5490		
01 07511	1 00 022024 022024 220224		40.00	21.86	0.00		0010		
81 87511	1.00 032924 032924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529	2.00 032924 032924 220224		99.72	56.00	0.00	56 00	9918		
01 07323	2.00 032321 032321 220221		JJ • 12	43.72	0.00	30.00	JJ10		
81 87591	1.00 032924 032924 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87653 59	1.00 032924 032924 220224		37.07	22.00	0.00	22.00	9918		
0.1				15.07	0.00	04 50	0.01.0		
81 87661	1.00 032924 032924 220224		32.30	21.53	0.00	21.53	9918		
81 87563	1.00 032924 032924 220224		42.50	10.77 0.00	0.00	0 00	4021		
81 87303	1.00 032924 032924 220224		42.50	42.50	0.00	0.00	4021		
81 87798 59	9.00 032924 032924 220224		378.00		0.00	252.00	9918		
				126.00					
NAME: UTORODIA MOGUER		MIDNI •							
NAME: VICTORIA MCGHEE 2024103024620	RECIPIENT ID.: 530000990464 I1606564	MRN: 040424 040424	212 60	211.02)	101 66	0 00	0.00	211.02
2024103024020	SERVICE DATES RENDERING	010121 010424		ALLOWED		101.00	0.00	0.00	211.02
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			NON-Allowed		PAID	DETAIL EOBS		
81 80053	1.00 040424 040424 220224		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	FROM	ICE DATES THRU	AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD MODIFIE	RS UNITS FROM THRU I	RENDERING PROVIDER		BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EOBS		
81 84443	1.00 040424 040424 2	220224		25.20	22.93 2.27	0.00	22.93	9918		
81 36415	1.00 040424 040424 2	220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040424 040424	220224		9.00	4.00 5.00	0.00	4.00	9918		
81 80307	1.00 040424 040424	220224		83.81	55.87 27.94	0.00	55.87	9918		
81 G0482	1.00 040424 040424	220224		174.33	116.22 58.11	0.00	116.22	9918		
NAME: VICTORIA MCGHEE 2024103024641	RECIPIENT ID. 11606565		: 24 04042	15.58	12.00)	3.58	0.00	0.00	6.00
		RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIE		PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 82570	1.00 040424 040424 2	220224		8.00	6.00 2.00	0.00	0.00	5911		
81 82043 QW	1.00 040424 040424	220224		7.58	6.00 1.58	0.00	6.00	9918		
NAME: ZAYLIE MCGRAW	RECIPIENT ID	: 530002311353 MRN	:							
2024102040036	I1603549		24 04042	24 565.12	374.03	3	191.09	0.00	0.00	374.03
		RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIE		PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87498 59	1.00 040424 040424 2	220224		37.07	22.00	0.00	22.00	9918		
81 87581 59	1.00 040424 040424 2	220224		42.00	15.07 28.00	0.00	28.00	9918		
01 07301 35	1.00 040424 040424 2	220221		42.00	14.00	0.00	20.00	JJ10		
81 87633	1.00 040424 040424 2	220224		318.05	212.03	0.00	212.03	9918		
					106.02	0.00				
81 87798	4.00 040424 040424 2	220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: KIMBERLY MCHENR	RECIPIENT ID.	: 530000308864 MRN	:							
2024103024645	I1606570		24 03112		55.48		69.52	0.00	0.00	55.48
DOG DDOG GD MODIETE:		RENDERING		BILLED			ח א ד ח			
POS PROC CD MODIFIE: 81 G0480		PROVIDER 220224		AMOUNT 125.00	NON-AllOWED 55.48	TPL 0.00	PAID 55.48			
01 00100	1.00 031124 031124 2	22022T		123.00	69.52	0.00	33.40	J J ± U		
NAME: ARY MCINTEAR	RECIPIENT ID.	: 530001379531 MRN	:							
2024107015554			24 03272	258.14	116.22	2	141.92	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

386

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 80307	MODIFIERS		SERVICE DATES FROM THRU 032724 032724	RENDERING PROVIDER 220224			BILLED AMOUNT 83.81	ALLOWED NON-AlloWED 0.00 83.81	COPAY TPL 0.00 0.00	PAID	DETAIL I 6340	EOBS	
81	G0482		1.00	032724 032724	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:		TH MCINTYRE 02040050	I160355		.: 530000849807	MRN: 040424	040424	899.12	586.03		313.09	0.00	0.00	586.03
		0_0_000		SERVICE DATES	RENDERING	0 10 11 1	0 10 11 1	BILLED	ALLOWED	COPAY	0_0,00			200703
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL I	EOBS	
81	87486	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040424 040424	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00	040424 040424	220224			37.07	106.02 22.00	0.00	22.00	9918		
0.1	0.00.4.1	5.0	1 00	0.4.0.4.0.4.0.4.0.4	000004			25 25	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	040424 040424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	JOHN MC	INTYRE		RECIPIENT ID	.: 530001000548	MRN:								
	20241	07015574	I160885	1		040424	040424	899.12			313.09	0.00	0.00	586.03
D00 F	DOG GD	MODIFIED	TDITEG	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D3.TD		HODG	
	PROC CD 87486	MODIFIERS 59	UNITS	FROM THRU 040424	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL I 9918	EOBS	
01	0/400	39	1.00	040424 040424	ZZUZZ I			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00	040424 040424	220224			37.07		0.00	22.00	9918		
81	87581	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00	040424 040424	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00	040424 040424	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL EOE 9918	S	
81 87651	59	1.00 040424 040424 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040424 040424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: PEYTON M	MCKINNEY 07015590	RECIPIENT ID.: 530001887146 I1608857	MRN: 040424	040424	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 EOE	S	
81 87486	59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040424 040424 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040424 040424 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040424 040424 220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 040424 040424 220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641	59	1.00 040424 040424 220224			37.07	15.07 22.00	0.00	22.00	9918		
01 07651	F.O.	1 00 040404 040404 000004			40.06	15.07	0.00	20.00	0.01.0		
81 87651	59	1.00 040424 040424 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040424 040424 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: SERENITY	MCKINNEY	RECIPIENT ID.: 530001392422	MRN:								
	7015603	I1610696	040824	040824	319.55			106.52	0.00	0.00	213.03
POS PROC CD	MODIFIEDQ	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE	Q	
81 87507		1.00 040824 040824 220224				213.03 106.52					
NAME: THOMAS M	MCKINNEY	RECIPIENT ID.: 530001292389	MRN:								
		I1608858		040224		629.64		419.48	0.00	0.00	629.64
POS PROC CD 81 87635		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224					\mathtt{TPL}	43.61		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	D=11D=D=11G	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
POS PROC CD 81 87486	MODIFIERS 59	1.00 040224 040224	220224			42.00	28.00	0.00		9918	OBS	
01 07100	3,5	1.00 010221 010221	220221			12.00	14.00	0.00	20.00	JJ10		
81 87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
0.1			000004			0.7.07	15.07	0.00		2212		
81 87641	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07651	F 0	1 00 040004 040004	000004			40.06	15.07	0.00	00.00	0.01.0		
81 87651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
81 87798		8.00 040224 040224	220224			336.00	21.86 224.00	0.00	224.00	0010		
01 0//90		8.00 040224 040224	220224			330.00	112.00	0.00	224.00	9910		
							112.00	0.00				
NAME: BLAKELY	MCLEOD	RECIPIENT ID	.: 530002241352	MRN:								
	02047460	I1604819		040824	040824	49.86	28.00		21.86	0.00	0.00	28.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87651		1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
NAME: LONDYN			530002146336	MRN:								
20241	.02044449	I1604392		040224	040224	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG DDOG GD	MODITION	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		ODG	
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 040224 040224	220224			150.00	43.61 106.39	0.00	43.61	9910		
81 87486	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	0010		
01 07400	39	1.00 040224 040224	ZZUZZ I			12.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07100	3,5	1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
32 0,301						12.00	14.00	0.00	20.00	22-0		
81 87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918		
-						-	106.02	0.00		-		
81 87640		1.00 040224 040224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.			DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			SS	
81 87	7641	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
0.1 0.7	7651	F.0	1 00 040004 040004	000004			40.06	15.07	0.00	00.00	0.01.0		
81 87	7651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
01 07	7700		0 00 040224 040224	220224			226 00	21.86	0.00	224 00	0010		
81 87	7798		8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9910		
								112.00	0.00				
NAME: BE	TMATINE	N MCNATT	RECIPIENT ID	.: 530002390373	MRN:								
		99023217	I1601840		011024	011024	9.00	4.00		5.00	0.00	0.00	4.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	OC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 85	5049		1.00 011024 011024	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME: KA				.: 530001894338	MRN:								
	202410	09080288	I1611894		040224	040224		374.03		191.09	0.00	0.00	374.03
D00 DD0	20.00		SERVICE DATES				BILLED	ALLOWED	COPAY	D. T. T. D.	DDD111 D0D	. ~	
POS PRO		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL			SS	
81 87	7498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
81 87	7581	59	1.00 040224 040224	220224			42.00	15.07 28.00	0.00	28.00	0010		
01 0/	/201	59	1.00 040224 040224	220224			42.00	14.00	0.00	20.00	9910		
81 87	7633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	0018		
01 07	7033		1.00 040224 040224	220224			310.03	106.02	0.00	212.05	J J I O		
81 87	7798		4.00 040224 040224	220224			168.00	112.00	0.00	112.00	9918		
01 07	, , , , ,		1.00 010221 010221				100.00	56.00	0.00	112.00	JJ 10		
NAME: LY	YLA MCI	NEIL	RECIPIENT ID	.: 530002288536	MRN:								
	202410	03024672	I1606592		031224	031224		586.03		313.09	0.00	0.00	128.00
			SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	SS	
81 87	7486	59	1.00 031224 031224	220224			42.00	28.00	0.00	28.00	9918		
0.1	- 400			000004									
81 87	7498	59	1.00 031224 031224	220224			37.07	22.00	0.00	22.00	9918		
01 07	7 - 0 1	F.O.	1 00 021224 021224	000004			40.00	15.07	0.00	20.00	0.01.0		
81 87	7581	59	1.00 031224 031224	220224			42.00	28.00	0.00	28.00	9918		
01 07	7622		1 00 021224 021224	220224			210 05	14.00	0.00	0 00	5000		
81 87	7633		1.00 031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81 87	7640		1.00 031224 031224	220224			37.07	22.00	0.00	0 00	5000		
01 07	, 0 10		1.00 031224 031224	220221			37.07	15.07	0.00	0.00	5000		
								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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT A	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	3.5	
81	87641	59	1.00 031224 031224				37.07	22.00 15.07	0.00		9918		
81	87651	59	1.00 031224 031224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 031224 031224	220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME:	SYDNEY	MCPHERSON	RECIPIENT II	o.: 530000951936	MRN:								
		107015636	I1608863			040624	899.12	586.03		313.09	0.00	0.00	586.03
			SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	3S	
81	87486	59	1.00 040624 040624	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	ГО	1 00 040624 040624	220224			27 07	14.00	0.00	22.00	0.01.0		
81	87498	59	1.00 040624 040624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040624 040624	220224			42.00	28.00	0.00	28 00	9918		
01	07301	3,5	1.00 040024 040024	220224			12.00	14.00	0.00	20.00	JJ10		
81	87633		1.00 040624 040624	220224			318.05	212.03	0.00	212.03	9918		
0_	0,000						0_0,00	106.02	0.00		7720		
81	87640		1.00 040624 040624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040624 040624	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040624 040624	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040624 040624	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NT 7\ N/IT7 •	• 11700000	MOMITTITIANO	DECIDIENT II	· E20002240007	MIDNI •								
NAME .		MCWILLILAMS L07015655	RECIPIENT II I1610701	D.: 530002248807	MRN:	030624	305 07	145.32		249.75	0.00	0.00	145.32
	20241	10/013033	SERVICE DATES	RENDERING	030024	030024	BILLED	ALLOWED	COPAY	249.75	0.00	0.00	143.32
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL EO	3.5	
	87635	1102111110	1.00 030624 030624				150.00	31.68			9918 9936		
-								118.32	0.00				
81	87486	59	1.00 030624 030624	220224			42.00	18.94	0.00	18.94	9918 9936		
								23.06	0.00				
81	87498	59	1.00 030624 030624	220224			37.07	18.94	0.00	18.94	9918 9936		
								18.13	0.00				
81	87581	59	1.00 030624 030624	220224			42.00	18.94	0.00	18.94	9918 9936		
								23.06	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT N	NO. ERVICE 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		ROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E) R C	
81	87640	MODIFIERS		30624 030624	220224			37.07	18.94	0.00		9918 993		
01	07010		1.00 03	00021 000021	220221			37.07	18.13	0.00	10.71	JJ±0 JJJ.		
81	87641	59	1.00.03	30624 030624	220224			37.07	18.94	0.00	18.94	9918 9930	5	
01	0,011	3,5	1.00 03	00021 000021	220221			37.07	18.13	0.00	10.71	JJ ± 0 JJ 5		
81	87651	59	1.00 03	30624 030624	220224			49.86	18.94	0.00	18.94	9918 9930	5	
-			_,,,,						30.92	0.00				
NAME:	OLIVIA			RECIPIENT ID	.: 530001927825	MRN:								
	20241	.07015667	I1608865			040424	040424	899.12	586.03		313.09	0.00	0.00	586.03
				ERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD			ROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87486	59	1.00 04	10424 040424	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.07.400	F.0	1 00 04	10101 010101	000004			25 05	14.00	0.00	00.00	0010		
81	87498	59	1.00 04	10424 040424	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1 00 04	10424 040424	220224			42.00	15.07 28.00	0.00	28.00	0010		
0.1	0/301	59	1.00 04	10424 040424	220224			42.00	14.00	0.00	20.00	9910		
81	87633		1 00 04	10424 040424	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 01	10121 010121	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87640		1.00 04	10424 040424	220224			37.07	22.00	0.00	22.00	9918		
					-				15.07	0.00				
81	87641	59	1.00 04	10424 040424	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00 04	10424 040424	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00 04	10424 040424	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	CAMERON	I MEARS		RECIPIENT ID	.: 530000933701	MRN:								
	20241	.03024683	I1606598			040924	040924	565.12	374.03		191.09	0.00	0.00	374.03
			SE	ERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
				ROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87498	59	1.00 04	10924 040924	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81	87581	59	1.00 04	10924 040924	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00 04	10004 040004	000004			210 25	14.00	0.00	010 02	0.01.0		
81	87633		1.00 04	10924 040924	220224			318.05	212.03	0.00	212.03	9918		
81	87798		4 00 04	10924 040924	220224			168.00	106.02 112.00	0.00	112.00	9919		
OΤ	01130		4.00 04	10924 040924	22024 1			100.00	56.00	0.00	112.00	99±0		
									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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	N	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
NAME: JORDAN MELSON 20241070114		RECIPIENT ID 11608867 SERVICE DATES	0.: 530001595906 RENDERING	MRN: 040224	040224	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIF	FIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOE	SS	
81 87486 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040224 040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 040224 040224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9918		
81 87635		1.00 040224 040224	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: JORDAN MELSON 20241070114		RECIPIENT ID	530001595906	MRN: 040224	040224	319.55	213.03		106.52	0.00	0.00	213.03
POS PROC CD MODIF	7 T T T C	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOE	o C	
81 87507	TEKD	1.00 040224 040224	220224			319.55	213.03 106.52	0.00	213.03		55	
NAME: WAYLON MELTON			530002203322	MRN:								
20241070114	455	I1608868 SERVICE DATES	RENDERING	040124	040124	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIF	FIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	SS	
81 87486 59		1.00 040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040124 040124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	Γ	PAID AMOUNT
				JICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87640		1.00 0401	L24 040124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00 0401	L24 040124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00 0401	L24 040124	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00 0401	L24 040124	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	WAYLON			ECIPLEMI, ID	.: 530002203322	MRN:	040504	1 040 10	600 64		410 40	0 00	,	0.00	600 64
	20241	.07011473	I1608869		D = 11 = D = 11 = G	040524	040524	1,049.12	629.64		419.48	0.00	(0.00	629.64
500	DD 0 0 0D	MODIFIED		/ICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T.D.	D	TODG.		
	PROC CD	MODIFIERS	UNITS FROM		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87635		1.00 0405	524 040524	220224			150.00	43.61	0.00	43.61	9918			
0.1	0.0.4.0.6	F 0	1 00 0405	-04 040504	000004			40.00	106.39	0.00	00.00	0010			
81	87486	59	1.00 0405	524 040524	220224			42.00	28.00	0.00	28.00	9918			
0.1	0.11.00	F 0	1 00 0405	-04 040504	000004			25 25	14.00	0.00	00.00	0010			
81	87498	59	1.00 0405	524 040524	220224			37.07	22.00	0.00	22.00	9918			
0.1	05501	F 0	1 00 0405	-04 040504	000004			40.00	15.07	0.00	00.00	0010			
81	87581	59	1.00 0405	524 040524	220224			42.00	28.00	0.00	28.00	9918			
0.4	0.7.00		1 00 010	-04 040-04	000004			010 05	14.00	0.00	010 00	0010			
81	87633		1.00 0405	524 040524	220224			318.05	212.03	0.00	212.03	9918			
0.4	0.7.4.0		1 00 010	-04 040-04	000004				106.02	0.00		0010			
81	87640		1.00 0405	524 040524	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.004.1	5 0	1 00 0405	-04 040504	000004			25 25	15.07	0.00	00.00	0010			
81	87641	59	1.00 0405	524 040524	220224			37.07	22.00	0.00	22.00	9918			
0.1	00651	F 0	1 00 0405	-04 040504	000004			10.06	15.07	0.00	00.00	0010			
81	87651	59	1.00 0405	524 040524	220224			49.86	28.00	0.00	28.00	9918			
0.1	0.5500		0 00 040	-04 040504	000004			226.00	21.86	0.00	004 00	0010			
81	87798		8.00 0405	524 040524	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
74 7 7 TT •	NTO NII MI	CIIA DI	זת	ATDIRMU TO		MID NT •									
NAME .	NOAH MI			CIPIENI IL	.: 530002183549	MRN:	041024	1 040 10	620 64		110 10	0 00	(2 00	620 64
	20241	.03024705	I1606613	TOE DAMEC	DENDEDING	041024	041024	1,049.12	629.64		419.48	0.00	(0.00	629.64
DOG	מסט מדי	MUDIETEDO		/ICE DATES	RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	חד גם	רבייא דד	FODC		
	87635	MODIFIERS	UNITS FROM					150.00	43.61	0.00	PAID	9918	中へログ		
ОΤ	0/033		1.00 0410	024 041024	22U22 1			130.00	106.39	0.00	43.01	シシ エロ			
Ω1	87486	50	1.00 0410	124 041024	220224			42.00	28.00	0.00	20 00	9918			
OΤ	0/400	JJ	1.00 0410	774 041074	22022 4			42.00	14.00	0.00	20.00	2210			
									14.UU	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIETEDO		NDERING OVIDER		BILLED	ALLOWED	COPAY	חזידט		EODC	
POS PROC CD 81 87498	MODIFIERS 59		0224		AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL 9918	FORS	
01 0/490	59	1.00 041024 041024 220	0224		37.07	15.07	0.00	22.00	9910		
81 87581	59	1.00 041024 041024 220	0224		42.00	28.00	0.00	20 00	9918		
01 0/301	39	1.00 041024 041024 220	0224		42.00	14.00	0.00	20.00	9910		
81 87633		1.00 041024 041024 220	0224		318.05	212.03	0.00	212.03	0010		
01 07033		1.00 041024 041024 220	0224		310.03	106.02	0.00	212.03	9910		
81 87640		1.00 041024 041024 220	0224		37.07	22.00	0.00	22 00	9918		
01 0/040		1.00 041024 041024 220	0224		37.07	15.07	0.00	22.00	9910		
81 87641	59	1.00 041024 041024 220	0224		37.07	22.00	0.00	22 00	9918		
01 0/041	39	1.00 041024 041024 220	0224		37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 041024 041024 220	0224		49.86	28.00	0.00	28 00	9918		
01 07031	39	1.00 041024 041024 220	0224		49.00	21.86	0.00	20.00	9910		
81 87798		8.00 041024 041024 220	0224		336.00	224.00	0.00	224.00	0010		
01 07790		0.00 041024 041024 220	0224		330.00	112.00	0.00	224.00	9910		
						112.00	0.00				
NAME: AMARIO	и мтрргетои	RECIPIENT ID.: 5	530000914390 MRN:								
	107011485	I1608877	040124	040124	299.33	172.09		127.24	0.00	0.00	172.09
2024	10/011402		NDERING	040124	BILLED	ALLOWED	COPAY	127.24	0.00	0.00	172.09
POS PROC CD	MODIFIERS		OVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORS	
81 80307	MODIFIERD		0224		125.00	55.87	0.00		9918	EODD	
01 00307		1.00 010121 010121 220	0221		123.00	69.13	0.00	33.07	JJ±0		
81 G0482		1.00 040124 040124 220	0224		174.33	116.22	0.00	116.22	9918		
01 00102		1.00 010121 010121 220	0221		171.55	58.11	0.00	110.22	JJ±0		
						30.11	0.00				
NAME: HOUSTO	N MILES	RECIPIENT ID.: 5	530000897751 MRN:								
	109080296	I1611902	041524	041524	899.12	586.03		313.09	0.00	0.00	586.03
			NDERING	0 1 2 0 2 1	BILLED	ALLOWED	COPAY	0_0,00			
POS PROC CD	MODIFIERS		OVIDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87486	59		0224		42.00	28.00	0.00		9918	_0_0	
						14.00	0.00				
81 87498	59	1.00 041524 041524 220	0224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87581	59	1.00 041524 041524 220	0224		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 041524 041524 220	0224		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 041524 041524 220	0224		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 041524 041524 220	0224		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS 1	PROC CD 87651	ICN MODIFIERS 59	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	SERVIC FROM	E DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00		AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
81	87798		8.00 041524 041524 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
POS		ILES 09080322 MODIFIERS	RECIPIENT ID.: 5300020719 11611903 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		041524	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03	COPAY TPL 0.00	PAID	0.00 DETAIL EOBS	0.00	213.03
	ALAYA M		RECIPIENT ID.: 5300018561		040124		106.52	0.00			0.00	274 02
POS 81	20241 PROC CD 87498	07011502 MODIFIERS 59	I1608883 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	040124	040124	BILLED AMOUNT 37.07	374.03 ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	0.00 DETAIL EOBS 9918	0.00	374.03
81 81	87581 87633	59	1.00 040124 040124 220224 1.00 040124 040124 220224			42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
81	87798		4.00 040124 040124 220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00			
NAME:	DIJUAN 20241	MILLER 02047471	RECIPIENT ID.: 5300013789 I1604820 SERVICE DATES RENDERING		040924	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
	PROC CD 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040924 040924 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 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040924 040924 220224			318.05	212.03 106.02	0.00	212.03			
81	87640		1.00 040924 040924 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87641	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040924 040924	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	87651	59	1.00 040924 040924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040924 040924	220224			336.00	21.86 224.00 112.00	0.00	224.00	9918		
NAME:	EUGENIA 20241	MILLER .03024730	I1606614	.: 530001009204	MRN: 041024	041024	760.52			302.99	0.00	0.00	429.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87640	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87491	59	1.00 041024 041024	220224			49.86	28.00	0.00	0.00	5490		
81	87511		1.00 041024 041024	220224			42.00	21.86 28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529		2.00 041024 041024	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591		1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87653	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
81	87661		1.00 041024 041024	220224			32.30	15.07 21.53	0.00	21 53	9918		
01	87001		1.00 041024 041024	22022 1			32.30	10.77	0.00	21.33	9910		
81	87563		1.00 041024 041024	220224			42.50	0.00	0.00	0.00	4021		
								42.50	0.00				
81	87798	59	9.00 041024 041024	220224			378.00	252.00 126.00	0.00	252.00	9918		
								120.00	0.00				
NAME:	JADA MI			.: 530001378983	MRN:	0.4.0.0.4				44.0			
	20241	.02047480	I1604821		040924	040924	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG	DDOG GD	MODIFFED	SERVICE DATES				BILLED	ALLOWED	COPAY	חז גח	דעהיים	FORC	
POS 81	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 040924 040924	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43 61	DETAIL 9918	正しむり	
01	07033		1.00 010921 010921	220221			130.00	106.39	0.00	13.01	JJ±0		
81	87486	59	1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1.00 040924 040924	220224			37.07	14.00 22.00	0.00	22 00	9918		
ОΤ	0/470	JJ	1.00 040924 040924	22U22 1			37.07	15.07	0.00	22.00	シシエO		
								= 3 . 3 .					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	Г	PAID AMOUNT
DOG	DDOG GD	MODIETEDC		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	מדגם		EODC		
POS 81	PROC CD 87581	MODIFIERS 59		FROM THRU 040924	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL 9918	FORS		
0.1	0/301	39	1.00	040924 040924	220224			42.00	14.00	0.00	20.00	9910			
81	87633		1 00	040924 040924	220224			318.05	212.03	0.00	212.03	9918			
01	07033		1.00	010021 010021	220221			310.03	106.02	0.00	212.05	JJ±0			
81	87640		1 00	040924 040924	220224			37.07	22.00	0.00	22 00	9918			
0 ±	0,010		1.00	010021 010021	220221			37.07	15.07	0.00	22.00	2210			
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918			
01	0,011		1.00	010021 010021	220221			37.07	15.07	0.00	22.00	2210			
81	87651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918			
			,,						21.86	0.00					
81	87798		8.00	040924 040924	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	JADA MI	LLER		RECIPIENT ID	.: 530001378983	MRN:									
		03024746	I1606615			040924	040924	13.50	4.00		9.50	0.00	(0.00	4.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	36415		1.00	040924 040924	220224			4.50	0.00	0.00	0.00	3323			
									4.50	0.00					
81	85049		1.00	040924 040924	220224			9.00	4.00	0.00	4.00	9918			
									5.00	0.00					
NAMF:	OLIVIA	MTT.T.FR		בבכוסובאת וח	.: 530001191644	MRN:									
1/171/117 •		07011518	I1608885		330001131011	040324	040324	342.02	217.53		124.49	0.00	(0.00	189.53
	20211	07011510		SERVICE DATES	RENDERING	010521	010521	BILLED	ALLOWED	COPAY	121.17	0.00	`	.00	107.55
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87798	1102111110		040324 040324	220224			126.00	84.00	0.00		9918	2020		
0_	0 / / 2 0			010011 010011					42.00	0.00	01.00	2220			
81	87491	59	1.00	040324 040324	220224			49.86	28.00	0.00	0.00	5490			
									21.86	0.00					
81	87511	59	1.00	040324 040324	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87529	59	1.00	040324 040324	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87591	59	1.00	040324 040324	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87661	59	1.00	040324 040324	220224			32.30	21.53	0.00	21.53	9918			
									10.77	0.00					
• ידוא ואודי	PAISLEY	. Willing		ספטדחדפאיי דה	.: 530001476284	MRN:									
MAIME .		02044474	I1604394		. • 5500014/0204	MRN · 040324	040324	865.33	569.09		296.24	0.00	(0.00	513.09
	707 1 1	020111/1	11004394			07034	040324	000.33	509.09		△ / 0 • △ T	0.00	(313.03

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87481	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040324 040324 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL 9918	EOBS	
81	87640	59	1.00 040324 040324 220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87653	59	1.00 040324 040324 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 040324 040324 220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641	59	1.00 040324 040324 220224			37.07	22.00 15.07	0.00		9918		
81	87798		2.00 040324 040324 220224			84.00	56.00 28.00	0.00		5000		
81	87086		1.00 040324 040324 220224			18.53	10.00	0.00		9918		
81 81	87186		1.00 040324 040324 220224 1.00 040324 040324 220224			13.50 8.09	9.00 4.50	0.00	9.00 8.09	9918		
01	87088		1.00 040324 040324 220224			6.09	8.09 0.00	0.00	0.09			
NAME:		AS MILTON L02047486	RECIPIENT ID.: 50000233' 11604822	7728 MRN: 040924	040924	899.12	586.03	3	313.09	0.00	0.00	586.03
DOG	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		
	87486	59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00		9918	EODS	
81	87498	59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00 0.00		9918		
81	87633		1.00 040924 040924 220224			318.05	212.03 106.02	0.00 0.00	212.03	9918		
81	87640		1.00 040924 040924 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87641	59	1.00 040924 040924 220224			37.07	22.00 15.07	0.00		9918		
81	87651	59	1.00 040924 040924 220224			49.86	28.00 21.86	0.00		9918		
81	87798		8.00 040924 040924 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	LAWANDA 20241	A MIMS L07011547	RECIPIENT ID.: 530001408		040424	704.14	464.00) 2	240.14	0.00	0.00	464.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040424 040424 220224 1.00 040424 040424 220224 1.00 040424 040424 220224 11.00 040424 040424 220224	SERVICE FROM	DATES THRU	AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED 112.00 56.00 22.00 15.07 22.00 15.07 308.00 154.00	COPAY	OWED PAID 112.00	AMOUNT AMO DETAIL EOBS 9918 9918 9918	PL DUNT	PAID AMOUNT
NAME: ELIJAH MINNICK 2024099023234 POS PROC CD MODIFIERS 81 86258	RECIPIENT ID.: 530000546327 I1601882 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031424 031424 220224	MRN: 031424	031424		14.07 ALLOWED NON-AllOWED 8.07 9.18	COPAY TPL 0.00 0.00	PAID	0.00 DETAIL EOBS 9918	0.00	14.07
	1.00 031424 031424 220224 RECIPIENT ID.: 530001584802	MRN:		7.75	6.00 1.75	0.00	6.00	9918		
2024102040078 POS PROC CD MODIFIERS 81 83036 81 84443 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031124 031124 220224 1.00 031124 031124 220224 1.00 031124 031124 220224 1.00 031124 031124 220224	031124	031124		50.93 ALLOWED NON-AllOWED 12.00 3.84 12.00 2.00 22.93 2.27 4.00 5.00		PAID 12.00 12.00	DETAIL EOBS 9918 9918 9918	0.00	50.93
NAME: KLOVER MINOR 2024109080350 POS PROC CD MODIFIERS 81 87635 81 87498 59 81 87581 59	RECIPIENT ID.: 530001715460 I1611915 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224		041524		417.64 ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07 28.00 14.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00	43.61	0.00 DETAIL EOBS 9918 9918	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87633	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED AMOUNT 318.05	ALLOWED AMOUNT ALLOWED NON-AlloWED 212.03	NC ALL COPAY TPL 0.00		AMOUNT A	TPL MOUNT S	PAID AMOUNT
81 87798	4.00 041524 041524 220224		168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00			
NAME: KYLIE MINOR	RECIPIENT ID.: 50000199936	5 MRN:							
2024107011558	I1608896	041124 041124	432.38			162.97	0.00	0.00	241.41
POS PROC CD MODIFIERS 81 87389	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224		BILLED AMOUNT 36.00	ALLOWED NON-AllOWED 23.88 12.12	COPAY TPL 0.00 0.00	PAID 23.88	DETAIL EOB	S	
81 36415	1.00 041124 041124 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 87491 59	1.00 041124 041124 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511	1.00 041124 041124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529	2.00 041124 041124 220224		99.72	56.00 43.72	0.00	56.00	9918		
81 87591	1.00 041124 041124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87661	1.00 041124 041124 220224		32.30	21.53 10.77	0.00	21.53	9918		
81 87798 59	3.00 041124 041124 220224		126.00	84.00 42.00	0.00	84.00	9918		
NAME: WILLOW MINOR	RECIPIENT ID.: 53000063771	1 MRN:							
2024109080359	I1611916	041524 041524	1,047.79			455.79	0.00	0.00	532.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	7	
81 87481 59	4.00 041524 041524 220224		168.00	112.00 56.00	0.00	112.00		5	
81 87640 59	1.00 041524 041524 220224		37.07		0.00	22.00	9918		
81 87653 59	1.00 041524 041524 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 041524 041524 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 041524 041524 220224		37.07	22.00 15.07	0.00	22.00	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY 3524808 RA#:

DATE: 04/19/2024 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 083131776 ISSUE DATE 04/19/2024

I0	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOM ALLO		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODE 81 87798	IFIERS	SERVICE DATES UNITS FROM THRU 2.00 041524 041524	RENDERING PROVIDER 220224			BILLED AMOUNT 84.00	ALLOWED NON-AlloWED 56.00 28.00	COPAY TPL 0.00 0.00	PAID	DETAIL EOI 5000		
81 84156		1.00 041524 041524	220224			8.00	4.00 4.00	0.00	4.00	9918		
81 82570		1.00 041524 041524	220224			8.00	6.00 2.00	0.00	6.00	9918		
81 83069		1.00 041524 041524	220224			8.00	4.00	0.00	4.00	9918		
81 84311		2.00 041524 041524	220224			32.00	14.00 18.00	0.00	14.00	9918		
81 82010		1.00 041524 041524	220224			16.00	0.00 16.00	0.00	0.00	4524		
81 82945		1.00 041524 041524	220224			8.00	4.00 4.00	0.00		9918		
81 82247 59		1.00 041524 041524				8.00	5.00 3.00	0.00		9918		
81 83986		1.00 041524 041524				7.00	3.00 4.00	0.00		9918		
81 81007		2.00 041524 041524				120.00	4.00 116.00	0.00		5900		
81 82043 QW		1.00 041524 041524	220224			7.58	6.00 1.58	0.00 0.00	6.00	9918		
NAME: NALANI MINTE 2024102040		RECIPIENT II 11603560 SERVICE DATES	D.: 530002305628 RENDERING	MRN: 022024	022024	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODI 81 87651	IFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER			AMOUNT 49.86	NON-AllowED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EON 9918	3S	
NAME: JACALLIE MIE 2024102044		I1604396	530002218476	MRN: 040824	040824	1,049.12	629.64		119.48	0.00	0.00	629.64
POS PROC CD MODE 81 87635	IFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	PROVIDER			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EOI 9918	3S	
81 87486 59		1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

402

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	7	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87581	59		040824 040824	220224			42.00	28.00 14.00	0.00		9918			
81	87633		1.00	040824 040824	220224			318.05	212.03	0.00	212.03	9918			
81	87640		1.00	040824 040824	220224			37.07	106.02 22.00	0.00	22.00	9918			
81	87641	59	1.00	040824 040824	220224			37.07	15.07 22.00	0.00	22.00	9918			
81	87651	59	1.00	040824 040824	220224			49.86	15.07 28.00	0.00	28.00	9918			
81	87798		8.00	040824 040824	220224			336.00	21.86 224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	: KAIRO M 20241	IITCHELL 07011616	I161071		.: 530001903330	MRN: 041224	041224	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	PAID	DETAIL	EOBS		
81	87486	59	1.00	041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1 00	041224 041224	220224			37.07	22.00	0.00	22 00	9918			
0 ±	0,100		1.00	011221 011221	220221			37.07	15.07	0.00	22.00	JJ 10			
81	87581	59	1.00	041224 041224	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	041224 041224	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.004.1	F-0	1 00	0.41004.041004	000004			25 25	15.07	0.00	00.00	0.01.0			
81	87641	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918			
81	87651	59	1 00	041224 041224	220224			49.86	15.07 28.00	0.00	20 00	9918			
01	07031	39	1.00	0 0 1 1 2 2 1 0 1 1 2 2 1	22022 1			49.00	21.86	0.00	20.00	9910			
81	87798		8.00	041224 041224	220224			336.00	224.00	0.00	224.00	9918			
0_	0 / / 2 0								112.00	0.00		7720			
NAME:	: NATASHA	MITCHELL		RECIPIENT ID	.: 530001272985	MRN:									
			I160482			040224	040224	177.00	76.00		101.00	0.00	(0.00	76.00
				SERVICE DATES					ALLOWED						
		MODIFIERS	UNITS		PROVIDER			AMOUNT					EOBS		
81	82677		1.00	040224 040224	220224			72.00			27.00	9918			
									45.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI COPAY			FPL MOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	5	
81	84702		1.00 040224 040224 220224			22.00	12.00 10.00	0.00		9918		
81	82105		1.00 040224 040224 220224			51.00	20.00 31.00	0.00	20.00	9918		
81	86336	LC	1.00 040224 040224 220224			32.00	17.00 15.00	0.00	17.00	9918		
NAME:	: KAYLEE	MOAKLEY	RECIPIENT ID.: 5300002410)17 MRN:								
	20241	.07011630	I1610716	040224	040224	713.12	330.49		382.63	0.00	0.00	330.49
DOG		MODIFIED	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			~	
81	PROC CD 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			AMOUNT 150.00	NON-AllOWED 31.68	TPL 0.00	PAID	DETAIL EOB 9918 9936	5	
0.1	67033		1.00 040224 040224 220224			150.00	118.32	0.00	31.00	9910 9930		
81	87486	59	1.00 040224 040224 220224			42.00	18.94	0.00	18.94	9918 9936		
							23.06	0.00				
81	87498	59	1.00 040224 040224 220224			37.07	18.94	0.00	18.94	9918 9936		
0.1	0==01					40.00	18.13	0.00	10.01			
81	87581	59	1.00 040224 040224 220224			42.00	18.94	0.00	18.94	9918 9936		
81	87633		1.00 040224 040224 220224			318.05	23.06 185.17	0.00	185 17	9918 9936		
01	07033		1.00 010221 010221 220221			310.03	132.88	0.00	103.17	JJ10 JJ30		
81	87640		1.00 040224 040224 220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81	87641	59	1.00 040224 040224 220224			37.07	18.94	0.00	18.94	9918 9936		
0.1	0.7.5.1					10.05	18.13	0.00	10.01	2212 222		
81	87651	59	1.00 040224 040224 220224			49.86	18.94 30.92	0.00	18.94	9918 9936		
NAME:	: METTEO	MOKHTARI	RECIPIENT ID.: 5300006093	L96 MRN:								
	20241	.02047511	I1604824	040924	040924	150.00	43.61		106.39	0.00	0.00	43.61
			SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	5	
81	87635		1.00 040924 040924 220224			150.00	43.61 106.39	0.00	43.61	9918		
<u>សាសសេច</u> •	י דפאסהדד	.ħ M∩NK	RECIPIENT ID.: 5300015858	374 MRN:								
TA L 71,117 (I1606642		021424	121.07	78.00		43.07	0.00	0.00	78.00
	20211		SERVICE DATES RENDERING	V21121	V21121		ALLOWED		±0.0,		3.00	, 0.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER				NON-AllowED		PAID	DETAIL EOB	S	
81	87641	59	1.00 021424 021424 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT	NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	UNITS	SERVICE DATES FROM THRU 021424 021424	RENDERING PROVIDER 220224	11011		BILLED AMOUNT 84.00	ALLOWED NON-AlloWED 56.00 28.00	COPAY TPL 0.00 0.00	PAID			11100111
				.: 530002416763	MRN:								
202410	07011658	I1608908		DENDEDING	040224	040224		586.03		313.09	0.00	0.00	586.03
POS PROC CD	MODIFIERS		SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETATI.	EOBS	
81 87486			040224 040224	220224			42.00	28.00	0.00		9918		
								14.00	0.00				
81 87498	59	1.00	040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07501	ГО	1 00	040004 040004	220224			40.00	15.07	0.00	20.00	0010		
81 87581	59	1.00	040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00	040224 040224	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81 87640		1.00	040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07641	ГО	1 00	040004 040004	220224			27 07	15.07	0.00	22.00	0010		
81 87641	59	1.00	040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00	040224 040224	220224			49.86	28.00	0.00	28.00	9918		
		,,						21.86	0.00				
81 87798		8.00	040224 040224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME: CHRICTIA	N MONTCOMED	V	PFCIDIFNT ID	.: 530002416763	MRN:								
	07011666	I1610717		550002110705	040224	040224	319.55	213.03		106.52	0.00	0.00	213.03
				RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD			FROM THRU	PROVIDER			AMOUNT	NON-AllOWED				EOBS	
81 87507		1.00	040224 040224	220224			319.55			213.03	9918		
								106.52	0.00				
NAME: OAKLEY N	MOODY		RECIPIENT ID	.: 530002077237	MRN:								
	2040111	I1603561			022024	022024	16.50	8.00		8.50	0.00	0.00	8.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81 80076		1.00	022024 022024	220224			12.00	8.00 4.00	0.00	8.00	9918		
81 36415		1.00	022024 022024	220224			4.50	0.00	0.00	0.00	3323		
0_ 00110				_ _			1.50	4.50	0.00	0.00	5525		
				= 0000================================									
NAME: TRISTAN				.: 530001049864	MRN:	021204	40.06	20 00		21 06	0 00	0 00	20 00
202410	03024779	I1606647			031324	U31324	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87651	MODIFIERS		SERVICE DATES FROM THRU 031324 031324	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E	OBS	
NAME:	AMIR MO	ORE		RECIPIENT ID	.: 530001672425	MRN:								
	20241	03024790	I1606650		D = 110	031224	031224	1,049.12	629.64		419.48	0.00	0.00	128.00
DOG	משטע מדי	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ODC	
	87635	MODIFIERS		FROM THRU 031224	220224			150.00	43.61	0.00		5000	OBS	
01	07033		1.00	031221 031221	220221			130.00	106.39	0.00	0.00	3000		
81	87486	59	1.00	031224 031224	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	031224 031224	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1 00	031224 031224	220224			42.00	15.07 28.00	0.00 0.00	28.00	9918		
01	07301	33	1.00	031221 031221	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	031224 031224	220224			318.05	212.03	0.00	0.00	5000		
									106.02	0.00				
81	87640		1.00	031224 031224	220224			37.07	22.00	0.00	0.00	5000		
81	87641	59	1 00	031224 031224	220224			37.07	15.07 22.00	0.00 0.00	22.00	0018		
01	07041	33	1.00	031224 031224	220224			37.07	15.07	0.00	22.00	JJ10		
81	87651	59	1.00	031224 031224	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	031224 031224	220224			336.00	224.00 112.00	0.00	0.00	5000		
MTAME:•	7 7 T T 7 M	ICHELL MOORE		DECIDIENT ID	.: 530002321046	MRN:								
MANTE .		02040123	I1603562		330002321040	040524	040524	319.55	213.03		106.52	0.00	0.00	213.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87507		1.00	040524 040524	220224			319.55	213.03 106.52	0.00	213.03	9918		
NAME:	ARIANNA	MOOPF		PECTOTENT TO	.: 530001723150	MRN:								
MANTE .		03024805	I1606649		330001723130	031224	031224	1.049.12	629.64		419.48	0.00	0.00	128.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87635		1.00	031224 031224	220224			150.00	43.61	0.00	0.00	5000		
81	87486	59	1 00	031224 031224	220224			42.00	106.39 28.00	0.00	28.00	9919		
OΤ	07700	JJ	1.00	031224 031224	22U2ZI			42.00	14.00	0.00	20.00	99±0		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		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		
81 87498	59	1.00 031224 031224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 031224 031224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 031224 031224 220224			318.05	212.03	0.00	0.00	5000		
81 87640		1.00 031224 031224 220224			37.07	106.02 22.00	0.00	0.00	5000		
81 87641	59	1.00 031224 031224 220224			37.07	15.07 22.00	0.00	22.00	9918		
81 87651	59	1.00 031224 031224 220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 031224 031224 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	0.00	5000		
NAME: EDITH MO		RECIPIENT ID.: 530001943		040124	125 00			60 52	0.00	0.00	FF 40
202410	02040134	I1603563 SERVICE DATES RENDERING	040124	040124	BILLED	55.48 ALLOWED	COPAY	69.52	0.00	0.00	55.48
POS PROC CD 81 G0480	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			AMOUNT 125.00	NON-AllOWED 55.48 69.52			DETAIL EC 9918	DBS	
NAME: ELLIE MO 202410	OORE 03024816	RECIPIENT ID.: 530001870		041024		417.64		297.48	0.00	0.00	417.64
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61	COPAY TPL 0.00		DETAIL EC 9918	DBS	
81 87498	59	1.00 041024 041024 220224			37.07	106.39 22.00	0.00	22.00	9918		
81 87581	59	1.00 041024 041024 220224			42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 041024 041024 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87798		4.00 041024 041024 220224			168.00	106.02 112.00 56.00	0.00 0.00 0.00	112.00	9918		
NAME: KAYLEIGH 202410	H MOORE 03024827	RECIPIENT ID.: 530001340		031224		629.64		419.48	0.00	0.00	128.00
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00		DETAIL EC	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 031224 031224	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 031224 031224	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81	87640		1.00 031224 031224	220224			37.07	22.00 15.07	0.00	0.00	5000		
81	87641	59	1.00 031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 031224 031224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 031224 031224	220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME:	KENADIE	MOORE .09080385	RECIPIENT ID	.: 530001112482	MRN:	041524	1,049.12	629.64		419.48	0.00	0.00	629.64
	20211	109000303	SERVICE DATES	RENDERING	041324	041324	BILLED	ALLOWED	COPAY	419.40	0.00	0.00	029.04
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87635		1.00 041524 041524	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918		
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		
81	87640		1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041524 041524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		GH MOORE .09080414	RECIPIENT ID	.: 530000836062	MRN: 041524	041524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87486	MODIFIERS 59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00			
01 07400		1.00 041324 041324	220224			42.00	14.00	0.00	20.00	JJ10		
81 87498	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
01 0,100							15.07	0.00		7720		
81 87581	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: LIAM MO			.: 530002395880	MRN:	0.41.004	F.C.F. 1.0	254 02		101 00	0 00	0 00	254 02
20241	.03024844	I1606653	DENDEDING	041024	041024	565.12	374.03		191.09	0.00	0.00	374.03
DOG DDOG GD	MODIFIEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD			
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87498	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	0010		
01 07501	39	1.00 041024 041024	220224			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 041024 041024	220224			310.03	106.02	0.00	212.03	9910		
81 87798		4.00 041024 041024	220224			168.00	112.00	0.00	112.00	9918		
01 07770		1.00 011021 011021	220221			100.00	56.00	0.00	112.00	JJ±0		
							30.00	0.00				
NAME: PAULETT	'E MOORE	RECIPIENT ID	.: 530001321163	MRN:								
	99023254	I1601906			030524	563.12	298.81		264.31	0.00	0.00	298.81
		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 030524 030524	220224			42.00	18.94	0.00		9918 9936		
							23.06	0.00				
81 87498	59	1.00 030524 030524	220224			37.07	18.94	0.00	18.94	9918 9936		
							18.13	0.00				
81 87581	59	1.00 030524 030524	220224			42.00	18.94	0.00	18.94	9918 9936		
							23.06	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D 7 T D			
POS PROC CD MODIFIERS 81 87633	UNITS FROM THRU PROVIDER 1.00 030524 030524 220224		AMOUNT 318.05	NON-AllOWED 185.17	TPL 0.00	PAID	DETAIL EOBS 9918 9936		
01 0/033	1.00 030324 030324 220224		310.03	132.88	0.00	103.17	9910 9930		
81 87640	1.00 030524 030524 220224		37.07	18.94	0.00	18 94	9918 9936		
01 07010	1.00 030321 030321 220221		37.07	18.13	0.00	10.71	JJ10 JJ30		
81 87641 59	1.00 030524 030524 220224		37.07	18.94	0.00	18.94	9918 9936		
				18.13	0.00				
81 87651 59	1.00 030524 030524 220224		49.86	18.94	0.00	18.94	9918 9936		
				30.92	0.00				
NAME: TREVION MOORE	RECIPIENT ID.: 530002185629	MRN:							
2024107011671	I1608915	040224 040224	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 87486 59	1.00 040224 040224 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87498 59	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 040224 040224 220224		42.00	28.00	0.00	28.00	9918		
01 07622	1 00 040224 040224 220224		210 05	14.00	0.00	212 02	0.01.0		
81 87633	1.00 040224 040224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
01 07040	1.00 040224 040224 220224		37.07	15.07	0.00	22.00	JJ±0		
81 87641 59	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
0_ 0,0 0,				15.07	0.00		J J _ 0		
81 87651 59	1.00 040224 040224 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
81 87798	8.00 040224 040224 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
81 87635	1.00 040224 040224 220224		150.00	43.61	0.00	43.61	9918		
				106.39	0.00				
NAME: YAIKING MOORE	RECIPIENT ID.: 530002279650	MRN:							
2024107011685	I1608916	040124 040124	1,049.12	629.64		419.48	0.00	0.00	629.64
	SERVICE DATES RENDERING			ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT			PAID	DETAIL EOBS		
81 87635	1.00 040124 040124 220224		150.00		0.00	43.61	9918		
				106.39	0.00				
81 87486 59	1.00 040124 040124 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

410

		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			an a	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	DBS	
81	87498	59	1.00	0 040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00	040124 040124	220224			42.00	28.00	0.00	28 00	9918		
0.1	0/301	39	1.00	0 0 0 1 0 1 2 1	22022 1			12.00	14.00	0.00	20.00	9910		
81	87633		1 00	040124 040124	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00	0 010121 010121	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87640		1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918		
0_	0,010		_,	010111 010111					15.07	0.00		2220		
81	87641	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	040124 040124	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	040124 040124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME	: EMYA MO				.: 530001650363	MRN:								
	20241	.07011700	I160891			040424	040424	208.16	133.53		74.63	0.00	0.00	105.53
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81	87798		1.00	0 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
0.4	0.7.4.0.4				000001			40.00	14.00	0.00		0.01.0		
81	87481		1.00	0 0 4 0 4 2 4 0 4 0 4 2 4	220224			42.00	28.00	0.00	28.00	9918		
0.1	07401	F.O.	1 00	0.40404 0.40404	000004			40.06	14.00	0.00	0 00	F 400		
81	87491	59	1.00	0 040424 040424	220224			49.86	28.00	0.00	0.00	5490		
0.1	07501	ΕO	1 00	0 040424 040424	220224			42.00	21.86	0.00	20 00	0010		
81	87591	59	1.00	0 040424 040424	220224			42.00	28.00 14.00	0.00	20.00	9918		
81	87661		1 00	040424 040424	220224			32.30	21.53	0.00	21 52	9918		
01	07001		1.00	0 10 12 1 0 10 12 1	220224			32.30	10.77	0.00	21.33	JJ±0		
									10.77	0.00				
NAME	: KAMRYN	MORGAN		RECIPIENT ID	.: 530002204137	MRN:								
		.07011718	I160891			041124	041124	13.50	4.00)	9.50	0.00	0.00	4.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllowED	$ ext{TPL}$	PAID	DETAIL E	OBS	
	36415			041124 041124				4.50	0.00	0.00		3323		
									4.50	0.00				
81	85049		1.00	041124 041124	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
NAME	: KAMRYN				.: 530002204137	MRN:								
	20241	.09080430	I161301	.7		041124	041124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
POS PROC CD N 81 83655	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AlloWED 15.00 3.00	COPAY TPL 0.00 0.00	PAID 15.00		EOBS		
NAME: PAUL MORE			.: 530001123125	MRN:									
2024102	2047522	I1604825 SERVICE DATES	RENDERING	040524	040524	83.81 BILLED	55.87 ALLOWED	COPAY	27.94	0.00	0	.00	55.87
POS PROC CD N	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed		PAID	DETAIL	EOBS		
81 80307		1.00 040524 040524				83.81	55.87 27.94		55.87				
NAME: KIRSTEN N	MORRIS	RECIPIENT ID	.: 530001283023	MRN:									
2024103		I1606662		032724	032724		542.00		283.21	0.00	0	.00	486.00
	MODITETED	SERVICE DATES	RENDERING			BILLED		COPAY	ח ז ד ה		TODG		
	MODIFIERS 59	UNITS FROM THRU 4.00 032724 032724	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL 9918	EOBS		
01 07101 3		1.00 032721 032721	220221			100.00	56.00	0.00	112.00	JJ±0			
81 87640 5	59	1.00 032724 032724	220224			37.07	22.00	0.00	22.00	9918			
81 87653 5	59	1.00 032724 032724	220224			37.07	15.07	0.00	22.00	0010			
01 0/055 5	09	1.00 032/24 032/24	220224			37.07	22.00 15.07	0.00	22.00	9910			
81 87798		11.00 032724 032724	220224			462.00	308.00	0.00	308.00	9918			
							154.00	0.00					
81 87641 5	59	1.00 032724 032724	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87798		2.00 032724 032724	220224			84.00	56.00	0.00	0.00	5000			
							28.00	0.00					
NAME: LISA MORF	D T C	DECIDIENT ID	.: 530001974672	MRN:									
2024109		I1611928	530001974072	041524	041524	899.12	586.03		313.09	0.00	0	.00	586.03
		SERVICE DATES				BILLED	ALLOWED	COPAY					
POS PROC CD N			PROVIDER			AMOUNT	NON-AllOWED	TPL		DETAIL	EOBS		
81 87486 5	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 87498 5	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918			
							15.07	0.00					
81 87581 5	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918			
81 87633		1.00 041524 041524	220224			318.05	14.00 212.03	0.00	212.03	9918			
0,000		1.00 011021 011021				310.03	106.02	0.00	212.03	J J ± 0			
81 87640		1.00 041524 041524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT 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 81	PROC CD 87641	MODIFIERS 59	UNITS FROM THRU 1.00 041524 041524	PROVIDER 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 041524 041524	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:	ORAJEAN 20241	MORRIS 07011730	I1608925	.: 530002038189	MRN: 040924	040924		116.22		58.11	0.00		0.00	116.22
POS	PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
	G0482		1.00 040924 040924				174.33	116.22 58.11	0.00	116.22		1025		
NAME:	KEYOSHA	MORRISON	RECIPIENT ID	.: 530000436361	MRN:									
	20241	03024874	I1606661		021424	021424		295.53		167.56	0.00		0.00	211.53
DOG	PROC CD	MODIFIED	SERVICE DATES				BILLED	ALLOWED	COPAY	ח א ד ח	ר גישט דד	EODG		
81		MODIFIERS	UNITS FROM THRU 3.00 021424 021424	PROVIDER 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID 84 00	DETAIL 9918	FORS		
01	01150		5.00 021121 021121	220221			120.00	42.00	0.00	01.00	JJ±0			
81	87491	59	1.00 021424 021424	220224			49.86	28.00	0.00	0.00	5490			
								21.86	0.00					
81	87511	59	1.00 021424 021424	220224			42.00	28.00	0.00	28.00	9918			
0.1	07500	F.0	1 00 001404 001404	000004			40.06	14.00	0.00	00.00	0010			
81	87529	59	1.00 021424 021424	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87591	59	1.00 021424 021424	220224			42.00	28.00	0.00	28 00	9918			
01	01371	33	1.00 021121 021121	220221			12.00	14.00	0.00	20.00	JJ±0			
81	87661	59	1.00 021424 021424	220224			32.30	21.53	0.00	21.53	9918			
								10.77	0.00					
81	87641	59	1.00 021424 021424	220224			37.07	22.00	0.00	22.00	9918			
0.1	0.550		0.00.001404.001404	000004			0.4.00	15.07	0.00	0.00	F 0 0 0			
81	87798		2.00 021424 021424	220224			84.00	56.00 28.00	0.00	0.00	5000			
NAME:	ASHLEY	MOSLEY	RECIPIENT ID	: 530001430213	MRN:									
1111111		02040151	I1603566	. 555555155215		040224	258.14	172.09		86.05	0.00		0.00	172.09
			SERVICE DATES	RENDERING				ALLOWED						
		MODIFIERS		PROVIDER						PAID		EOBS		
81	80307		1.00 040224 040224	220224			83.81	55.87 27.94	0.00	55.87	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOB 9918	S	
NAME: EMMALEE MOTES	RECIPIENT ID.: 530001090436		F.C.F. 1.0	274 02		101 00	0.00	0.00	F0 00
2024103024892	I1606671 SERVICE DATES RENDERING	031124 031124	565.12	374.03 ALLOWED	COPAY	191.09	0.00	0.00	50.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		BILLED AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	Q	
81 87498 59	1.00 031124 031124 220224		37.07	22.00	0.00		9918	D	
01 0,150 05	1.00 031181 031181 820281		37.07	15.07	0.00	22.00	JJ 10		
81 87581 59	1.00 031124 031124 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 031124 031124 220224		318.05	212.03	0.00	0.00	5000		
				106.02	0.00				
81 87798	4.00 031124 031124 220224		168.00	112.00	0.00	0.00	5000		
				56.00	0.00				
NAME: MAGGIE MOTES	RECIPIENT ID.: 530001913945	MRN:							
2024103024903	I1606672	031124 031124	565.12	374.03	}	191.09	0.00	0.00	50.00
	SERVICE DATES RENDERING	001111 001111	BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87498 59	1.00 031124 031124 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 031124 031124 220224		42.00	28.00	0.00	28.00	9918		
0.1	1 00 001104 001104 000004		210.05	14.00	0.00	0.00	5000		
81 87633	1.00 031124 031124 220224		318.05	212.03	0.00	0.00	5000		
81 87798	4.00 031124 031124 220224		168.00	106.02 112.00	0.00	0 00	5000		
01 07790	4.00 031124 031124 220224		100.00	56.00	0.00	0.00	3000		
				30.00	0.00				
NAME: SARAH MOTES	RECIPIENT ID.: 530001207458	MRN:							
2024103024915	I1606673	031124 031124	565.12	374.03	}	191.09	0.00	0.00	50.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED		PAID	DETAIL EOB	S	
81 87498 59	1.00 031124 031124 220224		37.07	22.00	0.00	22.00	9918		
01 00001 50	1 00 021104 021104 000004		40.00	15.07	0.00	00.00	0010		
81 87581 59	1.00 031124 031124 220224		42.00	28.00	0.00	28.00	9918		
81 87633	1.00 031124 031124 220224		318.05	14.00 212.03	0.00	0 00	5000		
01 0/033	T.00 UJIIZT UJIIZH ZZUZZH		310.03	106.02	0.00	0.00	3000		
81 87798	4.00 031124 031124 220224		168.00	112.00	0.00	0.00	5000		
				56.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

CRA-PRPD-R

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	L07011761	RECIPIENT ID.: 53000101836 11608930 SERVICE DATES RENDERING	7 MRN: 032824	032824	25.00 BILLED	ALLOWED	COPAY	12.10	0.00	0.00	12.90
POS PROC CD 81 80165	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 032824 032824 220224			AMOUNT 25.00	NON-AllOWED 12.90 12.10	TPL 0.00 0.00	PAID 12.90	DETAIL EG	JBS	
NAME: KATE MU 20241	JLLENIX L07011777	RECIPIENT ID.: 53000227497	3 MRN: 040224	040224	899.12			313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EG	OBS	
81 87498	59	1.00 040224 040224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040224 040224 220224			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 040224 040224 220224			318.05	212.03 106.02	0.00	212.03			
81 87640	F.0	1.00 040224 040224 220224			37.07	22.00 15.07	0.00	22.00			
81 87641 81 87651	59 59	1.00 040224 040224 220224 1.00 040224 040224 220224			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87798	37	8.00 040224 040224 220224			336.00	21.86 224.00	0.00	224.00			
01 07750		0.00 010221 010221 220221			330.00	112.00	0.00	221.00	7710		
NAME: CHRISTI 20241	IAN MULLINS L09080461	RECIPIENT ID.: 53000036127	6 MRN: 041524	041524		629.64		419.48	0.00	0.00	629.64
POS PROC CD	MUDIFIES	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ARS.	
81 87635	HODII IIIKO	1.00 041524 041524 220224			150.00	43.61 106.39	0.00	43.61		320	
81 87486	59	1.00 041524 041524 220224			42.00	28.00 14.00	0.00	28.00	9918		
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		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM		BILLED AMOUNT		NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DRUC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			AMOUNT	ALLOWED NON-AlloWED		PAID	הבייאדו. ו	ZORS	
	87640	MODIFIERS			220224			37.07		0.00	22.00		2005	
81	87641	59	1.00	041524 041524				37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	041524 041524				49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	041524 041524	220224			336.00	224.00 112.00		224.00	9918		
NAME:	AUTUMN	MURPHY		RECIPIENT ID	.: 530002299485	MRN:								
		99023274				031324	031324	150.00	0.00)	150.00	0.00	31.68	0.00
					RENDERING									
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER 220224			AMOUNT	NON-AllOWED					
0.1	0/033		1.00	031324 031324	220224			150.00	0.00 150.00	0.00	0.00	9910 993	50	
NAME:	JABARI	MURPHY		RECIPIENT ID	.: 530000028908	MRN:								
	20241	.09080480	I161302			041524	041524		681.53		364.63	0.00	0.00	345.53
DOG	DDOG GD	MODIFIED	TINTE	SERVICE DATES					ALLOWED		חדה		JODG.	
	87798	MODIFIERS			PROVIDER 220224				NON-AllOWED 84.00	TPL 0.00	PAID 84.00		EORS	
01	01170		3.00	011521 011521					42.00	0.00	01.00	JJ±0		
81	87491	59	1.00	041524 041524	220224			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				
81	87511	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
Q 1	87529	59	1 00	041524 041524	220224			49.86	14.00 28.00	0.00	28.00	9918		
01	07329	39	1.00	041324 041324	22022 1			49.00	21.86	0.00	20.00	9910		
81	87591	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87661	59	1.00	041524 041524	220224			32.30	21.53	0.00	21.53	9918		
Ω1	87481	5.0	4 00	041524 041524	220224			168.00	10.77 112.00	0.00	112.00	9919		
01	0/401	39	4.00	041324 041324	22022 1			100.00	56.00	0.00	112.00	9910		
81	87640	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87653	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81	87798		11 00	0/152/ 0/152/	220224			462.00	15.07	0.00	0 00	5000		
OΤ	01170		11.00	041524 041524	22U22 1			402.00	308.00 154.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	HANDA MURPHY 024109080496	RECIPIENT ID.: 530001472406 I1613027 SERVICE DATES RENDERING	041624	041624	124.16 BILLED	77.53	COPAY	46.63	0.00	0.00	49.53
	CD MODIFIERS 91 59	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	0.00	DETAIL EC 5490	BS	
81 875	91 59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 876	61	1.00 041624 041624 220224			32.30	21.53 10.77	0.00	21.53	9918		
		RECIPIENT ID.: 530001281330		020504	F.CF 10	254 02		101 00	0.00	0.00	274 02
2	024103024940	I1606679 SERVICE DATES RENDERING	030524	030524	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	BS	
		1.00 030524 030524 220224		030321	37.07	22.00 15.07	0.00	22.00	9918		
81 875	81 59	1.00 030524 030524 220224			42.00	28.00 14.00	0.00		9918		
81 876	33	1.00 030524 030524 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 877	98	4.00 030524 030524 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: TON	YA MURRAY	RECIPIENT ID.: 530001510257	MRN:								
	024109080511	I1611936 SERVICE DATES RENDERING	040324	040324	174.33 BILLED	116.22 ALLOWED		58.11	0.00	0.00	116.22
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT			PAID	DETAIL EC	BS	
81 G04	82	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			174.33		0.00	116.22			
NAME: NAO	MT MUSE	RECIPIENT ID.: 530000145636	MRN:								
	024102044504	i1604398 SERVICE DATES RENDERING	040824	040824	1,049.12 BILLED	629.64	COPAY	419.48	0.00	0.00	629.64
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT		TPL	PAID	DETAIL EC	BS	
81 876		1.00 040824 040824 220224			150.00		0.00	43.61	9918		
81 874	86 59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 874	98 59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

417

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87581	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EO 9918		
81 87633		1.00 040824 040824 220224			318.05	14.00 212.03	0.00 0.00 0.00	212.03	9918		
81 87640		1.00 040824 040824 220224			37.07	106.02 22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040824 040824 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040824 040824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: NOELLE	MUSE 02044520	RECIPIENT ID.: 53000133		040824	1,049.12	629.64		419.48	0.00	0.00	629.64
20241	02044520	SERVICE DATES RENDERING	040024	040024	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 EO	BS	
81 87635		1.00 040824 040824 220224			150.00	43.61 106.39	0.00		9918	_~	
81 87486	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 040824 040824 220224			318.05	212.03 106.02	0.00	212.03			
81 87640		1.00 040824 040824 220224			37.07	22.00 15.07	0.00		9918		
81 87641	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 040824 040824 220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040824 040824 220224			336.00	224.00 112.00		224.00	9918		
NAME: MAKAYLA 20240	MYERS 99023289	RECIPIENT ID.: 53000128 I1601979	7850 MRN: 032224	032224		18.94		30.92	0.00	0.00	18.94
POS PROC CD 81 87651		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032224 032224 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 18.94 30.92	TPL	PAID 18.94	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			ΓPL MOUNT	PAID AMOUNT
NAME: THOMAS MYRICK 2024102047539	RECIPIENT ID.: 530001986714 I1604827 SERVICE DATES RENDERING	MRN: 040524	040524	287.48 BILLED	188.09 ALLOWED	COPAY	99.39	0.00	0.00	188.09
POS PROC CD MODIFIERS 81 80053	INITE FROM TURIS DROWNER			7 MΩTTNTT'	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918	5	
81 36415	1.00 040524 040524 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040524 040524 220224			9.00	4.00 5.00	0.00	4.00	9918		
81 80307	1.00 040524 040524 220224			83.81	55.87 27.94	0.00	55.87	9918		
81 G0482	1.00 040524 040524 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: MATTHEW NAIL 2024107011789	RECIPIENT ID.: 530001338331 I1608941	MRN: 040524	040524	33.34			14.34	0.00	0.00	19.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918	5	
81 85652	1.00 040524 040524 220224			4.00	3.00 1.00	0.00	3.00	9918		
81 36415	1.00 040524 040524 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040524 040524 220224			9.00	4.00	0.00	4.00	9918		
NAME: MATTHEW NAIL 2024107011815	RECIPIENT ID.: 530001338331 I1608942	MRN: 040524	040524	100.00			38.00	0.00	0.00	62.00
POS PROC CD MODIFIERS 81 86665	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 040524 040524 220224			BILLED AMOUNT 70.00	ALLOWED NON-AllOWED 44.00 26.00	COPAY TPL 0.00 0.00	PAID 44.00	DETAIL EOBS 9918	5	
81 86664	1.00 040524 040524 220224			30.00	18.00 12.00	0.00	18.00	9918		
	RECIPIENT ID.: 530001478239 I1604399 SERVICE DATES RENDERING	MRN: 032824	032824	98.89 BILLED	82.93	COPAY	15.96	0.00	0.00	82.93
POS PROC CD MODIFIERS 81 82627	UNITS FROM THRU PROVIDER 1.00 032824 032824 220224			AMOUNT 33.00		TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918	5	

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL AMOUNT	PAID AMOUNT
	PROC CD 84402	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032824 032824	RENDERING PROVIDER 220224	11011	TITTO	BILLED AMOUNT 38.00	ALLOWED NON-AlloWED 32.00 6.00	COPAY TPL 0.00 0.00	PAID	DETAIL EOF		11100111
81	84443		1.00 032824 032824	220224			27.89	22.93 4.96	0.00	22.93	9918		
NAME:			RECIPIENT ID		MRN: 032824	032824		27.17		0.00	0.00	0.00	27.17
	PROC CD 83498	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032824 032824	RENDERING PROVIDER 220224			BILLED AMOUNT 27.17	ALLOWED NON-AllOWED 27.17 0.00	COPAY TPL 0.00 0.00		DETAIL EOR	3S	
NAME:		NEIGHBOURS 07011824	RECIPIENT ID		MRN: 041224	041224		60.00		181.11	0.00	0.00	56.00
	PROC CD 84156	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AllOWED 4.00	COPAY TPL 0.00		DETAIL EOF 9918	3S	
81	82570		1.00 041224 041224	220224			8.00	4.00 6.00 2.00	0.00 0.00 0.00	6.00	9918		
81	83069		1.00 041224 041224				8.00	4.00 4.00	0.00		9918		
81 81	84311 82010		2.00 041224 041224 1.00 041224 041224				32.00 16.00	14.00 18.00 0.00	0.00 0.00 0.00		9918 4524		
81	82945		1.00 041224 041224				8.00	16.00 4.00	0.00		9918		
81	82247	59	1.00 041224 041224	220224			8.00	4.00 5.00	0.00	5.00	9918		
81	83986		1.00 041224 041224	220224			7.00	3.00 3.00 4.00	0.00 0.00 0.00	3.00	9918		
81	81007		2.00 041224 041224	220224			120.00	4.00 116.00	0.00	0.00	5900		
81	82043	QW	1.00 041224 041224				7.58	6.00 1.58	0.00		9918		
81	87086		1.00 041224 041224	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:	ARMANI 1 20241	NELSON 02044546	RECIPIENT ID	.: 530002345419	MRN: 040824	040824	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	FORG	
81	87486	59		040824 040824	220224			42.00	28.00	0.00		9918	FODS	
0_	0 / 200			010021 010021					14.00	0.00		2220		
81	87498	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1 00	040824 040824	220224			318.05	14.00 212.03	0.00	212.03	0010		
0.1	0/033		1.00	040024 040024	220224			310.03	106.02	0.00	212.03	9910		
81	87640		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	040824 040824	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8 00	040824 040824	220224			336.00	21.86 224.00	0.00	224.00	0010		
01	01190		0.00	040024 040024	22022 1			330.00	112.00	0.00	224.00	9910		
									112.00	0.00				
NAME	: DONYA N	IELSON		RECIPIENT ID	.: 530002086599	MRN:								
	20241	.03024975	I160670			032124	032124	332.68	225.02		107.66	0.00	0.00	225.02
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00	032124 032124	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	84443		1.00	032124 032124	220224			25.20	22.93	0.00	22.93	9918		
01	01113		1.00	032121 032121				23.20	2.27	0.00	22.73	3310		
81	80061		1.00	032124 032124	220224			20.00	14.00	0.00	14.00	9918		
									6.00	0.00				
81	36415		1.00	032124 032124	220224			4.50	0.00	0.00	0.00	3323		
01	85049		1 00	022124 022124	220224			9.00	4.50	0.00	4 00	0010		
81	65049		1.00	032124 032124	220224			9.00	4.00 5.00	0.00	4.00	9918		
81	80307		1.00	032124 032124	220224			83.81	55.87	0.00	55.87	9918		
									27.94	0.00				
81	G0482		1.00	032124 032124	220224			174.33	116.22	0.00	116.22	9918		
									58.11	0.00				
3.T.7. 13.4T	. MOZZENICZ	E NEL CON			. 520000170656	MID AT .								
MAME			I160670		.: 530002178656	MRN: 031224	031224	5 <i>4</i> 7 12	305.64		241.48	0.00	0.00	50.00
	ZUZ I I	.03023730	1100070	SERVICE DATES	RENDERING	03144	031227		ALLOWED	COPAY	711.10	0.00	0.00	50.00
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT		TPL	PAID	DETAIL	EOBS	
	87498			031224 031224				37.07	22.00	0.00	22.00			
									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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

421

		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	rOBG	
81	87581	59	1.00 031224 031224	220224			42.00	28.00	0.00		9918	2002	
01	0/301		1.00 031224 031224	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1.00 031224 031224	220224			318.05	212.03	0.00	0 00	5000		
01	07033		1.00 031224 031224	220224			310.03	106.02	0.00	0.00	3000		
81	87635		1.00 031224 031224	220224			150.00	43.61	0.00	0 00	5000		
01	07033		1.00 031224 031224	220224			130.00	106.39	0.00	0.00	3000		
								100.37	0.00				
NAME:	DANNY N	IESBTTT	RECIPTENT ID	.: 530000889528	MRN:								
147 11-1111 -		02047568	I1604831		040424	040424	396.91	166.22		230.69	0.00	0.00	135.22
	20211	102017300	SERVICE DATES	RENDERING	010121	010121	BILLED	ALLOWED	COPAY	230.03	0.00	0.00	133.22
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	COBS	
81	84156	1102 11 11110	1.00 040424 040424	220224			8.00	4.00	0.00		5910		
								4.00	0.00				
81	82570		1.00 040424 040424	220224			8.00	6.00	0.00	0.00	5910		
								2.00	0.00				
81	83069		1.00 040424 040424	220224			8.00	4.00	0.00	4.00	9918		
								4.00	0.00				
81	84311		2.00 040424 040424	220224			32.00	14.00	0.00	0.00	5910		
								18.00	0.00				
81	82010		1.00 040424 040424	220224			16.00	0.00	0.00	0.00	4524		
								16.00	0.00				
81	82945		1.00 040424 040424	220224			8.00	4.00	0.00	4.00	9918		
								4.00	0.00				
81	82247	59	1.00 040424 040424	220224			8.00	5.00	0.00	5.00	9918		
								3.00	0.00				
81	83986		1.00 040424 040424	220224			7.00	3.00	0.00	0.00	5910		
0.4	0100		0.00.040404.040404	000001			100.00	4.00	0.00				
81	81007		2.00 040424 040424	220224			120.00	4.00	0.00	0.00	5900		
0.1	00043	Ota	1 00 040404 040404	22224			7 50	116.00	0.00	<i>c</i> 00	0010		
81	82043	QW	1.00 040424 040424	220224			7.58	6.00	0.00	6.00	9918		
0.1	C0402		1 00 040424 040424	220224			17/ 22	1.58	0.00	116 22	0010		
81	G0482		1.00 040424 040424	220224			174.33	116.22 58.11	0.00	116.22	9910		
								30.11	0.00				
MAME.	илтт.тг	NEW	RECIPIENT ID	. 530001204194	MRN:								
™HIME •			I1608947	330001204104	040624	040624	722 67	474.00		248 67	0.00	0.00	474.00
	202 1 1	-0/011071	SERVICE DATES	RENDERING	040024	040024		ALLOWED		2 IU.U/	0.00	0.00	1/1.00
POS	PROC CD	MODIFIERS		PROVIDER				NON-Allowed		PAID	DETATI. F	ZOBS	
			4.00 040624 040624					112.00					
-	0.101		1.55 510021 510021	=			100.00		0.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO	O. RVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS I	PROC CD	MODIFIERS	UNITS FRO		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	87640	59			220224			37.07	22.00 15.07	0.00		9918		
81	87653	59	1.00 040	0624 040624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 040	0624 040624	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87086		1.00 040	0624 040624	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:	LAINEY	NEW-BASS	I	RECIPIENT ID.	: 530002221622	MRN:								
		07011884	I1608948		RENDERING	032924	032924	49.86 BILLED	28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
		MODIFIERS	UNITS FRO		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87651		1.00 032	2924 032924	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME:	LILLIAN	I NEWBERN	I	RECIPIENT ID.	: 530000737489	MRN:								
		.03025007	I1606705			020524	020524	1,049.12	629.64		419.48	0.00	0.00	128.00
					RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FRO		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	87635		1.00 020	0524 020524	220224			150.00	43.61	0.00	0.00	5000		
81	87486	59	1 00 020	0524 020524	220224			42.00	106.39 28.00	0.00	28.00	0010		
0.1	0/400	39	1.00 020	0324 020324	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1 00 020	0524 020524	220224			37.07	22.00	0.00	22 00	9918		
01	0,100		1.00 02	0321 020321				37.07	15.07	0.00	22.00	3310		
81	87581	59	1.00 020	0524 020524	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00 020	0524 020524	220224			318.05	212.03	0.00	0.00	5000		
									106.02	0.00				
81	87640		1.00 020	0524 020524	220224			37.07	22.00	0.00	0.00	5000		
0.1	07641	го	1 00 00	0504 000504	220224			27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00 020	0524 020524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00.020	0524 020524	220224			49.86	28.00	0.00	28.00	9918		
01	0,001		1.00 02	0321 020321				13.00	21.86	0.00	20.00	3310		
81	87798		8.00 020	0524 020524	220224			336.00	224.00 112.00	0.00	0.00	5000		
NTN N#TT -	T11/4TT T2	NTT-17.7N (7) NT	-		• 500001405005	MIDAT -								
NAME:	EMILIA 20241	NEWMAN .03025035	I1606707	RECIPLENT ID.	: 500001407807	MRN: 040924	040924	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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC AT.T			PL OUNT	PAID AMOUNT
POS 81	PROC CD 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 3.00 040924 040924	RENDERING PROVIDER 220224	TROP	1111(0	BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID 84.00	DETAIL EOBS		THIOONT
81	87491	59	1.00 040924 040924	220224			49.86	42.00 28.00	0.00		5490		
81	87511	59	1.00 040924 040924	220224			42.00	21.86 28.00	0.00	28.00	9918		
81	87529	59	1.00 040924 040924	220224			49.86	14.00 28.00 21.86	0.00 0.00 0.00	28.00	9918		
81	87591	59	1.00 040924 040924	220224			42.00	28.00 14.00	0.00	28.00			
81	87661	59	1.00 040924 040924	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:		S NEWMAN 09080525	RECIPIENT II	530002336124	MRN: 041524	041524	899.12	586.03		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 EOBS		
81	87486	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918		
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		
81	87640		1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041524 041524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	SUMMER	NEWSOME 02040193	RECIPIENT II	530000706117	MRN: 010224	010224	405 21	262.00		143 21	0 00	0.00	262.00
		MODIFIERS	SERVICE DATES	PROVIDER	010221	010221		ALLOWED	COPAY		DETAIL EOBS		202.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE	DATES	RENDERING	11011	111110	BILLED	ALLOWED	COPAY	1011111	11100111	11100141	11100111
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	87640	59		010224		220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87653	59	1.00	010224 0	010224	220224			37.07	22.00	0.00	22.00	9918		
										15.07	0.00				
81	87798	59	6.00	010224 0	010224	220224			252.00	168.00	0.00	168.00	9918		
0.1	07641	F.O.	1 00	010004	010001	000004			27 07	84.00	0.00	00.00	0010		
81	87641	59	1.00	010224 0	J10224	220224			37.07	22.00 15.07	0.00	22.00	9918		
										15.07	0.00				
NAME:	SUMMER	NEWSOME		RECTPI	TENT TO	.: 530000706117	MRN:								
141111		.02044568	I160440			. 330000,0011,	013024	013024	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 E	OBS	
81	87481	59	4.00	013024 0	013024	220224			168.00	112.00	0.00	112.00	9918		
										56.00	0.00				
81	87640	59	1.00	013024 0	013024	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.000	5 0	1 00	010004	010001	000004			25 25	15.07	0.00	00.00	0010		
81	87653	59	1.00	013024 0	013024	220224			37.07	22.00	0.00	22.00	9918		
81	87798		11 00	013024 0	012024	220224			462.00	15.07 308.00	0.00	308.00	0010		
ΟŢ	01190		11.00	013024 0	J13U2 1	220224			402.00	154.00	0.00	300.00	9910		
										131.00	0.00				
NAME:	SUMMER	NEWSOME		RECIPI	IENT ID	.: 530000706117	MRN:								
		.02047582	I160483				010224	010224	704.14	464.00		240.14	0.00	0.00	464.00
				SERVICE	DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM	THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87481	59	4.00	010224 0	010224	220224			168.00	112.00	0.00	112.00	9918		
0.1	0.00	F.0	1 00	010004	010004	000004			25 25	56.00	0.00	00.00	0010		
81	87640	59	1.00	010224 0	010224	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1 00	010224 0	111221	220224			37.07	15.07 22.00	0.00	22.00	0010		
ΟŢ	07033	39	1.00	010224 0	010227	220224			37.07	15.07	0.00	22.00	9910		
81	87798		11.00	010224 0	010224	220224			462.00	308.00	0.00	308.00	9918		
0_	00			0-0	0_0				102.00	154.00	0.00		,,,,		
NAME:	KAILEY	NEWTON			IENT ID	.: 530000237033	MRN:								
	20240	99023310	I160201				010324	010324		16.00		8.84	0.00	0.00	16.00
						RENDERING			BILLED		COPAY				
		MODIFIERS	UNITS			PROVIDER			AMOUNT	NON-AllowED		PAID		OBS	
ЯΤ	80053		1.00	010324 0	J1U324	220224			15.84	12.00	0.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY TE AMOUNT AMO	L UNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 010324 010324 220224		BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID 4.00	DETAIL EOBS 9918		
NAME: KAILEY NEWTON	RECIPIENT ID.: 530000237033	MRN:							
2024099023320	I1602013	010324 010324	100.00			38.00	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		
81 86665	2.00 010324 010324 220224		70.00	44.00	0.00		9918		
01 00005	2.00 010321 010321 220221		, 0.00	26.00	0.00	11.00	3310		
81 86664	1.00 010324 010324 220224		30.00	18.00	0.00	18.00	9918		
				12.00	0.00				
NAME: FREYA NICHOLS	RECIPIENT ID.: 530002283271	MRN:							
2024109080553	I1613031	041624 041624	1,049.12	629.64		419.48	0.00	0.00	629.64
2021100000333	SERVICE DATES RENDERING	011021 011021	BILLED	ALLOWED	COPAY	110.10	0.00	0.00	023.01
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 87486 59	1.00 041624 041624 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87498 59	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
81 87581 59	1.00 041624 041624 220224		42.00	15.07 28.00	0.00	20 00	9918		
81 87381 39	1.00 041024 041024 220224		42.00	14.00	0.00	20.00	9910		
81 87633	1.00 041624 041624 220224		318.05	212.03	0.00	212.03	9918		
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			106.02	0.00				
81 87640	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
81 87651 59	1.00 041624 041624 220224		49.86	15.07 28.00	0.00	20 00	9918		
81 87031 39	1.00 041024 041024 220224		49.00	21.86	0.00	20.00	9910		
81 87798	8.00 041624 041624 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
81 87635	1.00 041624 041624 220224		150.00	43.61	0.00	43.61	9918		
				106.39	0.00				
NAME: CUACTITY MIV	RECIPIENT ID.: 530001523256	MRN:							
2024103025052	I1606713		722 67	474.00		248 67	0 00	0.00	474.00
2021103023032	SERVICE DATES RENDERING	021121 02112T		ALLOWED		210.07	J. 00	0.00	1,1.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87481 59	4.00 021424 021424 220224		168.00	112.00	0.00	112.00			
				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN-		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFI	SERVICE DATES ERS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	EORS	
81 87640 59	1.00 021424 021424				37.07	22.00 15.07	0.00		9918	1000	
81 87653 59	1.00 021424 021424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 021424 021424	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87086	1.00 021424 021424	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME: MERCY NORED	RECIPIENT I	D.: 530002279260	MRN:								
202410701190			040224	040224	899.12	586.03		313.09	0.00	0.00	586.03
POS PROC CD MODIFI	SERVICE DATES ERS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ZODC	
81 87486 59	1.00 040224 040224				42.00	28.00	0.00		9918	CODS	
01 07100 33	1.00 010221 010221	220221			12.00	14.00	0.00	20.00	JJ 10		
81 87498 59	1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040224 040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040224 040224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: LAKELYNN NORRI	S RECIPIENT I	D.: 530002168088	MRN:								
202410701191			041024	041024	37.00	28.00		9.00	0.00	0.00	28.00
DOG DDOG GD MODIES	SERVICE DATES				BILLED	ALLOWED	COPAY	DATD		iona.	
POS PROC CD MODIFI 81 87340	TERS UNITS FROM THRU 1.00 041024 041024	PROVIDER 220224			AMOUNT 15.00	NON-AllOWED	TPL 0.00	PAID 13.00	DETAIL E 9918	TORP	
81 86317	1.00 041024 041024	220224			22.00	2.00 15.00 7.00	0.00 0.00 0.00	15.00	9918		
NAME: SHELIA NORTON 202410204761		D.: 530000575639	MRN: 040424	040424	258.14	172.09		86.05	0.00	0.00	172.09

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

427

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
	PROC CD 80307	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 83.81		COPAY TPL 0.00 0.00	PAID	DETAIL EOBS	3	
81	G0482		1.00 040424 040424	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:		NORWOOD 03025079	RECIPIENT ID I1606726 SERVICE DATES	.: 530000185984	MRN: 020624	020624	124.16 BILLED	77.53	COPAY	46.63	0.00	0.00	49.53
	ROC CD 87491	MODIFIERS 59	UNITS FROM THRU 1.00 020624 020624	RENDERING PROVIDER 220224 220224			AMOUNT 49.86	NON-Allowed 28.00 21.86		PAID 0.00	DETAIL EOBS	5	
81	87591	59	1.00 020624 020624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87661		1.00 020624 020624	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:		OTT 07011943	RECIPIENT ID I1610738 SERVICE DATES	.: 530001285379 RENDERING	MRN: 040924	040924	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.00	172.09
	ROC CD 80307	MODIFIERS		PROVIDER 220224 220224			AMOUNT 83.81	NON-Allowed	TDI.	PAID 55.87	DETAIL EOBS 9918	5	
81	G0482		1.00 040924 040924	220224			174.33	116.22 58.11	0.00	116.22			
NAME:		NYANGA 07011960	RECIPIENT ID	.: 530002348094	MRN: 040224	040224	1,049.12	629.64		419.48	0.00	0.00	629.64
	-		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS P	ROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED				5	
81	87635		1.00 040224 040224	PROVIDER 220224 220224			150.00	43.61	0.00	43.61	9918		
0.1	05406	F.0	1 00 040004 040004	000004			40.00			00.00	0.01.0		
81	87486	59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81	87498	59	1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040224 040224	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040224 040224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

NAME DESTINE DOM SECTION MODIFIERS SERVICE DATES			ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
87 87 87 87 87 87 87 87										22.00	0.00			EOBS	
8798 8798 8.00 04024 04024 20024 20024 336.00 224.00 0.00 224.00 9918	81 87	7651	59	1.00	040224 040224	220224			49.86	28.00	0.00	28.00	9918		
This column	81 87	7798		8.00	040224 040224	220224			336.00	224.00	0.00	224.00	9918		
Second S						.: 500002000391		021424	68 00	7 00		61 00	0 00	0 (nn 5 nn
81 8247 59 1.00 021424 021424 22024 8.00 5.00 0.00 5.00 9918 81 81007		20211	03023073	1100073		RENDERING	021121	021121				01.00	0.00	0.0	3.00
NAME DESTINEE ODOM 2024102040215 11603573 RECIPIENT ID.: 530001567100 MEN: 2024102040215 11603573 SERVICE DATES RENDERING 022024 022024 022024 223.36 165.93 COPAY TPL PAID DETAIL EOBS DETA										5.00	0.00			EOBS	
1603573 1603	81 81	1007		1.00	021424 021424	220224			60.00	2.00	0.00	0.00	5930		
The column The	NAME: DE	ESTINE	E ODOM		RECIPIENT ID	.: 530001567100	MRN:								
PROC		202410	02040215	I160357	3		022024	022024				66.43	0.00	0.0	165.93
81 80053 1.00 022024 220224 15.84 12.00 0.00 12.00 9918 81 36415 1.00 022024 220224 4.50 0.00 0.00 0.00 3323 81 85049 1.00 022024 220224 20224 20.00 17.00 0.00 4.00 9918 81 82607 1.00 022024 220224 22.20 17.00 0.00 17.00 9918 81 82306 1.00 022024 220224 22.20 17.00 0.00 29.00 9918 81 83540 1.00 022024 220224 20224 29.00 0.00 7.00 9918 81 83550 1.00 022024 220224 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 220224 220224 24.00 16.00 0.00 16.00 9918 81 83036 1.00 022024 220224 20224 14.00 12.00			MODIETEDC	TINTTTC								ח א א די	דעיייייט	EODC	
81 85049			MODIFIERS											EODS	
81 85049 1.00 022024 022024 220224 220224 9.00 4.00 0.00 4.00 0.00 4.00 9918 81 82607 1.00 022024 022024 220224 220224 22.00 17.00 0.00 17.00 9918 81 82306 1.00 022024 022024 220224 220224 20224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 022024 022024 220224 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 022024 022024 220224 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 022024 220224 220224 24.00 16.00 0.00 16.00 9918 81 83036 1.00 022024 022024 220224 220224 14.00 12.00 0.00 12.00 9918 81 83036 1.00 022024 022024 220224 220224 20.00 0.00 12.00 9918 81 83036 1.00 022024 022024 220224 220224 14.00 12.00 0.00 12.00 9918 81 86376 1.00 022024 022024 220224 220224 21.00 15.00 0.00 15.00 9918										3.84					
81 85049 1.00 022024 022024 220224 9.00 4.00 0.00 4.00 9918 81 82607 1.00 022024 022024 220224 220224 17.00 0.00 17.00 9918 81 82306 1.00 022024 022024 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 022024 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 022024 022024 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 220224 24.00 16.00 0.00 16.00 9918 81 83036 1.00 022024 220224 14.00 12.00 0.00 15.00 9918 81 86376 1.00 022024 220224 21.00 15.00 0.00 15.00 9918	81 36	5415		1.00	022024 022024	220224			4.50			0.00	3323		
81 82607 1.00 022024 022024 220224 22.00 17.00 0.00 17.00 9918 81 82306 1.00 022024 022024 220224 220224 44.00 29.00 0.00 29.00 9918 81 83540 1.00 022024 022024 220224 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 022024 022024 220224 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 022024 220224 220224 24.00 16.00 0.00 16.00 9918 81 83036 1.00 022024 022024 220224 220224 14.00 12.00 0.00 12.00 9918 81 86376 1.00 022024 022024 220224 220224 21.00 15.00 0.00 15.00 9918	81 85	5049		1 00	022024 022024	220224			9 00			4 00	9918		
81 82306 1.00 022024 022024 220224 220224 44.00 29.00 0.00 0.00 29.00 9918 81 83540 1.00 022024 022024 220224 220224 9.71 7.00 0.00 7.00 9918 81 83550 1.00 022024 022024 220224 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 022024 220224 220224 24.00 16.00 0.00 16.00 9918 81 83036 0.00 0.00 10.00 02024 022024 022024 220224 14.00 12.00 0.00 12.00 9918 81 86376 1.00 022024 022024 022024 220224 220224 220224 220224	01 03	5015		1.00	022021 022021	220221			2.00			1.00	JJ±0		
81 82306 1.00 022024 022024 220224 220224 44.00 29.00 0.00 0.00 0.00 0.00 29.00 9918 81 83540 1.00 022024 022024 220224 220224 9.71 7.00 0.00 0.00 7.00 9918 81 83550 1.00 022024 022024 220224 220224 13.11 10.00 0.00 10.00 9918 81 84481 1.00 022024 022024 220224 24.00 16.00 0.00 16.00 9918 81 83036 1.00 022024 022024 220224 14.00 12.00 0.00 12.00 9918 81 86376 1.00 022024 022024 220224 21.00 15.00 15.00 0.00 15.00 9918	81 82	2607		1.00	022024 022024	220224			22.00			17.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Q1 Q2	2306		1 00	022024 022024	220224			44 00			29 00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01 02	2300		1.00	022024 022024	ZZUZZ I			44.00			29.00	9910		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81 83	3540		1.00	022024 022024	220224			9.71	7.00	0.00	7.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01 02	DEEU		1 00	022024 022024	220224			12 11			10 00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01 03	5550		1.00	022024 022024	220224			13.11			10.00	9910		
81 83036	81 84	4481		1.00	022024 022024	220224			24.00	16.00	0.00	16.00	9918		
2.00 0.00 81 86376 1.00 022024 022024 220224 21.00 15.00 0.00 15.00 9918	01 02	2026		1 00	000004 000004	000004			14.00			10.00	0010		
81 86376 1.00 022024 022024 220224 21.00 15.00 0.00 15.00 9918	8T 83	3036		1.00	022024 022024	220224			14.00			12.00	9918		
	81 86	5376		1.00	022024 022024	220224			21.00	15.00	0.00	15.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 84443	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		AMOUNT 25.20	22.93	TPL 0.00	22.93	DETAIL EOBS 9918		
81 84436 59	1.00 022024 022024 220224		10.00	2.27 7.00 3.00	0.00 0.00 0.00	7.00	9918		
81 80061	1.00 022024 022024 220224		20.00		0.00		9918		
NAME: DESTINEE ODOM 2024102040245	RECIPIENT ID.: 530001567100	MRN: 022024 022024	77.50	36.60)	40.90	0.00	0.00	36.60
POS PROC CD MODIFIERS 81 82784	1.00 022024 022024 220224		BILLED AMOUNT 19.00	ALLOWED NON-AllOWED 12.00	COPAY	PAID 12.00	DETAIL EOBS		
81 86231	1.00 022024 022024 220224		24.00	7.00 8.46 15.54	0.00	8.46	9918		
81 86258	2.00 022024 022024 220224		34.50	16.14 18.36			9918		
NAME: MELISSA OLGUIN 2024107011990	RECIPIENT ID.: 530001940424	040824 040824	174.33	116.22	2	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 174.33	NON-AllOWED 116.22	\mathtt{TPL}	116.22			
NAME: BAYLOR OLINGER 2024102040257	RECIPIENT ID.: 530002379694	MRN: 040524 040524				241.48	0.00	0.00	305.64
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224		BILLED AMOUNT 150.00	NON-AllOWED	\mathtt{TPL}	43.61			
81 87498 59	1.00 040524 040524 220224		37.07	22.00 15.07			9918		
81 87581 59	1.00 040524 040524 220224		42.00			28.00	9918		
81 87633	1.00 040524 040524 220224		318.05	212.03 106.02	0.00	212.03	9918		
NAME: RAELEIGH OLINGER 2024103025109	RECIPIENT ID.: 530001235222 I1606739	MRN: 022224 022224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM THRU 4.00 022224 022224	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL EC 9918	DBS	
81 87640	59	1.00 022224 022224	220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653	59	1.00 022224 022224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 022224 022224	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 022224 022224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 022224 022224	220224			84.00	56.00 28.00	0.00	0.00	5000		
81 87086		1.00 022224 022224	220224			18.53	10.00	0.00	10.00	9918		
81 87186		1.00 022224 022224	220224			13.50	9.00 4.50	0.00	9.00	9918		
81 87088		1.00 022224 022224	220224			8.09	8.09 0.00	0.00	8.09			
NAME: MELANIE 20241	OLIVER .07012011	I1610741	.: 530001459400	MRN: 021524	021524	125.86			97.86	0.00	0.00	28.00
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC)BS	
81 87491		1.00 021524 021524				49.86	28.00 21.86	0.00	28.00		,55	
81 82010		1.00 021524 021524	220224			16.00	0.00 16.00	0.00	0.00	4524		
81 81007	59	1.00 021524 021524	220224			60.00	0.00 60.00	0.00	0.00	6290		
NAME: AMAYA C 20241	MATSU .03025146	RECIPIENT ID	.: 530001630493	MRN: 031124	031124	1,771.79	1,103.64		668.15	0.00	0.00	284.00
POS PROC CD 81 87481	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 4.00 031124 031124	PROVIDER			BILLED 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 031124 031124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 031124 031124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUN	ΙΤ	PAID AMOUNT
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS	FROM TH				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87798			031124 0311				462.00	308.00	0.00	0.00				
									154.00	0.00					
81	87086		1.00	031124 0311	24 220224			18.53	10.00	0.00	0.00	5000			
									8.53	0.00					
81	87635		1.00	031124 0311	24 220224			150.00	43.61	0.00	0.00	5000			
									106.39	0.00					
81	87486	59	1.00	031124 0311	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	031124 0311	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	031124 0311	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	031124 0311	24 220224			318.05	212.03	0.00	0.00	5000			
									106.02	0.00					
81	87640		1.00	031124 0311	24 220224			37.07	22.00	0.00	0.00	5000			
									15.07	0.00					
81	87641	59	1.00	031124 0311	24 220224			37.07	22.00	0.00	22.00	9918			
_					-				15.07	0.00					
81	87651	59	1.00	031124 0311	24 220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00	031124 0311	24 220224			336.00	224.00	0.00	0.00	5000			
0 =	0,,,,		0.00	031111 0311				330.00	112.00	0.00	0.00	3000			
NAME:	RYLEIGH	I ORR		RECIPIENT	ID.: 53000072754	6 MRN:									
		07012026	I161074				041224	1,049.12	629.64		419.48	0.00		0.00	629.64
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS	FROM TH				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00	041224 0412				150.00	43.61	0.00		9918			
									106.39	0.00					
81	87486	59	1.00	041224 0412	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	041224 0412	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	041224 0412	24 220224			42.00	28.00	0.00		9918			
									14.00	0.00					
81	87633		1.00	041224 0412	24 220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	041224 0412	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	041224 0412	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY			PL TNUC	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	RENDERING PROVIDER 220224			AMOUNT 49.86	NON-Allowed 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87798		8.00 041224 041224	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: CHLOE OF 20241	SBORN 02040273	I1603576	.: 530001223991	MRN: 022024	022024		79.93		32.61	0.00	0.00	79.93
POS PROC CD 81 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00			
81 82306		1.00 022024 022024	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83036		1.00 022024 022024	220224			14.00	12.00	0.00	12.00	9918		
81 84443		1.00 022024 022024	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 36415		1.00 022024 022024	220224			4.50	0.00 4.50	0.00		3323		
81 85049		1.00 022024 022024	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: CHLOE O	SBORN 02040290	RECIPIENT ID 11603577 SERVICE DATES	: 530001223991 RENDERING	MRN: 022024	022024	100.00 BILLED	62.00	COPAY	38.00	0.00	0.00	62.00
POS PROC CD 81 86665	MODIFIERS	UNITS FROM THRU 2.00 022024 022024	PROVIDER 220224			AMOUNT 70.00	NON-Allowed 44.00 26.00	TPL 0.00 0.00	PAID 44.00			
81 86664		1.00 022024 022024	220224			30.00	18.00 12.00	0.00	18.00	9918		
NAME: JASIAH (20241)	OSBORNE 07012057	RECIPIENT ID 11610743 SERVICE DATES	: 530002305780 RENDERING	MRN: 041224	041224	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041224 041224	PROVIDER 220224			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 041224 041224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041224 041224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO At.t.		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87633	MODIFIERS	SERVICE DATE UNITS FROM THR 1.00 041224 04122	J PROVIDER	ricori	TIIICO	BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00	PAID 212.03	DETAIL		APIOONI
81	87640		1.00 041224 04122	4 220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87641	59	1.00 041224 04122	4 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041224 04122	4 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041224 04122	4 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	MAX OSE 20241	NBAUGH .09080581	RECIPIENT	ID.: 530002419955	MRN: 041524	041524	204.16	113.00		91.16	0.00	0.00	113.00
			SERVICE DATE				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THR				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	80053		1.00 041524 04152	4 220224			15.84	12.00	0.00	12.00	9918		
81	82607		1.00 041524 04152	4 220224			22.00	3.84 17.00 5.00	0.00 0.00 0.00	17.00	9918		
81	82746		1.00 041524 04152	4 220224			22.00	13.00 9.00	0.00	13.00	9918		
81	82306		1.00 041524 04152	4 220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83540		1.00 041524 04152	4 220224			9.71	7.00 2.71	0.00	7.00	9918		
81	83550		1.00 041524 04152	4 220224			13.11	10.00	0.00	10.00	9918		
81	85652		1.00 041524 04152	4 220224			4.00	3.00 1.00	0.00	3.00	9918		
81	82728		1.00 041524 04152	4 220224			40.00	13.00	0.00	13.00	9918		
81	86431		1.00 041524 04152	4 220224			20.00	27.00 5.00	0.00	5.00	9918		
81	36415		1.00 041524 04152	4 220224			4.50	15.00 0.00	0.00	0.00	3323		
81	85049		1.00 041524 04152	4 220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
NAME:	MAX OSE 20241	NBAUGH 09080604	RECIPIENT I1611953	ID.: 530002419955		021224	13.50	4.00		9.50	0.00	0.00	4.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

434

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN'	Т	PAID AMOUNT
	PROC CD 36415	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 021224 021224	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00	COPAY TPL 0.00	PAID 0.00	DETAIL 3323	_ EOBS		
81	85049		1.00 021224 021224	220224			9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918			
NAME:	MAX OSEI	NBAUGH	RECIPIENT ID	0.: 530002419955	MRN:									
	20241	09080605	I1611954	D = 11 = D = 11 = 0	021324	021324	259.42			187.42	0.00	(0.00	63.00
POS :	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	, EOBS		
	80053	MODIFIERD	1.00 021324 021324				15.84	12.00	0.00		9918	LODD		
01	86308		1 00 021224 021224	220224			7.50	3.84	0.00	6 00	0010			
81	00300		1.00 021324 021324	220224			7.50	6.00 1.50	0.00	6.00	9918			
81	36415		1.00 021324 021324	220224			4.50	0.00	0.00	0.00	3323			
81	85049		1.00 021324 021324	220224			9.00	4.50 4.00	0.00	4 00	9918			
01	03015		1.00 021321 021321	220221			2.00	5.00	0.00	1.00	JJ10			
81	84156		1.00 021324 021324	220224			8.00	4.00	0.00	4.00	9918			
81	82570		1.00 021324 021324	220224			8.00	4.00 6.00	0.00	6.00	9918			
								2.00	0.00					
81	83069		1.00 021324 021324	220224			8.00	4.00	0.00	4.00	9918			
81	84311		2.00 021324 021324	220224			32.00	4.00 14.00	0.00	14.00	9918			
								18.00	0.00					
81	82010		1.00 021324 021324	220224			16.00	0.00 16.00	0.00	0.00	4524			
81	82945		1.00 021324 021324	220224			8.00	4.00	0.00	4.00	9918			
0.1	0 2 2 4 7	E O	1 00 021224 021224	220224			9 00	4.00	0.00	0 00	E 470			
81	82247	59	1.00 021324 021324	220224			8.00	5.00 3.00	0.00	0.00	5472			
81	83986		1.00 021324 021324	220224			7.00	3.00	0.00	3.00	9918			
81	81007		2.00 021324 021324	220224			120.00	4.00 4.00	0.00	0 00	5900			
01	01007		2.00 021324 021324	220224			120.00	116.00	0.00	0.00	3900			
81	82043	QW	1.00 021324 021324	220224			7.58	6.00 1.58	0.00	6.00	9918			
NAME:	ADDILYN	OVERTON	RECIPIENT ID).: 530000346850	MRN:									
= -= 		07012077	11608980			031124	49.86	2.84		47.02	0.00	1	6.10	2.84

REPORT: CRA-PRPD-R 3524808 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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	AMOUNT	ALLOWED AMOUNT ALLOWED		OWED		TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 2.84		5	
NAME: LEILANI OWENS 2024102047632 POS PROC CD MODIFIERS 81 87389	RECIPIENT ID.: 530001655502 11604838 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	040924 040924	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	DETAIL EOBS	0.00	23.88
81 36415	1.00 040924 040924 220224		36.00 4.50	23.88 12.12 0.00 4.50	0.00 0.00 0.00				
NAME: LEILANI OWENS 2024103025181	RECIPIENT ID.: 530001655502 I1606752 SERVICE DATES RENDERING	MRN: 040924 040924	391.88 BILLED	245.53 ALLOWED	COPAY	146.35	0.00	0.00	217.53
POS PROC CD MODIFIERS 81 87491 59	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	040924 040924	AMOUNT 49.86	NON-AllOWED		PAID 0.00	DETAIL EOBS 5490	5	
81 87511	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529	2.00 010021 010021 220221		22.72	56.00 43.72	0.00		9918		
81 87591	1.00 040924 040924 220224		42.00	28.00 14.00	0.00		9918		
81 87661	1.00 040924 040924 220224		32.30	21.53 10.77	0.00		9918		
81 87798 59	3.00 040924 040924 220224		126.00	84.00 42.00	0.00	84.00	9918		
2024103025199	RECIPIENT ID.: 530001655502 11606753 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924	BILLED	5.00 ALLOWED NON-AllOWED 5.00	COPAY	PAID	0.00 DETAIL EOBS 9918	0.00	5.00
NAME: SKYLAR OWENS 2024107012097	RECIPIENT ID.: 530000751989	MRN: 041224 041224	704.14	2.00 464.00	0.00	240.14	0.00	0.00	464.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 041224 041224 220224			ALLOWED	COPAY TPL	PAID	DETAIL EOBS		-31.33

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

436

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		_	_	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	S	
81	87640	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1.00 041224 041224	220224			37.07	15.07 22.00	0.00	22 00	9918		
OΤ	67033	39	1.00 041224 041224	220224			37.07	15.07	0.00	22.00	9910		
81	87798		11.00 041224 041224	220224			462.00	308.00	0.00	308.00	9918		
01	07750		11.00 011221 011221	220221			102.00	154.00	0.00	300.00	JJ±0		
								131.00	0.00				
NAME:	: TERESA	PABLO SIMON	RECIPIENT ID	530000740639	MRN:								
		L07012124	I1608983		040224	040224	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 EOE	S	
81	87486	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
0.4	0==01		1 00 040004 040004	00000			40.00	15.07	0.00		0.01.0		
81	87581	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00 040004 040004	220224			210 05	14.00	0.00	010 00	0.01.0		
81	87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 040224 040224	220224			37.07	106.02 22.00	0.00	22 00	9918		
OΤ	07040		1.00 040224 040224	220224			37.07	15.07	0.00	22.00	9910		
81	87641	59	1.00 040224 040224	220224			37.07	22.00	0.00	22 00	9918		
01	07011	37	1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ10		
81	87651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
				-				21.86	0.00				
81	87798		8.00 040224 040224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
81	87635		1.00 040224 040224	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
NAME:	BRYAN P			0.: 530000976963	MRN:	000001	005 04	00 50		100 40	0.00	05 60	00 50
	20241	L03025202	I1606756	DENDEDING	022024	022024	205.04	28.58		176.46	0.00	85.68	28.58
DOG	DDOG GD	MODIETEDC	SERVICE DATES				BILLED	ALLOWED	COPAY	D 7 T D	DETAIL EOE	C	
81	PROC CD 80053	MODIFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 2.22	TPL 0.00	PAID	9918 9936	5	
ОТ	00033		1.00 022024 022024	77077			13.04	13.62	0.00	۷.22	99±0 9930		
81	85049		1.00 022024 022024	220224			9.00	0.94	0.00	0 94	9918 9936		
0 ±	33017		1.00 022021 022021				2.00	8.06	0.00	0.01	2210 2230		
81	82607		1.00 022024 022024	220224			22.00	3.17	0.00	3.17	9918 9936		
								18.83	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

437

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
POS PROC CD MODIFIERS 81 82306	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 6.22	COPAY TPL 0.00	PAID		L EOBS		
81 83036	1.00 022024 022024 220224			14.00	37.78 2.04 11.96	0.00 0.00 0.00	2.	04 9918	9936		
81 84481	1.00 022024 022024 220224			24.00	3.56 20.44	0.00	3.	56 9918	9936		
81 80061	1.00 022024 022024 220224			20.00	2.39 17.61	0.00 0.00	2.	39 9918	9936		
81 86376	1.00 022024 022024 220224			21.00	3.06 17.94	0.00	3.	06 9918	9936		
81 84443	1.00 022024 022024 220224			25.20	3.53 21.67	0.00	3.	53 9918	9936		
81 84436 59	1.00 022024 022024 220224			10.00	1.45 8.55	0.00	1.	45 9918	9936		
NAME: BRYAN PADRON 2024103025225	RECIPIENT ID.: 530000976963 I1606757	MRN: 022024	022024	47.00			40.28	0.00	2	0.15	6.72
POS PROC CD MODIFIERS 81 86800	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			BILLED AMOUNT 23.00	ALLOWED NON-AllOWED 3.34 19.66	COPAY TPL 0.00 0.00	PAID 3.	DETAI 34 9918			
81 84432	1.00 022024 022024 220224			24.00	3.38 20.62	0.00	3.	38 9918	9936		
NAME: AVA PAGE 2024099023323 HEADER EOBS: 9003	RECIPIENT ID.: 530000996011 I1602079	MRN: 031524	031524	49.86	0.00)	49.86	0.00	1	8.94	0.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031524 031524 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 0.00 49.86	COPAY TPL 0.00 0.00	PAID 0.	DETAI 00 9918	L EOBS 9936		
NAME: LUELLA PANKEY 2024103025226	RECIPIENT ID.: 530001170550 I1606765 SERVICE DATES RENDERING	MRN: 040824	040824		10.00		8.53	0.00		0.00	10.00
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			AMOUNT 18.53	NON-AllOWED 10.00 8.53		PAID 10.	DETAI 00 9918	L EOBS		
NAME: JOSEPH PANNELL 2024107012148	RECIPIENT ID.: 530001962444 I1610750		041224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E 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 EC	IRC	
81 87486	59	1.00 041224 041224 220224			42.00	28.00 14.00	0.00		9918	טטי	
81 87498	59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041224 041224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041224 041224 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 041224 041224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 041224 041224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 041224 041224 220224			336.00	224.00 112.00	0.00	224.00			
81 87635		1.00 041224 041224 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: TASHA P		RECIPIENT ID.: 5300011621		0.404.04							10.00
20241	07012175	I1608993 SERVICE DATES RENDERING	040124	040124	20.34 BILLED	12.00 ALLOWED) COPAY	8.34	0.00	0.00	12.00
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			AMOUNT 15.84	NON-AllOWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EC 9918	DBS	
81 36415		1.00 040124 040124 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: CONNOR 1	PARDUE 09080616	RECIPIENT ID.: 5300022058		041124	319.55	213.03		106.52	0.00	0.00	213.03
POS PROC CD 81 87507	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 319.55	ALLOWED NON-AllOWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	DETAIL EC 9918	DBS	
NAME: CAYLEIGH 20241	H PARKER 09080623	RECIPIENT ID.: 5300008197		041624		629.64		419.48	0.00	0.00	629.64
POS PROC CD 81 87486		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 220224					\mathtt{TPL}	28.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN-	- PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFI					AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87498 59	1.00 041624 041624				37.07	22.00 15.07	0.00		9918	~	
81 87581 59	1.00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041624 041624	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 041624 041624	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 041624 041624	220224			336.00	224.00 112.00	0.00	224.00	9918		
81 87635	1.00 041624 041624	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: CHAD PARKER	RECIPIENT 1	D.: 530001500077	MRN:								
202410302523			022024	022024	258.14	172.09		86.05	0.00	0.00	172.09
POS PROC CD MODIFI	SERVICE DATES ERS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	Q	
81 80307	1.00 022024 022024				83.81	55.87 27.94	0.00	55.87		5	
81 G0482	1.00 022024 022024	220224			174.33	116.22 58.11	0.00		9918		
NAME: DE MARIUS PARK		D.: 530001024891	MRN:								
202410701224			040524	040524	342.02	217.53		124.49	0.00	0.00	189.53
POS PROC CD MODIFI	SERVICE DATES ERS UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 87798	3.00 040524 040524				126.00	84.00 42.00	0.00			D	
81 87491 59	1.00 040524 040524	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	1.00 040524 040524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591 59	1.00 040524 040524	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

440

		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 PRO 81 87		MODIFIERS 59	UNITS FROM THRU 1.00 040524 040524	PROVIDER 220224			AMOUNT 32.30	NON-Allowed 21.53 10.77	TPL 0.00 0.00	PAID 21.53	DETAIL E	OBS	
NAME: JA				.: 530001619372	MRN:								
	20241	03025251	I1606771		021324	021324	948.98	614.03		334.95	0.00	0.00	614.03
DAG DBC	0C CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ORS	
	7651	MODIFIERD	1.00 021324 021324	220224			49.86	28.00	0.00		9918	OBS	
								21.86	0.00				
81 87	7486	59	1.00 021324 021324	220224			42.00	28.00	0.00	28.00	9918		
01 05	7400	Γ0	1 00 001304 001304	22224			27 07	14.00	0.00	22.00	0.01.0		
81 87	7498	59	1.00 021324 021324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7581	59	1.00 021324 021324	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 87	7633		1.00 021324 021324	220224			318.05	212.03	0.00	212.03	9918		
81 87	7640		1.00 021324 021324	220224			37.07	106.02 22.00	0.00	22.00	9919		
01 07	7040		1.00 021324 021324	22022 1			37.07	15.07	0.00	22.00	9910		
81 87	7641	59	1.00 021324 021324	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81 87	7651	59	1.00 021324 021324	220224			49.86	28.00	0.00	28.00	9918		
81 87	7798		8.00 021324 021324	220224			336.00	21.86 224.00	0.00	224.00	9918		
01 07	7750		0.00 021321 021321	220221			330.00	112.00	0.00	221.00	JJ10		
		A PARKER		530001246975	MRN:	0.40504	001 50	F2F F2		246.06	0.00	0.00	462 52
	20241	07012256	I1608996 SERVICE DATES	RENDERING	040524	040524	881.59 BILLED	535.53 ALLOWED	COPAY	346.06	0.00	0.00	463.53
POS PRO	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 87		59	9.00 040524 040524	220224			378.00	252.00	0.00	252.00			
								126.00	0.00				
81 87	7481	59	2.00 040524 040524	220224			84.00	56.00	0.00	56.00	9918		
81 87	7491	59	1.00 040524 040524	220224			49.86	28.00 28.00	0.00	0.00	5490		
5_ 0,							19.00	21.86	0.00	3.00	2 - 2 0		
81 87	7511	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
01 05	7500	Γ0	2 00 040524 040524	220224			00 70	14.00	0.00	F.C. 0.0	0010		
81 87	7529	59	2.00 040524 040524	220224			99.72	56.00 43.72	0.00	56.00	9918		
								TJ. / 4	0.00				

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87591	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EOB 9918	S	
81 87653	59	2.00 040524 040524 220224			74.14	44.00 30.14	0.00	0.00	5900		
81 87661	59	1.00 040524 040524 220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87563		1.00 040524 040524 220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640	59	1.00 040524 040524 220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: NEVAEH 1	PARKS 02040292	RECIPIENT ID.: 53000069		021924		30.00		19.34	0.00	0.00	30.00
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	S	
81 80053		1.00 021924 021924 220224			15.84	12.00	0.00		9918		
81 80061		1.00 021924 021924 220224			20.00	3.84 14.00 6.00	0.00 0.00 0.00	14.00	9918		
81 36415		1.00 021924 021924 220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 021924 021924 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: NEVAEH 1	PARKS 02040330	RECIPIENT ID.: 53000069	021924	021924		22.93		4.96	0.00	0.00	22.93
POS PROC CD 81 84443	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021924 021924 220224			BILLED AMOUNT 27.89	ALLOWED NON-AllOWED 22.93 4.96	COPAY TPL 0.00 0.00			S	
NAME: CANNON 1	PATEL 09080632	RECIPIENT ID.: 53000153 I1611967 SERVICE DATES RENDERING		030524	20.00 BILLED	14.00 ALLOWED	COPAY	6.00	0.00	0.00	14.00
POS PROC CD 81 80061	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 030524 030524 220224			AMOUNT 20.00	NON-AllOWED 14.00 6.00	TPL 0.00 0.00	PAID 14.00	DETAIL EOB 9918	S	
NAME: JALYN PA 20241	ATRICK 03025275	RECIPIENT ID.: 53000074		022724	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

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			O.D.C.	
	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87635		1.00	022724 022724	220224			150.00	43.61	0.00	43.61	9918		
81	87498	59	1 00	022724 022724	220224			37.07	106.39 22.00	0.00	22.00	0010		
0.1	0/490	59	1.00	022/24 022/24	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	022724 022724	220224			42.00	28.00	0.00	28.00	9918		
01	0,301		1.00	022721 022721	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87633		1.00	022724 022724	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87798		4.00	022724 022724	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00				
81	87651		1.00	022724 022724	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
NAME		ATTERSON	_1.60000		.: 530001626761	MRN:	0.40=0.4	10.05			04 04			
	20241	07012278	I1609009		D = 11D = D = 1140	040524	040524	49.86			21.86	0.00	0.00	28.00
DOG		MODIFIED		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 3 T D		ODG	
		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL			OBS	
0.1	87651		1.00	040524 040524	220224			49.86	28.00 21.86	0.00	28.00	9910		
									21.00	0.00				
NAME:	: KARSON	PATTERSON-AV	/ERY	RECIPTENT ID	.: 530001594831	MRN:								
14111111		99023339	I1602112		. 330001371031	040424	040424	1,049.12	629.64		419.48	0.00	0.00	629.64
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SERVICE DATES	RENDERING	0 10 111	0 10 111	BILLED	ALLOWED	COPAY				022001
POS	PROC CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87635		1.00	040424 040424	220224			150.00	43.61	0.00	43.61	9918		
									106.39	0.00				
81	87486	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0.4	0==04							10.00	15.07	0.00		0.01.0		
81	87581	59	1.00	040424 040424	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	040404 040404	000004			210 05	14.00	0.00	010 00	0010		
81	87633		1.00	040424 040424	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1 00	040424 040424	220224			37.07	106.02 22.00	0.00	22.00	0010		
OΤ	0/040		1.00	UTUTZT UTUTZT	44U44T			31.07	15.07	0.00	22.00	9910		
81	87641	59	1 00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0 1	0,011		1.00	010121 010121				37.07	15.07	0.00	22.00	J J ± 0		
81	87651	59	1.00	040424 040424	220224			49.86	28.00	0.00	28.00	9918		
ŭ –									21.86	0.00	_0.30			

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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

PAGE:

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL			TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	SERVICE DATES UNITS FROM THRU 8.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 336.00	ALLOWED NON-AllOWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL EOE 9918	3S	
NAME: CHANCE I			.: 530002302983	MRN:								
202410	07012296	I1609011 SERVICE DATES	RENDERING	041124	041124	1,049.12 BILLED	629.64 ALLOWED	COPAY	119.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	3.5	
81 87635	110DII ILIKO	1.00 041124 041124	220224			150.00	43.61	0.00	43.61			
							106.39	0.00				
81 87486	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
01 07400	ГО	1 00 041104 041104	220224			27 07	14.00	0.00	22.00	0010		
81 87498	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87581	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 041104 041104	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00 041124 041124	220224			37.07	22.00 15.07	0.00 0.00	22.00	9910		
81 87641	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 041104 041104	22224			226 00	21.86	0.00	224 00	0010		
81 87798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: FLORA PA	N TTT∩NT	DECIDIENT ID	.: 530001946278	MRN:								
	09080645	I1611972	330001940270	041024	041024	174.33	116.22		58.11	0.00	0.00	116.22
	0,0000	SERVICE DATES	RENDERING	0 1 2 0 2 1	0 0	BILLED	ALLOWED	COPAY	001-			
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOR	3S	
81 G0482		1.00 041024 041024	220224			174.33	116.22	0.00	116.22	9918		
							58.11	0.00				
NAME: AVERIE I	PAULEY	RECIPIENT ID	.: 530002380385	MRN:								
	09080664	I1611975		041524	041524	899.12	586.03	:	313.09	0.00	0.00	586.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOE	3S	
81 87486	59	1.00 041524 041524	220224			42.00	28.00 14.00	0.00 0.00	28.00	AATR		
81 87498	59	1.00 041524 041524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87581 59 1.00 041524 041524 220224 81 87633 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224 81 87633 2 1.00 041524 041524 220224	
81 87581 59 1.00 041524 041524 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 041524 041524 220224 318.05 212.03 0.00 212.03 9918 106.02 0.00	
14.00 0.00 81 87633 1.00 041524 041524 220224 318.05 212.03 0.00 212.03 9918 106.02 0.00	
$81 87633 \qquad \qquad 1.00 041524 041524 220224 \qquad \qquad 318.05 \qquad 212.03 \qquad 0.00 \qquad 212.03 9918 \qquad \qquad 106.02 \qquad 0.00$	
106.02 0.00	
81 87640 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87641 59 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87651 59 1.00 041524 041524 220224 49.86 28.00 0.00 28.00 9918	
21.86 0.00	
81 87798 8.00 041524 041524 220224 336.00 224.00 0.00 224.00 9918	
112.00 0.00	
NAME - DOMAN DAVIDON - DECEDEDATE TO - F20001640F04 - NOV.	
NAME: ROMAN PAYTON RECIPIENT ID.: 530001642794 MRN:	454 01
2024109080679 I1611979 041524 041524 699.48 454.91 244.57 0.00 0.00	454.91
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 87651 1.00 041524 041524 220224 49.86 28.00 0.00 28.00 9918	
21.86 0.00	
81 87498 59 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918	
15.07 0.00	
81 87581 59 1.00 041524 041524 220224 42.00 28.00 0.00 28.00 9918	
$14.00 \qquad 0.00$	
81 87633 1.00 041524 041524 220224 318.05 212.03 0.00 212.03 9918	
106.02 0.00	
81 87798 4.00 041524 041524 220224 168.00 112.00 0.00 112.00 9918	
56.00 0.00	
81 82306 1.00 041524 041524 220224 44.00 29.00 0.00 29.00 9918	
15.00 0.00	
81 87389 1.00 041524 041524 220224 36.00 23.88 0.00 23.88 9918	
12.12 0.00	
81 36415 1.00 041524 041524 220224 4.50 0.00 0.00 0.00 3323	
4.50 0.00	
NAME - DOMAN DAVIDON - DECEDEDATE TO - F20001640F04 - NOV.	
NAME: ROMAN PAYTON RECIPIENT ID.: 530001642794 MRN:	45 00
2024109080696 I1613041 041524 041524 71.00 45.00 26.00 0.00 0.00	45.00
SERVICE DATES RENDERING BILLED ALLOWED COPAY	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	
81 80074 1.00 041524 041524 220224 71.00 45.00 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
NAME: HARPER 20241	PEACOCK .03025292	I1606797	MRN: 040924		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 1.00 040924 040924 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00		5	
81 87498	59	1.00 040924 040924 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 040924 040924 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924 220224			318.05	212.03 106.02	0.00 0.00	212.03			
81 87640	50	1.00 040924 040924 220224			37.07	22.00 15.07	0.00	22.00			
81 87641 81 87651	59 59	1.00 040924 040924 220224 1.00 040924 040924 220224			37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00	22.00			
81 87798	55	8.00 040924 040924 220224			336.00	21.86 224.00	0.00	224.00			
						112.00	0.00				
	ARSON .07012310	RECIPIENT ID.: 530002214588 I1610762 SERVICE DATES RENDERING	MRN: 041024	041024	18.00 BILLED	15.00 ALLOWED	COPAY	3.00	0.00	0.00	15.00
POS PROC CD 81 83655	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224			AMOUNT 18.00	NON-Allowed 15.00 3.00	TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918	3	
NAME: DESEAN 20241	PEAT .03025306	RECIPIENT ID.: 530001463220 I1606799 SERVICE DATES RENDERING	MRN: 030824	030824		217.53		124.49	0.00	0.00	189.53
POS PROC CD 81 87798	MODIFIERS	UNITS FROM THRU PROVIDER 3.00 030824 030824 220224			BILLED AMOUNT 126.00	ALLOWED NON-AllOWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID 84.00	DETAIL EOBS 9918	3	
81 87491	59	1.00 030824 030824 220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87511	59	1.00 030824 030824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 030824 030824 220224			49.86	28.00 21.86	0.00	28.00			
81 87591	59	1.00 030824 030824 220224			42.00	28.00 14.00	0.00	28.00	9918		

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

446

PAGE:

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LA SUITE 138

BIRMINGHAM, AL

CC LABORATORIES LLC LAKE ROAD L 35235-2718	PAYEE ID NPI ID CHECK/EFT NUMBER ISSUE DATE	220224 1598266421 083131776 04/19/2024
35235-2718	ISSUE DATE	04/19/2024

]	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY	TPL AMOUNT		PAID AMOUNT
POS PROC CD MOI 81 87661 59		SERVICE DATES UNITS FROM THRU 1.00 030824 030824	RENDERING PROVIDER 220224			BILLED AMOUNT 32.30	ALLOWED NON-AlloWED 21.53 10.77	COPAY TPL 0.00 0.00	PAID 21.53	DETAIL I			
NAME: JAXTON PEDI 202410302		RECIPIENT ID 11606800	.: 530001043175	MRN: 032824	032824	899.12	586.03		313.09	0.00	0.	. 0 0	586.03
		SERVICE DATES	RENDERING	002021	002021	BILLED	ALLOWED	COPAY					
POS PROC CD MOI		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			EOBS		
81 87486 59		1.00 032824 032824	220224			42.00	28.00	0.00	28.00	9918			
81 87498 59		1.00 032824 032824	220224			37.07	14.00 22.00	0.00 0.00	22.00	0018			
01 07470 37		1.00 032024 032024	220224			37.07	15.07	0.00	22.00	JJ10			
81 87581 59		1.00 032824 032824	220224			42.00	28.00	0.00	28.00	9918			
							14.00	0.00					
81 87633		1.00 032824 032824	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 87640		1.00 032824 032824	220224			37.07	22.00	0.00 0.00	22.00	9918			
01 07010		1.00 032021 032021	220221			37.07	15.07	0.00	22.00	J J I O			
81 87641 59		1.00 032824 032824	220224			37.07	22.00	0.00	22.00	9918			
01 05651 50		1 00 020004 020004	000004			40.06	15.07	0.00	00.00	0.01.0			
81 87651 59		1.00 032824 032824	220224			49.86	28.00 21.86	0.00 0.00	28.00	9918			
81 87798		8.00 032824 032824	220224			336.00	224.00	0.00	224.00	9918			
01 07790		0.00 032021 032021	220221			330.00	112.00	0.00	221.00	3320			
NIAME · TAZMINE DEI	DEM	DECIDIENT ID	.: 530000954429	MID NT •									
NAME: JAZMINE PEI 202410701		I1609021	550000954429	MRN: 040124	040124	210.51	134.93		75.58	0.00	0.	.00	134.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS PROC CD MOI	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS		
81 80053		1.00 040124 040124	220224			15.84	12.00	0.00	12.00	9918			
81 36415		1.00 040124 040124	220224			4.50	3.84 0.00	0.00 0.00	0 00	3323			
01 30413		1.00 040124 040124	220224			4.50	4.50	0.00	0.00	3323			
81 82607		1.00 040124 040124	220224			22.00	17.00	0.00	17.00	9918			
							5.00	0.00					
81 83540		1.00 040124 040124	220224			9.71	7.00	0.00	7.00	9918			
81 83550		1.00 040124 040124	220224			13.11	2.71 10.00	0.00 0.00	10.00	9918			
01 03330		1.00 010121 010124	220221			19.11	3.11	0.00	10.00	J J ± 0			
81 82728		1.00 040124 040124	220224			40.00	13.00	0.00	13.00	9918			
							27.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

447

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			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	SS	
81 84481		1.00 040124 040124 220224		24.00	16.00 8.00	0.00	16.00			
81 83036		1.00 040124 040124 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 84443		1.00 040124 040124 220224		25.20	22.93	0.00	22.93	9918		
81 84439		1.00 040124 040124 220224		13.00	2.27 9.00	0.00	9.00	9918		
81 83525		1.00 040124 040124 220224		17.15	4.00 11.00	0.00	11.00	9918		
81 85027		1.00 040124 040124 220224		12.00	6.15 5.00 7.00	0.00 0.00 0.00	5.00	9918		
NAME: ABIGAIL 20241	PEEK 03025328	RECIPIENT ID.: 530001406712	MRN: 031424 031424	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 EOB	SS	
81 87486	59	1.00 031424 031424 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 031424 031424 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 031424 031424 220224		42.00	28.00	0.00	28.00	9918		
81 87633		1.00 031424 031424 220224		318.05	14.00 212.03	0.00	212.03	9918		
81 87640		1.00 031424 031424 220224		37.07	106.02 22.00	0.00	22.00	9918		
81 87641	59	1.00 031424 031424 220224		37.07	15.07 22.00	0.00	22.00	9918		
81 87651	59	1.00 031424 031424 220224		49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 031424 031424 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
		RECIPIENT ID.: 530001036781		1 069 95	654.46		415 49	0.00	0.00	582.46
202411	0,012301	SERVICE DATES RENDERING	010121 010121				113.17	0.00	0.00	J0Z. 1 0
POS PROC CD 81 87798		UNITS FROM THRU PROVIDER 9.00 040124 040124 220224			NON-AllOWED 252.00	\mathtt{TPL}	252.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		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	EOBS		
81	87481	59	2.00 040124 040124	220224			84.00	56.00 28.00	0.00	56.00				
81	87491	59	1.00 040124 040124	220224			49.86	28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00 040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	2.00 040124 040124	220224			99.72	56.00 43.72	0.00	56.00	9918			
81	87591	59	1.00 040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87653	59	2.00 040124 040124	220224			74.14	44.00	0.00	0.00	5900			
81	87661	59	1.00 040124 040124	220224			32.30	30.14 21.53	0.00	21.53	9918			
81	87563		1.00 040124 040124	220224			42.50	10.77	0.00	0.00	4021			
81	87640	59	1.00 040124 040124	220224			37.07	42.50 22.00	0.00	22.00	9918			
81	80053		1.00 040124 040124	220224			15.84	15.07 12.00	0.00	12.00	9918			
81	82306		1.00 040124 040124	220224			44.00	3.84 29.00	0.00	29.00	9918			
81	83540		1.00 040124 040124	220224			9.71	15.00 7.00	0.00	7.00	9918			
81	83550		1.00 040124 040124	220224			13.11	2.71 10.00	0.00	10.00	9918			
81	82728		1.00 040124 040124	220224			40.00	3.11 13.00	0.00	13.00	9918			
81	83036		1.00 040124 040124	220224			14.00	27.00 12.00	0.00	12.00	9918			
81	84443		1.00 040124 040124	220224			25.20	2.00 22.93	0.00	22.93	9918			
81	84439		1.00 040124 040124	220224			13.00	2.27	0.00	9.00	9918			
81	36415		1.00 040124 040124	220224			4.50	4.00	0.00	0.00	3323			
81	85049		1.00 040124 040124	220224			9.00	4.50 4.00	0.00	4.00	9918			
								5.00	0.00					
NAME :	VANESA 20241	PELAYO 07012398	RECIPIENT II I1609025	530001036781	MRN: 040124	040124	23.00	10.0	0	13.00	0.00	0.00	0 10.	.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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	-	ICN	PAT ACC	r no.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC 81 8504		MODIFIERS		SERVICE DATES FROM THRU 040124 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 5.00 3.00	COPAY TPL 0.00 0.00	PAID 5.00	DETAIL E 9918	COBS	
81 8614	40		1.00	040124 040124	220224			15.00	5.00 10.00	0.00	5.00	9918		
NAME: CHAR 20		ENDLEY 7012407	I160902'		.: 530001149500	MRN: 040324	040324	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		OBS	
81 8748	86 5	59	1.00	040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8749	98 5	59	1.00	040324 040324	220224			37.07	22.00	0.00	22.00	9918		
81 8758	81 -	59	1 00	040324 040324	220224			42.00	15.07 28.00	0.00	28.00	9918		
01 0750	01 .		1.00	010321 010321	220221			12.00	14.00	0.00	20.00	JJ±0		
81 8763	33		1.00	040324 040324	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81 8764	40		1.00	040324 040324	220224			37.07	22.00	0.00	22.00	9918		
81 8764	4 1	59	1 00	040324 040324	220224			37.07	15.07 22.00	0.00	22.00	9918		
01 0701	11 .		1.00	010321 010321	220221			37.07	15.07	0.00	22.00	JJ10		
81 8765	51 5	59	1.00	040324 040324	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81 8779	98		8.00	040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: EFRE			-160010		.: 530002289028	MRN:	100000	625 22	400 15		010 15	0.00	0.00	274 22
20	024099	9023356	I160213	3 SERVICE DATES	RENDERING	122223	122223	635.32 BILLED	423.17 ALLOWED	COPAY	212.15	0.00	0.00	374.03
POS PROC	CD N	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81 8749		59		122223 122223	220224			37.07	22.00	0.00	22.00			
									15.07	0.00				
81 8758	81 5	59	1.00	122223 122223	220224			42.00	28.00	0.00	28.00	9918		
81 8763	22		1 00	122223 122223	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 0703	ی ی		1.00	177777 177773	22022 1			310.03	106.02	0.00	212.03	フタエロ		
81 8763	34		1.00	122223 122223	220224			70.20	49.14	0.00	0.00	5910		
									21.06	0.00				
81 8779	98		4.00	122223 122223	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MARTIN PEREZ-CRU 2024107012429	Z RECIPIENT ID.: 5300023322 I1609031 SERVICE DATES RENDERING	81 MRN: 041124 041124	899.12 BILLED	586.03	B COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIER: 81 87486 59			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL 9918	EOBS	
81 87498 59	1.00 041124 041124 220224		37.07	14.00 22.00	0.00	22.00	9918		
81 87581 59	1.00 041124 041124 220224		42.00	15.07 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87633	1.00 041124 041124 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 041124 041124 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 041124 041124 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 041124 041124 220224		49.86	28.00 21.86	0.00		9918		
81 87798	8.00 041124 041124 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: MARTIN PEREZ-CRU 2024109080697	Z RECIPIENT ID.: 5300023322 I1611983	81 MRN: 040224 040224	899.12	586.03	3	313.09	0.00	0.00	586.03
POS PROC CD MODIFIER	SERVICE DATES RENDERING		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL		
81 87486 59	1.00 040224 040224 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 040224 040224 220224		42.00	28.00 14.00	0.00		9918		
81 87633 81 87640	1.00 040224 040224 220224 1.00 040224 040224 220224		318.05 37.07	212.03 106.02 22.00	0.00 0.00 0.00	212.03	9918		
81 87641 59	1.00 040224 040224 220224		37.07	15.07 22.00	0.00		9918		
81 87651 59	1.00 040224 040224 220224		49.86	15.07 28.00	0.00		9918		
81 87798	8.00 040224 040224 220224		336.00	21.86 224.00	0.00	224.00			
				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
NAME: AALIYAH PERKINS 2024102047650	RECIPIENT ID.: 530001295603 I1604843 SERVICE DATES RENDERING	MRN: 040924 040924	881.59 BILLED	535.53 ALLOWED	S COPAY	346.06	0.00	0.00	463.53
POS PROC CD MODIFIERS 81 87798 59	UNITS FROM THRU PROVIDER 9.00 040924 040924 220224		AMOUNT 378.00	NON-AllowED	TPL 0.00 0.00	PAID 252.00	DETAIL EOBS 9918		
81 87481 59	2.00 040924 040924 220224		84.00	56.00 28.00	0.00	56.00	9918		
81 87491 59	1.00 040924 040924 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	2.00 040924 040924 220224		99.72	56.00 43.72	0.00	56.00	9918		
81 87591 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87653 59	2.00 040924 040924 220224		74.14	44.00 30.14	0.00	0.00	5900		
81 87661 59	1.00 040924 040924 220224		32.30	21.53	0.00	21.53	9918		
81 87563	1.00 040924 040924 220224		42.50	10.77 0.00	0.00	0.00	4021		
81 87640 59	1.00 040924 040924 220224		37.07	42.50 22.00 15.07	0.00 0.00 0.00	22.00	9918		
NAME: BRYAN PERRY	RECIPIENT ID.: 530001544223		40.06	0.00	1	40.06	0 00	10 04	0 00
2024099023371 HEADER EOBS: 9003	I1602139	031424 031424	49.86			49.86	0.00	18.94	0.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031424 031424 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 0.00 49.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936		
NAME: BRYAN PERRY 2024099023394	RECIPIENT ID.: 530001544223 I1602140		49.86	0.00	1	49.86	0.00	18.94	0.00
HEADER EOBS: 9003		031724 031724				49.00	0.00	10.71	0.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031924 031924 220224		BILLED AMOUNT 49.86	NON-AllowED	\mathtt{TPL}	PAID 0.00			
NAME: TAHIRY PERRY 2024102047666	RECIPIENT ID.: 530001894677 I1604844	MRN: 040824 040824	13.50	4.00)	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

452

	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL OUNT	PAID AMOUNT
POS PROC CD MO 81 36415	ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS	5	
81 85049		1.00 040824 040824	220224			9.00	4.00	0.00	4.00	9918		
		RECIPIENT ID	.: 530001894677	MRN:	0.4.0.0.0.4	10.00	15.00		2 00	0.00	0.00	15.00
20241070	J12444	I1609035 SERVICE DATES	RENDERING	040824	040824	18.00 BILLED	15.00 ALLOWED	COPAY	3.00	0.00	0.00	15.00
POS PROC CD MO	ODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOBS	3	
81 83655		1.00 040824 040824	220224			18.00	15.00 3.00	0.00	15.00	9918		
NAME: ALONNA PER	RSON	RECIPIENT ID	.: 530000806135	MRN:								
20241030		I1606811		020824		342.02	217.53		124.49	0.00	0.00	189.53
POS PROC CD MO	ンレエビエビログ		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	רבייזדו בּ∩סט	1	
81 87798	DIFIERS	3.00 020824 020824	220224			126.00	84.00	0.00			•	
							42.00	0.00				
81 87491 59	9	1.00 020824 020824	220224			49.86	28.00	0.00	0.00	5490		
81 87511 59	9	1.00 020824 020824	220224			42.00	21.86 28.00	0.00	28.00	9918		
01 07511 55		1.00 020021 020021	220221			12.00	14.00	0.00	20.00	JJ10		
81 87529 59	9	1.00 020824 020824	220224			49.86	28.00	0.00	28.00	9918		
81 87591 59	a	1.00 020824 020824	220224			42.00	21.86 28.00	0.00	20 00	9918		
61 67591 59	9	1.00 020024 020024	220224			42.00	14.00	0.00	20.00	9910		
81 87661 59	9	1.00 020824 020824	220224			32.30	21.53	0.00	21.53	9918		
							10.77	0.00				
NAME: JOSE PESIN	NΑ	RECIPIENT ID	.: 530002338150	MRN:								
20241070		I1609036		041124	041124	547.12	305.64		241.48	0.00	0.00	305.64
DOG DDOG GD 140	227777	SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	D		
POS PROC CD MO 81 87635	DDIFIERS	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	0.00		DETAIL EOBS 9918	5	
01 07033		1.00 011121 011121	220221			130.00	106.39	0.00	13.01	JJ±0		
81 87498 59	9	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
01 07501 50	a	1 00 041124 041124	220224			40.00	15.07 28.00	0.00	20 00	0010		
81 87581 59	7	1.00 041124 041124	220224			42.00	14.00	0.00	20.00	9918		
81 87633		1.00 041124 041124	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

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
NAME: JOSE PESINA 2024109080709 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530002338150 I1611985 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	MRN: 041124 041124	319.55 BILLED AMOUNT 319.55	213.03 ALLOWED NON-AllOWED 213.03 106.52	COPAY TPL 0.00 0.00	PAID 213.03	0.00 DETAIL EOF 9918	0.00 BS	213.03
NAME: ALIYAH PETERSON 2024103025364 POS PROC CD MODIFIERS 81 87389	RECIPIENT ID.: 530000242340 11606812 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030524 030524 220224	MRN: 030524 030524	436.30 BILLED AMOUNT 36.00	ALLOWED NON-AlloWED	O 1 COPAY TPL 0.00 0.00	PAID 23.88	0.00 DETAIL EOF 9918	0.00 3S	252.50
81 36415 81 85049	1.00 030524 030524 220224 1.00 030524 030524 220224		4.50 9.00	0.00 4.50 4.00	0.00 0.00 0.00		3323 9918		
81 87491 59	1.00 030524 030524 220224		49.86	5.00 28.00 21.86	0.00 0.00 0.00		5490		
81 87591 59 81 87661	1.00 030524 030524 220224 1.00 030524 030524 220224		42.00 32.30	28.00 14.00 21.53 10.77	0.00 0.00 0.00 0.00	28.00 21.53			
81 81015 81 80307	1.00 030524 030524 220224 1.00 030524 030524 220224		4.50 83.81	3.00 1.50 55.87	0.00 0.00 0.00	3.00 55.87	9918 9918		
81 G0482	1.00 030524 030524 220224		174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22	9918		
NAME: ALIYAH PETERSON 2024103025407	RECIPIENT ID.: 530000242340 I1606813 SERVICE DATES RENDERING	MRN: 030524 030524	125.00 BILLED	58.85	S COPAY	66.15	0.00	0.00	54.85
POS PROC CD MODIFIERS 81 81001	UNITS FROM THRU PROVIDER 1.00 030524 030524 220224		AMOUNT 5.00	4.00 1.00	TPL 0.00 0.00		DETAIL EOE 5911 5912	3S	
81 85660 81 86850	1.00 030524 030524 220224 1.00 030524 030524 220224		8.00 30.00	5.00 3.00 8.00	0.00 0.00 0.00		9918 9918		
81 86901	1.00 030524 030524 220224		9.00	22.00 2.91 6.09	0.00 0.00 0.00	2.91	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAI: AMOU	
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	86900		1.00 030524 030524	220224			9.00	2.94	0.00	2.94	9918			
0.4	0.5=0.0		1 00 000=01 000=01	000004				6.06	0.00		2212			
81	86592		1.00 030524 030524	220224			7.00	5.00	0.00	5.00	9918			
0.4	0.57.50		1 00 000=01 000=01	000004			40.00	2.00	0.00	10.00	0010			
81	86762		1.00 030524 030524	220224			42.00	18.00	0.00	18.00	9918			
0.4	0.70.40		1 00 000=01 000=01	000004			1= 00	24.00	0.00	10.00	0010			
81	87340		1.00 030524 030524	220224			15.00	13.00	0.00	13.00	9918			
								2.00	0.00					
373347	CARRIE		4E DECEDED TO		MDATA									
NAME:		LE PETITHOMN		.: 530000379858	MRN:	041104	222 50	FO 00		170 50	0 00	0	0.0	16 00
	20241	.07012467	I1610768	DENDEDING	041124	041124	222.58	50.00		172.58	0.00	U	.00	46.00
DOG	DDOG GD	MODIETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדח	DETAIL	EODC		
	PROC CD	MODIFIERS	UNITS FROM THRU 1.00 041124 041124	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	9918	FORS		
81	84156		1.00 041124 041124	220224			8.00	4.00	0.00	4.00	9910			
81	82570		1.00 041124 041124	220224			8.00	4.00 6.00	0.00	6 00	9918			
0.1	02370		1.00 041124 041124	220224			0.00	2.00	0.00	0.00	9910			
81	83069		1.00 041124 041124	220224			8.00	4.00	0.00	4 00	9918			
OΤ	03009		1.00 041124 041124	220224			0.00	4.00	0.00	4.00	9910			
81	84311		2.00 041124 041124	220224			32.00	14.00	0.00	1/ 00	9918			
01	0.1311		2.00 041124 041124	220224			32.00	18.00	0.00	14.00	9910			
81	82010		1.00 041124 041124	220224			16.00	0.00	0.00	0 00	4524			
01	02010		1.00 041124 041124	220224			10.00	16.00	0.00	0.00	1321			
81	82945		1.00 041124 041124	220224			8.00	4.00	0.00	4 00	9918			
01	02713		1.00 011121 011121	220221			0.00	4.00	0.00	1.00	JJ10			
81	82247	59	1.00 041124 041124	220224			8.00	5.00	0.00	5 00	9918			
01	02217	3,5	1.00 011121 011121	220221			0.00	3.00	0.00	3.00	3310			
81	83986		1.00 041124 041124	220224			7.00	3.00	0.00	3.00	9918			
								4.00	0.00					
81	81007		2.00 041124 041124	220224			120.00	4.00	0.00	0.00	5900			
								116.00	0.00					
81	82043	QW	1.00 041124 041124	220224			7.58	6.00	0.00	6.00	9918			
								1.58	0.00					
NAME:	JORDYNN	I PETTAWAY	RECIPIENT ID	.: 530000935986	MRN:									
	20241	.07012488	I1609040		040224	040224		586.03		313.09	0.00	0	.00 5	86.03
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS		PROVIDER				NON-AllowED				EOBS		
81	87486	59	1.00 040224 040224	220224			42.00		0.00	28.00	9918			
								14.00	0.00					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

PADMINISTRA

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87498	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	G		BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00	COPAY TPL 0.00	PAID	DETAIL EO		
81 87581	59	1.00 040224 040224 220224			42.00	15.07 28.00	0.00		9918		
81 87633		1.00 040224 040224 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640		1.00 040224 040224 220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641	59	1.00 040224 040224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040224 040224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040224 040224 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JOSHUA		RECIPIENT ID.: 530000		040224	000 10	F0C 03		212 00	0.00	0.00	F0C 03
2024	107012508	<pre>i1609041</pre>		040224	899.12 BILLED	ALLOWED	COPAY	313.09	0.00	0.00	586.03
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	BS	
81 87486	59	1.00 040224 040224 220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87498	59	1.00 040224 040224 220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040224 040224 220224			42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 040224 040224 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640		1.00 040224 040224 220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641	59	1.00 040224 040224 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87651	59	1.00 040224 040224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040224 040224 220224			336.00		0.00	224.00	9918		
NAME: SERENIT	TY PETTAWAY L09080716	RECIPIENT ID.: 530002		041124	18.00	15.00		3.00	0.00	0.00	15.00
POS PROC CD 81 83655	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	G			ALLOWED NON-AlloWED	COPAY TPL	PAID 15.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			PL OUNT	PAID AMOUNT
2024107012523 POS PROC CD MODIFIERS 81 36415	RECIPIENT ID.: 530001389139 11609044 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040224 040224 220224 1.00 040224 040224 220224	MRN: 040224	040224	13.50 BILLED AMOUNT 4.50 9.00	4.00 ALLOWED NON-AllOWED 0.00 4.50 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 0.00 4.00	0.00 DETAIL EOBS 3323 9918		4.00
NAME: LAYLA PHELPS 2024102044595 POS PROC CD MODIFIERS 81 87798 81 87491 59 81 87511 59 81 87529 59 81 87591 59 81 87661 59	RECIPIENT ID.: 530001693693 I1604404 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224 1.00 040824 040824 220224	MRN: 040824	040824	342.02 BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30	217.53 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	DETAIL EOBS 9918 5490 9918 9918		189.53
2024099023405 POS PROC CD MODIFIERS	RECIPIENT ID.: 500002993586 11602162 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032424 032424 220224	MRN: 032424	032424	319.55 BILLED AMOUNT 319.55	ALLOWED NON-AlloWED 5.00	COPAY TPL	PAID 5.00			5.00
NAME: AXTON PHILLIPS 2024102044608 POS PROC CD MODIFIERS 81 87635 81 87498 59	RECIPIENT ID.: 530001861129 I1604405 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224 1.00 040824 040824 220224	MRN: 040824	040824		417.64 ALLOWED NON-AllOWED 43.61 106.39 22.00 15.07	COPAY TPL 0.00 0.00 0.00 0.00	PAID 43.61		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO. SERVICE DATES RENDERIN	SERVICE FROM G	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY		COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 040824 040824 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 040824 040824 220224			318.05	212.03 106.02	0.00	212.03	9918			
81 87798		4.00 040824 040824 220224			168.00	112.00 56.00	0.00	112.00	9918			
NAME: AXTON PH 202410	HILLIPS 09080725	RECIPIENT ID.: 530001	040824	040824		11.00		7.00	0.00	(0.00	11.00
POS PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	EOBS		
81 87070		1.00 040824 040824 220224			18.00	11.00	0.00	11.00		2020		
NAME: BRYLIN F	PHILLIPS	RECIPIENT ID.: 530002	120079 MRN:									
202410	07012534	I1610770		041224	899.12			313.09	0.00	(0.00	586.03
DOG DDOG GD	MODIETEDO	SERVICE DATES RENDERIN			BILLED	ALLOWED	COPAY	ה א ד <i>ה</i>	DEMATE	HODG		
	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 041224 041224 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 9918	FORS		
01 07400	37	1.00 011221 011221 220221			42.00	14.00	0.00	20.00	JJ10			
81 87498	59	1.00 041224 041224 220224			37.07	22.00	0.00	22.00	9918			
						15.07	0.00					
81 87581	59	1.00 041224 041224 220224			42.00	28.00	0.00	28.00	9918			
0.1					010 05	14.00	0.00	24.2.22	2212			
81 87633		1.00 041224 041224 220224			318.05	212.03	0.00	212.03	9918			
81 87640		1.00 041224 041224 220224			37.07	106.02 22.00	0.00	22 00	9918			
01 07040		1.00 041224 041224 220224			37.07	15.07	0.00	22.00	9910			
81 87641	59	1.00 041224 041224 220224			37.07	22.00	0.00	22.00	9918			
						15.07	0.00					
81 87651	59	1.00 041224 041224 220224			49.86	28.00	0.00	28.00	9918			
						21.86	0.00					
81 87798		8.00 041224 041224 220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: JAZELLE	PHILLIPS	RECIPIENT ID.: 530002	279839 MRN:									
	09080730	I1613044	041624	041624	1,049.12	629.64		419.48	0.00	(0.00	629.64
		SERVICE DATES RENDERIN	G		BILLED	ALLOWED	COPAY					
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 150.00	NON-AllOWED 43.61		PAID 43.61		EOBS		
01 07035		1.00 011021 011021 220224			150.00	106.39	0.00	43.01	99±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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		OD G	
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041624 041624	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL E	JBS	
01 07400	39	1.00 041024 041024	22022 1			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
01 07190	3,5	1.00 011021 011021	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041624 041624	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
	UITI I TDO		. [20001200070	MID NT •								
NAME: LAYLA P	07012552	RECIPIENT 1D 11609047	.: 530001299878	MRN: 032924	022024	49.86	20 00		21.86	0.00	0.00	28.00
20241	0/012552	SERVICE DATES	RENDERING	032924	032924	BILLED	28.00 ALLOWED	COPAY	21.00	0.00	0.00	20.00
POS PROC CD	MODIFIFDS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	ABG.	
81 87651	MODIFIERD	1.00 032924 032924	220224			49.86	28.00	0.00			JD5	
01 07031		1.00 032721 032721	220221			17.00	21.86	0.00	20.00	JJ10		
							21.00	0.00				
NAME: RAELYNN	PHILLIPS	RECIPIENT ID	.: 530001672229	MRN:								
	02040335	I1603588		022024	022024	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	OBS	
81 87486	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
0.1						212 25	14.00	0.00	010 00	0.01.0		
81 87633		1.00 022024 022024	220224			318.05	212.03	0.00	212.03	9918		
01 08640		1 00 00004 00004	000004			20 20	106.02	0.00	00.00	0010		
81 87640		1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
01 07641	E O	1 00 022024 022024	220224			27 07	15.07	0.00	22.00	0.01.0		
81 87641	59	1.00 022024 022024	22U22 4			37.07	22.00 15.07	0.00	22.00	ソソエ 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87651	MODIFIERS 59	UNITS FROM THRU 1.00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EO 9918	BS	
81	87798		8.00 022024 022024	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME	: SHILOH	PHILLIPS-WII	LSON RECIPIENT ID	o.: 530002301676	MRN:								
		L02044621	I1604406			040824	899.12	586.03		313.09	0.00	0.00	586.03
DOS	DRAC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	RC	
81	87486	59	1.00 040824 040824				42.00	28.00 14.00	0.00		9918	DS	
81	87498	59	1.00 040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00 040824 040824	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00 040824 040824	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00 040824 040824	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
								112.00	0.00				
NAME	: HARLEE 20241	PICKENS L03025469	RECIPIENT ID	530000958567	MRN: 040924	040924	136.54	96.93		39.61	0.00	0.00	96.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	BS	
81	80053		1.00 040924 040924	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	82306		1.00 040924 040924	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	85652		1.00 040924 040924	220224			4.00	3.00	0.00	3.00	9918		
81	83036		1.00 040924 040924	220224			14.00	1.00 12.00	0.00	12.00	9918		
81	80061		1.00 040924 040924	220224			20.00	2.00 14.00 6.00	0.00 0.00 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 84443 81 36415 81 85049	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224	SERVICE I	OATES THRU	BILLED AMOUNT BILLED AMOUNT 25.20 4.50 9.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 22.93 2.27 0.00 4.50 4.00 5.00	O.00 ALL COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 22.93 0.00	COPAY TP AMOUNT AMO DETAIL EOBS 9918 3323 9918		PAID AMOUNT
NAME: HARLEE PICKENS 2024107012558 POS PROC CD MODIFIERS 81 86665 81 86664	RECIPIENT ID.: 530000958567 I1610772 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 040924 040924 220224 1.00 040924 040924 220224	040924 0	040924	100.00 BILLED AMOUNT 70.00	62.00 ALLOWED NON-AllOWED 44.00 26.00 18.00 12.00		38.00 PAID 44.00 18.00	9918	0.00	62.00
NAME: JULIANNA PINKARD 2024107012572 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001641052 11609053 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	MRN: 040124 C	040124	49.86 BILLED AMOUNT 49.86	NON-AllOWED	COPAY TPL	PAID	0.00 DETAIL EOBS 9918	0.00	28.00
NAME: LEXIE PITZ 2024102044636 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530001340803 11604407 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	MRN: 031224 0)31224	BILLED AMOUNT	43.61 ALLOWED NON-AllOWED 43.61 106.39	COPAY TPL 0.00 0.00	106.39 PAID 43.61	0.00 DETAIL EOBS 9918	0.00	43.61
NAME: PAISLEY POE 2024107012584 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87581 59	RECIPIENT ID.: 530002151504 11609055 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224	041124 0)41124	899.12 BILLED AMOUNT 42.00 37.07 42.00	586.03 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	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO	OC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
	7633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03			
81 87	7640		1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7641	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7651	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87	7798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KI				.: 530001626620	MRN:								
	202410	07012598	I1610775		041224	041224	206.66			77.25	0.00	0.00	101.41
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87	7481		1.00 041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7491	59	1.00 041224 041224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81 87	7591	59	1.00 041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7661		1.00 041224 041224	220224			32.30	21.53 10.77	0.00	21.53	9918		
81 87	7389		1.00 041224 041224	220224			36.00	23.88 12.12	0.00	23.88	9918		
81 36	6415		1.00 041224 041224	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: KI				.: 530001626620	MRN:								
	202410	09080764	I1613047		041224	041224	7.00			2.00	0.00	0.00	5.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 86	6592		1.00 041224 041224	220224			7.00	5.00 2.00	0.00	5.00	9918		
NAME: KI	TMNFTCI	HV DUKE	RECIPIENT ID	: 530001626620	MRN:								
			I1613048	330001020020		041224	71 00	45.00		26.00	0.00	0.00	45.00
	20211	0,000,01	SERVICE DATES	RENDERING	011221	011221		ALLOWED		20.00	0.00	0.00	13.00
POS PRO 81 80				PROVIDER			AMOUNT 71.00	NON-AllOWED 45.00	\mathtt{TPL}	PAID 45.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
NAME:		ANGEL PONCE 03025510	RECIPIENT ID.: 11606850 SERVICE DATES RE		MRN: 022024	022024	40.12 BILLED	27.09 ALLOWED	COPAY	13.03	0.00	0.00	27.09
	PROC CD 87186	MODIFIERS	UNITS FROM THRU PR				AMOUNT 13.50	NON-AllOWED 9.00 4.50	TPL 0.00 0.00		DETAIL EOB 9918	S	
81	87088		1.00 022024 022024 22	20224			8.09	8.09 0.00	0.00	8.09			
81	87086		1.00 022024 022024 22	20224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:		POPE .09080810			MRN: 041624	041624		305.64		241.48	0.00	0.00	305.64
DOG	DDOG GD	MODIFFED	SERVICE DATES REUNITS FROM THRU PE	ENDERING			BILLED	ALLOWED	COPAY TPL	חז גח		C	
	87635	MODIFIERS	UNITS FROM THRU PF 1.00 041624 041624 22	20224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	0.00 0.00	43.61	DETAIL EOB 9918	٥	
81	87498		1.00 041624 041624 22	20224				22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041624 041624 22	20224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041624 041624 22	20224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:	DUSTIN	POSEY .02040352	RECIPIENT ID.:	530001457496	MRN:	022024	125 00	55.48		60 50	0.00	0.00	55.48
	20241	.02040332	RECIPIENT ID.: 11603589 SERVICE DATES RE	ENDERING	032924	032924	BILLED		COPAY	09.52	0.00	0.00	55.40
	PROC CD G0480	MODIFIERS	UNITS FROM THRU PF 1.00 032924 032924 22	ROVIDER 20224			AMOUNT 125.00	NON-AllOWED 55.48 69.52	TPL	PAID 55.48		S	
NAME:	: LELAND	DOTTS	RECIPIENT ID.:	530001496923	MRN:								
111111		.09080822	I1613055		041624			586.03			0.00	0.00	586.03
DOG	DDOG GD	MODIFFED	SERVICE DATES RE									C	
	87486	MODIFIERS 59	UNITS FROM THRU PF 1.00 041624 041624 22				AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00		ى ت	
81	87498	59	1.00 041624 041624 22	20224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041624 041624 22	20224			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	083131776
ISSUE DATE	04/19/2024

PAGE:

DATE: 04/19/2024

IC	CN	PAT ACCT			SERVICE FROM		AMOUNT	ALLOWED AMOUNT				TPL AMOUNT	PAID AMOUNT
			SERVICE DATES					ALLOWED				. ~	
POS PROC CD MODI	IFIERS (UNITS 1		PROVIDER			AMOUNT 318.05				DETAIL EOF	3S	
81 87633			041624 041624					212.03 106.02	0.00	212.03			
81 87640		1.00	041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00	041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00	041624 041624	220224			49.86	28.00	0.00	28.00	9918		
81 87798		9 00 1	041624 041624	220224			336.00	21.86 224.00	0.00	224.00	0010		
01 07790		8.00	041024 041024	ZZUZZ 1			330.00	112.00	0.00	224.00	9910		
NAME: AUSTIN POWEL				.: 530001502202	MRN:	000404	40.05						
2024099023	3422	11602198		DENDEDING	030424	030424		18.94		30.92	0.00	0.00	18.94
POS PROC CD MODI	TETERS I	UNITS I	SERVICE DATES	PROVIDER				ALLOWED NON-AlloWED		PΔTD	DETAIL EOR	RS.	
81 87651		1.00	030424 030424	220224			49.86			18.94			
									0.00				
NAME: JA ZARI POWE	ELL		RECIPIENT ID	.: 530001378099	MRN:								
2024107012	2627	I1609061			032924	032924		28.00		21.86	0.00	0.00	28.00
			SERVICE DATES					ALLOWED		D. 7. T. D.	DDD3.TT D0.		
POS PROC CD MODI			F'ROM 'I'HRU	PROVIDER			AMOUNT 49.86	NON-AllOWED 28.00				35	
81 87651		1.00	032924 032924	220224			49.00		0.00	28.00	9910		
NAME: JAMIE POWELL 2024107012		I1609060		.: 530001324690	MRN:	041124	1 0/0 12	629.64		110 10	0 00	0.00	629.64
2024107012	2030 -		SERVICE DATES	RENDERING	041124	041124			COPAY	419.40	0.00	0.00	029.04
POS PROC CD MODI	IFIERS (INTTS 1	FROM THRII	PROVIDER			AMOUNT	NON-Allowed	ТРТ.	PAID	DETAIL EOR	3S	
81 87635		1.00	041124 041124	220224			150.00	43.61	0.00	43.61			
								106.39	0.00				
81 87486 59		1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
81 87498 59		1 00 (041124 041124	220224			37.07	14.00 22.00	0.00	22.00	0010		
81 87498 59		1.00	041124 041124	220224			37.07	15.07	0.00	22.00	9910		
81 87581 59		1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81 87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00	041104 041104	220224			27 07	106.02	0.00	22.00	0010		
81 87640		1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	AATR		
								T3.07	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCI		DENDEDING	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	F∩DC	
81	87641	59		041124 041124				37.07	22.00	0.00		9918	FODS	
0 1	07011	37	1.00	011121 011121	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	28.00	9918		
0_	0.00=			V				25.00	21.86	0.00		2220		
81	87798		8.00	041124 041124	220224			336.00	224.00	0.00	224.00	9918		
-									112.00	0.00				
NAME:	PAISLEE	POWELL		RECIPIENT I	D.: 530002422375	MRN:								
	20241	.07012656	I1609062	2		032924	032924	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES				BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00	032924 032924	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	032924 032924	220224			37.07	22.00	0.00	22.00	9918		
0.1	08501	F.0	1 00	020004 020004	000004			40.00	15.07	0.00	00.00	0010		
81	87581	59	1.00	032924 032924	220224			42.00	28.00	0.00	28.00	9918		
0.1	87633		1 00	022024 022024	220224			210 05	14.00	0.00	212 02	0010		
81	0/033		1.00	032924 032924	220224			318.05	212.03 106.02	0.00	212.03	9910		
81	87640		1 00	032924 032924	220224			37.07	22.00	0.00	22 00	9918		
01	07040		1.00	032724 032724	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87641	59	1.00	032924 032924	220224			37.07	22.00	0.00	22.00	9918		
01	0,011	3,5	1.00	002021	220221			37.07	15.07	0.00	22.00	J J I O		
81	87651	59	1.00	032924 032924	220224			49.86	28.00	0.00	28.00	9918		
			,,						21.86	0.00				
81	87798		8.00	032924 032924	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	: TAKYLAH				D.: 530001291681	MRN:								
	20241	.02047673	I1604846			040924	040924	881.59	535.53		346.06	0.00	0.00	463.53
				SERVICE DATES				BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00	040924 040924	220224			378.00	252.00	0.00	252.00	9918		
0.1	0.01	5 0	0.00	0.4.0.0.4.0.4.0.0.4	000004			0.4.00	126.00	0.00	F.C. 0.0	0010		
81	87481	59	2.00	040924 040924	220224			84.00	56.00	0.00	56.00	9918		
0.1	07401	ГО	1 00	040004 040004	220224			40.00	28.00	0.00	0 00	F400		
81	87491	59	1.00	040924 040924	ZZUZZ 4			49.86	28.00	0.00	0.00	5490		
81	87511	59	1 00	040924 040924	220224			42.00	21.86 28.00	0.00	20 00	9918		
ОТ	0/211	Jy	1.00	U T U J Z T U T U J Z T	44U44T			42.00	14.00	0.00	20.00	9 9 T O		
									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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				'PL IOUNT	PAID AMOUNT
	MODIETEDO	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	חאדה		•	
POS PROC CI 81 87529	MODIFIERS 59	UNITS FROM THRU PROVIDER 2.00 040924 040924 220224			AMOUNT 99.72	NON-AllOWED	TPL	PAID	DETAIL EOBS	•	
01 0/529	59	2.00 040924 040924 220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87591	59	1.00 040924 040924 220224			42.00	28.00	0.00	20 00	9918		
01 0/391	39	1.00 040924 040924 220224			42.00	14.00	0.00	20.00	9910		
81 87653	59	2.00 040924 040924 220224			74.14	44.00	0.00	0 00	5900		
01 07033	39	2.00 040924 040924 220224			/ 1.11	30.14	0.00	0.00	3900		
81 87661	59	1.00 040924 040924 220224			32.30	21.53	0.00	21 53	9918		
01 07001		1.00 040724 040724 220224			32.30	10.77	0.00	21.33	JJ±0		
81 87563		1.00 040924 040924 220224			42.50	0.00	0.00	0 00	4021		
01 07303		1.00 010021 010021 220221			12.50	42.50	0.00	0.00	1021		
81 87640	59	1.00 040924 040924 220224			37.07	22.00	0.00	22.00	9918		
01 07010	3,5	1.00 010921 010921 220221			37.07	15.07	0.00	22.00	JJ 10		
						13.07	0.00				
NAME: YOLANI	A POWELL	RECIPIENT ID.: 5300013	29497 MRN:								
	103025548	I1606866		022024	258.14	116.22)	141.92	0.00	0.00	116.22
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CI	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	,	
81 80307		1.00 022024 022024 220224			83.81	0.00	0.00	0.00	6340		
						83.81	0.00				
81 G0482		1.00 022024 022024 220224			174.33	116.22	0.00	116.22	9918		
						58.11	0.00				
NAME: ZAMORA		RECIPIENT ID.: 5300013									
2024	107012669	I1609063		032924		28.00		21.86	0.00	0.00	28.00
		SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
) MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	,	
81 87651		1.00 032924 032924 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
NAME: ATTICU	IC DOWEDC	DECEDIENT ID • E200010	OEOOO MDN:								
	103025556	RECIPIENT ID.: 5300018	95802 MRN: 020624	020624	1 15/ /2	678.78	•	475.64	0.00	0.00	177.14
2025	103023330	SERVICE DATES RENDERING		020024	BILLED	ALLOWED	COPAY	4/3.04	0.00	0.00	1//.14
מחפ משחפ פד	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	1	
81 87635	MODIFIERS	1.00 020624 020624 220224			150.00	43.61	0.00		5000)	
01 07033		1.00 020024 020024 220224			130.00	106.39	0.00	0.00	3000		
81 87486	59	1.00 020624 020624 220224			42.00	28.00	0.00	28 00	9918		
01 07100		1.00 020021 020021 220221			12.00	14.00	0.00	20.00	J J ± U		
81 87498	59	1.00 020624 020624 220224			37.07	22.00	0.00	22.00	9918		
32 3,170					37.37	15.07	0.00	22.00			
81 87581	59	1.00 020624 020624 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
חחם שחח	יכ כדי	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	₽∩₽¢	
81 87		MODIFIERS		020624 020624	220224			318.05	212.03	0.00		5000	FODS	
01 07	7624	F.0	1 00	000604 000604	000004			105 20	106.02	0.00		0010		
81 87	7634	59	1.00	020624 020624	220224			105.30	49.14 56.16	0.00		9918		
81 87	7640		1.00	020624 020624	220224			37.07	22.00	0.00	0.00	5000		
01 07	7641	59	1 00	020624 020624	220224			37.07	15.07 22.00	0.00		0010		
81 87	7041	59	1.00	020024 020024	220224			37.07	15.07	0.00		9910		
81 87	7651	59	1.00	020624 020624	220224			49.86	28.00	0.00	28.00	9918		
81 87	7798		8 00	020624 020624	220224			336.00	21.86 224.00	0.00		5000		
01 07	1170		0.00	020021 020021	220221			330.00	112.00	0.00		3000		
NAME: TH	HOMAS P	OWERS		RECIPIENT ID	.: 530002066829	MRN:								
	202410	3025575	I160686			060623	060623		10.00		8.53	0.00	0.00	10.00
DAG DBU	טכ כים	MODIFIERS	PTTMII	SERVICE DATES	RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81 87		59	1.00	060623 060623	PROVIDER 220224			18.53	10.00		10.00		HODO	
									8.53	0.00				
NAME: JA	ASON PR	ESLEY		RECIPIENT ID	.: 530002281819	MRN:								
	202410	3025590	I160687		DENDEDING	031024	031024		374.03		191.09	0.00	0.00	374.03
POS PRO	OC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	PROVIDER			BILLED AMOUNT		COPAY TPL	PAID	DETAIL	EOBS	
81 87		59		031024 031024	220224			37.07	22.00	0.00	22.00			
01 07	7 - 0 1	Γ0	1 00	021004 021004	220224			42.00	15.07	0.00		0010		
81 87	7581	59	1.00	031024 031024	220224			42.00	28.00 14.00	0.00		9918		
81 87	7633		1.00	031024 031024	220224			318.05	212.03	0.00	212.03	9918		
81 87	7798		4 00	031024 031024	220224			168.00	106.02 112.00	0.00		0010		
01 07	1190		4.00	031024 031024	22022 4			100.00	56.00	0.00		9910		
NAME: AL	LYSHA P	RESTWOOD		RECIPIENT ID	.: 530001190961	MRN:								
		2040363	I160359	2		032524	032524		189.93		98.76	0.00	0.00	189.93
		MODIETEDC	TINTTOO	SERVICE DATES				BILLED		COPAY	חז גם		EODC	
81 80		MODIFIERS	UNITS 1.00	032524 032524	PROVIDER 220224			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00		FODO	
									3.84	0.00				
81 83	3525		1.00	032524 032524	220224			17.15	11.00 6.15	0.00		9918		
									0.13	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

467

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	ſ	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	36415		1.00 032524 032524	220224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00 032524 032524	220224			9.00	4.00 5.00	0.00	4.00	9918			
81	82607		1.00 032524 032524	220224			22.00	17.00 5.00	0.00	17.00	9918			
81	82746		1.00 032524 032524	220224			22.00	13.00 9.00	0.00	13.00	9918			
81	82306		1.00 032524 032524	220224			44.00	29.00 15.00	0.00	29.00	9918			
81	82728		1.00 032524 032524	220224			40.00	13.00 13.00 27.00	0.00	13.00	9918			
81	84403		1.00 032524 032524	220224			38.00	31.00 7.00	0.00	31.00	9918			
81	83036		1.00 032524 032524	220224			14.00	12.00 2.00	0.00	12.00	9918			
81	84481		1.00 032524 032524	220224			24.00	16.00 8.00	0.00	16.00	9918			
81	84443		1.00 032524 032524	220224			25.20	22.93 2.27	0.00	22.93	9918			
81	84439		1.00 032524 032524	220224			13.00	9.00 4.00	0.00	9.00	9918			
								1.00	0.00					
NAME:	COOPER			.: 530000280202	MRN:	041104	000 10	506.00		212 00	0 00	_		506.00
	20241	07012679	I1610780		041124	041124	899.12			313.09	0.00	C	0.00	586.03
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EODC		
81	87486	59	1.00 041124 041124	220224			42.00	28.00	0.00		9918	FODS		
01	07100		1.00 011121 011121	220221			12.00	14.00	0.00	20.00	JJ±0			
81	87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918			
0 ±	0,100	3,5	1.00 011121 011121	220221			37.07	15.07	0.00	22.00	7710			
81	87581	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN- POS PROC CD MODIF: 81 87798	IERS UNIT	SERVICE DATES S FROM THRU 3.00 041124 041124	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	OWED 2	COPAY AMOUNT DETAIL 9918	TPL AMOUN EOBS		PAID AMOUNT
NAME: DOMINICK PRICE 202410204768 POS PROC CD MODIF: 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59	84 I160 IERS UNIT 1 1 1	04847 SERVICE DATES	RENDERING PROVIDER 220224 220224 220224 220224 220224	MRN: 040824	040824	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07	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		28.00 212.03 22.00	DETAIL 9918 9918 9918	EOBS	0.00	586.03
81 87651 59 81 87798 NAME: ISABELLA PRIC	8	00 040824 040824 3.00 040824 040824 RECIPIENT ID	220224	MRN:		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			
POS PROC CD MODIF: 81 86618 81 86666 81 86753	00 I160 IERS UNIT 1)4848 SERVICE DATES	RENDERING PROVIDER 220224 220224	030824	030824		43.00 ALLOWED NON-AllOWED 16.00 35.00 12.00 28.72 15.00 21.00	COPAY TPL 0.00 0.00 0.00 0.00	PAID 16.00 12.00 15.00	9918		0.00	43.00
NAME: MARY PRITCHARI 202410701269 POS PROC CD MODIF: 81 84156	98 I160 IERS UNIT	99075 SERVICE DATES	RENDERING PROVIDER	MRN: 040224	040224		50.00 ALLOWED NON-AlloWED 4.00 4.00	COPAY	PAID			0.00	46.00

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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DEMOCRATIVA	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	FORC	
81	82570	MODIFIERS		040224 040224	220224			8.00	6.00	0.00		9918	EODS	
0_	0_0.0			010111 010111					2.00	0.00		,,,,		
81	83069		1.00	040224 040224	220224			8.00	4.00	0.00	4.00	9918		
									4.00	0.00				
81	84311		2.00	040224 040224	220224			32.00	14.00	0.00	14.00	9918		
0.1	00010		1 00	040004 040004	000004			16.00	18.00	0.00	0 00	4504		
81	82010		1.00	040224 040224	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1 00	040224 040224	220224			8.00	4.00	0.00	4 00	9918		
01	02515		1.00	010221 010221	220221			0.00	4.00	0.00	1.00	JJ±0		
81	82247	59	1.00	040224 040224	220224			8.00	5.00	0.00	5.00	9918		
									3.00	0.00				
81	83986		1.00	040224 040224	220224			7.00	3.00	0.00	3.00	9918		
									4.00	0.00				
81	81007		2.00	040224 040224	220224			120.00	4.00	0.00	0.00	5900		
81	82043	OM.	1 00	040224 040224	220224			7.58	116.00 6.00	0.00	6 00	9918		
0.1	02043	QW	1.00	040224 040224	220224			7.30	1.58	0.00	0.00	9910		
									1.50	0.00				
NAME	: AUNIGEU	NNA PRITCHET	T.	RECIPIENT ID	.: 530001067917	MRN:								
	20241	07012726	I160907			041124	041124	13.50	4.00		9.50	0.00	0.00	4.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	36415		1.00	041124 041124	220224			4.50	0.00	0.00	0.00	3323		
81	85049		1 00	041124 041124	220224			9.00	4.50 4.00	0.00	4 00	9918		
01	03049		1.00	041124 041124	22022 1			9.00	5.00	0.00	Ŧ.00	9910		
									3.00	0.00				
NAME	: TIFFANY	PRITCHETT		RECIPIENT ID	.: 530001141802	MRN:								
	20241	02040403	I160359	4		032924	032924	125.00	55.48		69.52	0.00	0.00	55.48
				SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	G0480		1.00	032924 032924	220224			125.00	55.48		55.48	9918		
									69.52	0.00				
MAME	: HAYDEN	PROCTOR		RECIPIENT ID	.: 530002216587	MRN:								
T 41 71-11;		03025622	I160688		. 555552210507		022524	1,049.12	629.64		419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			•	ALLOWED					<u> </u>
POS	PROC CD	MODIFIERS	UNITS	FROM THRU					NON-AllowED		PAID	DETAIL	EOBS	
81	87635		1.00	022524 022524	220224			150.00	43.61		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS :	PROC CD 87486	MODIFIERS 59	SERVICE DATUNITS FROM THE 1.00 022524 0225	RU PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID			1
81	87498	59	1.00 022524 0225				37.07	14.00 22.00	0.00	22.00	9918		
81	87640	59	1.00 022524 0225	24 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 022524 0225	24 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633	5.0	1.00 022524 0229				318.05	212.03 106.02	0.00	212.03			
81 81	87641 87651	59	1.00 022524 0225				37.07 49.86	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81	87798	39	8.00 022524 0225				336.00	21.86 224.00	0.00	224.00			
								112.00	0.00				
NAME:	SKYLEE 20241	PRUETT 02047713	I1604849	'ID.: 530001367548	MRN: 040824	040824	1,049.12	629.64		419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	SERVICE DATUNITS FROM THE	'ES RENDERING IRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	ZOBS	
	87635	11021112110	1.00 040824 0408				150.00	43.61 106.39	0.00		9918		
81	87486	59	1.00 040824 0408				42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 040824 0408				37.07	22.00 15.07	0.00		9918		
81	87640	59	1.00 040824 0408	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040824 0408	24 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040824 0408	24 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 040824 0408	24 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040824 0408	224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040824 0408	24 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	GABRIEL 20241	PRUITT 03025633	RECIPIENT	'ID.: 530000557500		021424	304.25	225.00)	79.25	0.00	0.00	225.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

471

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 86003	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 12.00 021424 021424	RENDERING PROVIDER 220224			BILLED AMOUNT 93.00	ALLOWED NON-AlloWED 72.00 21.00	COPAY TPL 0.00 0.00	PAID 72.00	DETAIL E 9918	COBS	
81 86003	59	23.00 021424 021424	220224			178.25	138.00 40.25	0.00	138.00	9918		
81 82785	59 LC	1.00 021424 021424	220224			33.00	15.00 18.00	0.00	15.00	9918		
NAME: LANDON 2024	PRUITT 107012733	I1609077	.: 530002353363	MRN: 040224	040224	1,049.12			419.48	0.00	0.00	629.64
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		IODG	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 040224 040224	220224			150.00	43.61	0.00	43.61	9918		
81 87486	59	1.00 040224 040224	220224			42.00	106.39 28.00	0.00	28.00	0010		
01 0/400	39	1.00 040224 040224	220224			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07490	39	1.00 040224 040224	220224			37.07	15.07	0.00	22.00	9910		
81 87581	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
01 07301	3,5	1.00 010221 010221	220221			12.00	14.00	0.00	20.00	JJ±0		
81 87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 010221 010221	220221			310.03	106.02	0.00	212.05	JJ±0		
81 87640		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87641	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07011	33	1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
02 07002						-27.00	21.86	0.00		,,,,		
81 87798		8.00 040224 040224	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: KIMBER	LY PRYEAR	RECIPIENT ID	.: 530000444525	MRN:								
2024	107012749	I1609078		032924	032924	82.84	57.00		25.84	0.00	0.00	57.00
		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 032924 032924	220224			15.84	12.00	0.00	12.00	9918		
							3.84	0.00				
81 82306		1.00 032924 032924	220224			44.00	29.00	0.00	29.00	9918		
							15.00	0.00				
81 83036		1.00 032924 032924	220224			14.00	12.00	0.00	12.00	9918		
							2.00	0.00				

REPORT: CRA-PRPD-R RA#: 3524808

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DATE: 04/19/2024 472

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	ALLOWED	COPAY TP AMOUNT AMO		PAID AMOUNT
POS PROC CD MODIFIERS 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224		BILLED AMOUNT 9.00	4.00 0	PAID .00 4.00			
NAME: BENJAMIN PULIDO 2024103025645 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002076895 11606892 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040924	18.00 BILLED AMOUNT 18.00	NON-AllOWED TPL	PAID .00 15.00	DETAIL EOBS	0.00	15.00
NAME: MIDRIKA PULLOM 2024103025650 POS PROC CD MODIFIERS 81 84550 81 80053 81 85027 81 36415	RECIPIENT ID.: 530000805911 11606893 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224	MRN: 040924 040924	RTI.T.FD	6.00 0 0.78 0 12.00 0 3.84 0 5.00 0 7.00 0	PAID .00 6.00 .00 12.00 .00 5.00		0.00	23.00
2024103025663 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000805911 I1606894 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 RECIPIENT ID.: 530000692105	MRN: 040924 040924 MRN:	18.00 BILLED AMOUNT 18.00	6.00 ALLOWED COPAY NON-AllOWED TPL 6.00 0 12.00 0	PAID .00 6.00	DETAIL EOBS	0.00	6.00
2024107012769 POS PROC CD MODIFIERS 81 80307 81 G0482	I1610787 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224	040924 040924	258.14 BILLED AMOUNT 83.81 174.33	NON-AllOWED TPL 55.87 0 27.94 0 116.22 0	PAID .00 55.87	0.00 DETAIL EOBS 9918 2 9918	0.00	172.09
NAME: KAILAN QUARLES 2024102047726	RECIPIENT ID.: 530002118378 I1604850	MRN: 040924 040924	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU PI	ENDERING PROVIDER 20224		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL H 9918	EOBS	
81 87486	59		20224		42.00	106.39 28.00	0.00		9918		
81 87498	59	1.00 040924 040924 22	20224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 040924 040924 22	20224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633			20224		318.05	212.03 106.02	0.00		9918		
81 87640 81 87641	59		20224		37.07 37.07	22.00 15.07 22.00	0.00 0.00 0.00		9918 9918		
81 87651	59	1.00 040924 040924 22			49.86	15.07 28.00	0.00		9918		
81 87798		8.00 040924 040924 22	20224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: PATRICIA	A QUINLEY 03025694	RECIPIENT ID.: 11606899	530001345556 MRN: 030624	030624	825.21	542.00		283.21	0.00	0.00	486.00
	MODIFIERS	SERVICE DATES RI	ENDERING PROVIDER	030024	BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL I		400.00
81 87481	59	4.00 030624 030624 22	20224		168.00	112.00 56.00	0.00	112.00	9918		
81 87640	59		20224		37.07	22.00 15.07	0.00		9918		
81 87653 81 87798	59	1.00 030624 030624 22 11.00 030624 030624 22	20224		37.07 462.00	22.00 15.07 308.00	0.00 0.00 0.00		9918 9918		
81 87641	59	1.00 030624 030624 22			37.07	154.00 22.00	0.00		9918		
81 87798		2.00 030624 030624 22	20224		84.00	15.07 56.00 28.00	0.00 0.00 0.00	0.00	5000		
	GER 07012780	RECIPIENT ID.: 11609085		040224	1,287.79	848.03		439.76	0.00	0.00	736.03
POS PROC CD 81 87481	MODIFIERS	SERVICE DATES REUNITS FROM THRU PE 4.00 040224 040224 22	ENDERING PROVIDER			ALLOWED NON-AlloWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL E		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

IC	CN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NOI ALLO COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EO	BS	
81 87640 59	II ILKO	1.00 040224 040224	220224			37.07	22.00	0.00		9918	DO	
0_ 0,010 02							15.07	0.00		,,_,		
81 87653 59		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798		11.00 040224 040224	220224			462.00	308.00	0.00	308.00	9918		
							154.00	0.00				
81 87086		1.00 040224 040224	220224			18.53	10.00	0.00	10.00	9918		
							8.53	0.00				
81 87498 59		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
01 07501 50		1 00 040004 040004	22224			40.00	15.07	0.00	20.00	0010		
81 87581 59		1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 040224 040224	220224			318.05	14.00 212.03	0.00 0.00	212.03	0010		
01 07033		1.00 040224 040224	220224			310.03	106.02	0.00	212.03	9910		
81 87798		4.00 040224 040224	220224			168.00	112.00	0.00	0.00	5000		
01 07790		1.00 010221 010221	220221			100.00	56.00	0.00	0.00	3000		
NAME: STEPHANIE RA	AGLAND	RECIPIENT ID	.: 530001985601	MRN:								
2024102040	0427	I1603597		040324	040324	74.54	52.93		21.61	0.00	0.00	52.93
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID		BS	
81 80053		1.00 040324 040324	220224			15.84	12.00	0.00	12.00	9918		
							3.84	0.00				
81 84443		1.00 040324 040324	220224			25.20	22.93	0.00	22.93	9918		
01 00061		1 00 040204 040204	000004			00.00	2.27	0.00	14.00	0.01.0		
81 80061		1.00 040324 040324	220224			20.00	14.00	0.00	14.00	9918		
01 26415		1 00 040324 040324	220224			4.50	6.00 0.00	0.00	0 00	2222		
81 36415		1.00 040324 040324	220224			4.50	4.50	0.00 0.00	0.00	3323		
81 85049		1.00 040324 040324	220224			9.00	4.00	0.00	4 00	9918		
01 03019		1.00 010321 010321	220221			2.00	5.00	0.00	1.00	JJ±0		
							3.00	0.00				
NAME: STEPHANIE RA	AGLAND	RECIPIENT ID	.: 530001985601	MRN:								
2024103025		I1606903		040324	040324	299.33	172.09	-	127.24	0.00	0.00	172.09
		SERVICE DATES	RENDERING			BILLED		COPAY				
POS PROC CD MODI	IFIERS		PROVIDER			AMOUNT				DETAIL EO	BS	
81 80307		1.00 040324 040324	220224			125.00	55.87	0.00	55.87	9918		
							69.13	0.00				
81 G0482		1.00 040324 040324	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

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: AIDEN RAMIREZ 2024107012798	RECIPIENT ID.: 530000977370 I1609088 SERVICE DATES RENDERING	MRN: 040124		BTLLED	417.64 ALLOWED	COPAY	297.48	0.00	0.	00 417.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS	
81 87498 59	1.00 040124 040124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040124 040124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040124 040124 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 040124 040124 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: LEGEND RAMIREZ 2024102047741	RECIPIENT ID.: 530002308816 I1604852 SERVICE DATES RENDERING	MRN: 040824	040824	319.55 BILLED	213.03 ALLOWED	S COPAY	106.52	0.00	0.	00 213.03
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			AMOUNT 319.55	NON-AllOWED	\mathtt{TPL}	PAID 213.03		EOBS	
NAME: CHLOE RAMSEY 2024107012810	I1609089	MRN: 040124	040124		86.93		31.11	0.00	0.	00 86.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			BILLED AMOUNT 15.84	ALLOWED NON-AllOWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 82306	1.00 040124 040124 220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83036	1.00 040124 040124 220224			14.00	12.00 2.00	0.00	12.00	9918		
81 84443	1.00 040124 040124 220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84436 59	1.00 040124 040124 220224			10.00	7.00 3.00	0.00	7.00	9918		
81 85049	1.00 040124 040124 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: PAISLEY RASMUSSEN 2024109080888	RECIPIENT ID.: 530000851306 I1613057	MRN: 041624	041624	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORG	
81	87798	59		041624 041624	220224			378.00	252.00	0.00	252.00		порр	
									126.00	0.00				
81	87481	59	2.00	041624 041624	220224			84.00	56.00	0.00	56.00	9918		
0.1	0.0.1	5 0	1 00	0.41.604.041.604	000004			40.06	28.00	0.00	0.00	F 400		
81	87491	59	1.00	041624 041624	220224			49.86	28.00	0.00	0.00	5490		
81	87511	59	1 00	041624 041624	220224			42.00	21.86 28.00	0.00	28 00	9918		
01	07511		1.00	041024 041024	22022 1			42.00	14.00	0.00	20.00	JJ±0		
81	87529	59	2.00	041624 041624	220224			99.72	56.00	0.00	56.00	9918		
									43.72	0.00				
81	87591	59	1.00	041624 041624	220224			42.00	28.00	0.00	28.00	9918		
0.1	05650	5 0	0.00	0.41.604.041.604	000004			5 4 14	14.00	0.00	0.00	5000		
81	87653	59	2.00	041624 041624	220224			74.14	44.00	0.00	0.00	5900		
81	87661	59	1 00	041624 041624	220224			32.30	30.14 21.53	0.00	21 52	9918		
01	87001	39	1.00	011021 011021	ZZUZZ I			32.30	10.77	0.00	21.33	9910		
81	87563		1.00	041624 041624	220224			42.50	0.00	0.00	0.00	4021		
									42.50	0.00				
81	87640	59	1.00	041624 041624	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
NT 7\ N/Tご	: ZARIAH	ם א תיוודים		DECIDIENT IL		MRN:								
INAME		.02040449	I160360		0.: 530001378322		022024	565.12	374.03		191.09	0.00	0.00	374.03
	20211	.02010117	1100300	SERVICE DATES	RENDERING	022021	022021	BILLED	ALLOWED	COPAY	171.07	0.00	0.00	371.03
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87498	59	1.00	022024 022024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	022024 022024	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1 00	022024 022024	220224			318.05	14.00	0.00	212.03	0010		
0.1	0/033		1.00	022024 022024	22022 1			310.03	212.03 106.02	0.00	212.03	9910		
81	87798		4.00	022024 022024	220224			168.00	112.00	0.00	112.00	9918		
0_	0 / / 2 0			00				_0000	56.00	0.00		,,,,		
NAME					530000902239		0.4.1.0.4	10 50	10.00					
	20241	.07012825			DENDEDING	041124	041124		10.00		8.53	0.00	0.00	10.00
DOG	DRAC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING PROVIDER				ALLOWED NON-AlloWED		PAID	ד גייים ח	FORG	
	87086	HODILIRI		041124 041124				18.53		0.00	10.00		EOD0	
0 ±	3,000		1.00	011121				10.33		0.00		J J ± 0		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

RA#:

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

DATE: 04/19/2024

477

220224

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL			TPL MOUNT	PAID AMOUNT
NAME: LILLIE RAY 2024107012836 POS PROC CD MODIFIERS 81 87070	RECIPIENT ID.: 530001492212 11609096 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032424 032424 220224	MRN: 032424 032424	18.00 BILLED AMOUNT 18.00	11.00 ALLOWED NON-AllOWED 11.00 7.00	COPAY TPL 0.00 0.00	7.00 PAID 11.00	0.00 DETAIL EOE 9918	0.00 3S	11.00
2024109080916	RECIPIENT ID.: 530002020396 I1612027 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224 1.00 041524 041524 220224	041524 041524	BILLED	ALLOWED	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOE 9918		12.00
NAME: NEVAEH RAYBORN 2024103025758 POS PROC CD MODIFIERS 81 83615	RECIPIENT ID.: 530001176257 11606923 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 012924 012924 220224	MRN: 012924 012924	18.00 BILLED AMOUNT 18.00	6.00 ALLOWED NON-AllOWED 6.00 12.00	COPAY TPL 0.00 0.00	12.00 PAID 6.00	0.00 DETAIL EOE 9918	0.00 3S	6.00
2024102040457	RECIPIENT ID.: 530001098021 11603603 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224 1.00 040524 040524 220224	040524 040524	D T T T D D	ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 28.00 14.00	COPAY TPL	PAID 28.00 22.00 28.00 212.03	DETAIL EOE 9918 9918 9918 9918		586.03
81 87651 59	1.00 040524 040524 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	I PAT	ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIF 81 87798		SERVICE DATES IS FROM THRU 8.00 040524 040524	RENDERING PROVIDER 220224			BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL 0.00 0.00	PAID 224.00	DETAIL E		
NAME: KALI REED 20241070128	347 I16	RECIPIENT II 09104	530001704053	MRN: 040224	040224	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIF 81 87635		SERVICE DATES TS FROM THRU 1.00 040224 040224	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL F 9918	EOBS	
81 87486 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
81 87581 59		1.00 040224 040224	220224			42.00	15.07 28.00	0.00	28.00	9918		
81 87633		1.00 040224 040224	220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640		1.00 040224 040224	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641 59		1.00 040224 040224	220224			37.07	15.07 22.00	0.00	22.00	9918		
81 87651 59		1.00 040224 040224	220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 040224 040224	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: KARTER REED 20241070128	361 I16	09103	530001236871	MRN: 040224	040224		629.64		419.48	0.00	0.00	629.64
POS PROC CD MODIF	'IERS UNI	SERVICE DATES IS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	EOBS	
81 87635		1.00 040224 040224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040224 040224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

479

IC	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD MODI:		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATE		HODG	
	FIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 87640		1.00 040224 040224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 040224 040224	220224			37.07	22.00	0.00	22 00	9918		
01 07011 33		1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ10		
81 87651 59		1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918		
02 07002 07						27.00	21.86	0.00		,,,,		
81 87798		8.00 040224 040224	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: CHLOE REESE		RECIPTENT ID	.: 530002153916	MRN:								
2024102044	649	I1604409		040824	040824	1,049.12	629.64		419.48	0.00	0.0	629.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI:	FIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87635		1.00 040824 040824	220224			150.00	43.61	0.00	43.61	9918		
							106.39	0.00				
81 87486 59		1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498 59		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
01 08501 50		1 00 040004 040004	000004			40.00	15.07	0.00	00.00	0010		
81 87581 59		1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00 040024 040024	220224			210 05	14.00	0.00	212 02	0010		
81 87633		1.00 040824 040824	22022 4			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824	220224			37.07	22.00	0.00	22 00	9918		
01 07040		1.00 040024 040024	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81 87641 59		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
01 07011 09		1.00 010021 010021				37.07	15.07	0.00	22.00	3310		
81 87651 59		1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: EKHYA REESE		RECIPIENT ID	.: 530002282445	MRN:								
2024103025	760	11606932			040924	899.12	586.03		313.09	0.00	0.0	586.03
		SERVICE DATES	RENDERING				ALLOWED					
POS PROC CD MODI:	FIERS		PROVIDER				NON-AllOWED		PAID	DETAIL	EOBS	
81 87486 59		1.00 040924 040924	220224			42.00		0.00		9918		
							14.00	0.00				
81 87498 59		1.00 040924 040924	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	083131776
ISSUE DATE	04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		D-1170-1114	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PRO 81 87	OC CD 7581	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL E 9918	EOBS	
81 87	7633		1.00	040924 040924	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918		
81 87	7640		1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7641	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
		59		040924 040924				49.86	28.00 21.86	0.00		9918		
81 87	7798		8.00	040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: JC		REESE 99023430	I160226		530001341280	MRN: 040424	040424	1,049.12	629.64	L	419.48	0.00	0.00	629.64
	202403	99023430	1100220	SERVICE DATES	RENDERING	040424	040424	BILLED	ALLOWED	COPAY	419.40	0.00	0.00	029.04
POS PRO	OC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
	7635	110511 11110		040424 040424	220224			150.00	43.61	0.00		9918	.020	
81 87	7486	59	1.00	040424 040424	220224			42.00	106.39 28.00	0.00	28.00	9918		
81 87	7498	59	1.00	040424 040424	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87	7581	59	1.00	040424 040424	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7633		1.00	040424 040424	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87	7640		1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7641	59	1.00	040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7651	59	1.00	040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87	7798		8.00	040424 040424	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
		REEVES 07012875	I160910		o.: 530000519388	MRN: 040224	040224	18 53	10.00)	8.53	0.00	0.00	10.00
		MODIFIERS	UNITS	SERVICE DATES	RENDERING PROVIDER	0 10221	0 10 2 2 1		ALLOWED	COPAY TPL	PAID			10.00
81 87				040224 040224				18.53	10.00	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

481

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW			PL OUNT	PAID AMOUNT
NAME: BRIANNA REEVES 2024107012899	RECIPIENT ID.: 530000519388 I1610794 SERVICE DATES RENDERING	MRN: 040224 040224	825.21 BILLED	542.00 ALLOWED) 28 COPAY	33.21	0.00	0.00	486.00
POS PROC CD MODIFIER: 81 87481 59			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL EOBS 9918		
81 87640 59	1.00 040224 040224 220224		37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040224 040224 220224		462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 040224 040224 220224		84.00	56.00 28.00	0.00	0.00	5000		
NAME: ANNA RENDA 2024102047760	RECIPIENT ID.: 530001976725 I1604855 SERVICE DATES RENDERING	MRN: 040824 040824	54.54 BILLED	38.93 ALLOWED	S 1 COPAY	L5.61	0.00	0.00	38.93
POS PROC CD MODIFIER: 81 80053			AMOUNT 15.84	NON-AllOWED 12.00	TPL 0.00	PAID 12.00	DETAIL EOBS 9918		
81 84443	1.00 040824 040824 220224		25.20	3.84 22.93 2.27	0.00 0.00 0.00	22.93	9918		
81 36415	1.00 040824 040824 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 040824 040824 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: MONICA RENZ 2024107012904	RECIPIENT ID.: 530001711110 11609107	MRN: 040324 040324	1,049.12			L9.48	0.00	0.00	629.64
POS PROC CD MODIFIER: 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 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 87486 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040324 040324 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

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUN	IT	PAID AMOUNT
POS PR 81 8	ROC CD 87633	MODIFIERS	UNITS 1.00	SERVICE DATE OF SERVICE DATE O	ΓHRU	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03	COPAY TPL 0.00	PAID 212.03	DETAIL			
81 8	87640		1.00	040324 04	0324	220224			37.07	106.02 22.00	0.00	22.00	9918			
81 8	87641	59	1.00	040324 04	0324	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81 8	87651	59	1.00	040324 04	0324	220224			49.86	28.00	0.00	28.00	9918			
81 8	87798		8.00	040324 04	0324	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918			
NAME: R		HYMES 02040483	I160360	5		.: 530002199074	MRN: 022024	022024	948.98			334.95	0.00		0.00	614.03
		MODITEDO	TINTE	SERVICE D		RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG		
POS PR 81 8	87486	MODIFIERS 59	UNITS 1 00	FROM 022024 023	THRU 2024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 9918	EOBS		
01 0	0/400	39	1.00	022024 02.	2027	22022 1			42.00	14.00	0.00	20.00	9910			
81 8	87498	59	1.00	022024 02	2024	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	87581	59	1.00	022024 02	2024	220224			42.00	28.00	0.00	28.00	9918			
81 8	87633		1.00	022024 02	2024	220224			318.05	14.00 212.03 106.02	0.00 0.00 0.00	212.03	9918			
81 8	87640		1.00	022024 02	2024	220224			37.07	22.00	0.00	22.00	9918			
81 8	87641	59	1.00	022024 02	2024	220224			37.07	15.07 22.00	0.00	22.00	9918			
0.1	00661	5.0	1 00	000004 000	2004	000004			40.06	15.07	0.00	00.00	0010			
81 8	87651	59	1.00	022024 02	2024	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 8	87798		8 00	022024 02	2024	220224			336.00	224.00	0.00	224.00	9918			
01 0	0,,,0		0.00	022021 02.					330.00	112.00	0.00	221.00	J J I O			
81 8	87651		1.00	022024 02	2024	220224			49.86	28.00	0.00	28.00	9918			
										21.86	0.00					
NAME: K	KIM RIC	HARDS		RECIPIE	NT ID	.: 500002758547	MRN:									
		99023460	I160228	5			040324	040324		51.00		29.50	0.00		0.00	51.00
POS PR	ROC CD	MODIFIERS	UNITS			RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS		
81 8				040324 04					44.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 80061	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224			BILLED AMOUNT 20.00	ALLOWED NON-AlloWED 14.00	COPAY TPL 0.00	PAID 14.00	DETAIL EOBS 9918		
81 80076	1.00 040324 040324 220224			12.00	6.00 8.00 4.00	0.00 0.00 0.00	8.00	9918		
81 36415	1.00 040324 040324 220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: KIM RICHARDS 2024102047790	RECIPIENT ID.: 500002758547 I1604856		040924	80.50	51.00		29.50	0.00	0.00	51.00
	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			AMOUNT 44.00	NON-AllOWED	TPL	PAID 29.00			
81 82306	1.00 040924 040924 220224			44.00	29.00 15.00	0.00	29.00	9918		
81 80061	11604856 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224			20.00	14.00 6.00	0.00	14.00	9918		
81 80076	1.00 040924 040924 220224			12.00	8.00	0.00	8.00	9918		
81 36415	1.00 040924 040924 220224			4.50	4.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
NAME: HEATHER RICHARDSON 2024103025774 POS PROC CD MODIFIERS	RECIPIENT ID.: 530000343731 11606938 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	MRN: 020624	020624	174.33 BILLED AMOUNT	116.22 ALLOWED NON-AllOWED	COPAY	PΔTD	0.00 DETAIL EOBS	0.00	116.22
81 G0482	1.00 020624 020624 220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: HEATHER RICHARDSON 2024103025792	I1606939	MRN: 030524	030524		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 030524 030524 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: HEATHER RICHARDSON 2024103025793	RECIPIENT ID.: 530000343731 I1606940		040224		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 040224 040224 220224				ALLOWED NON-AllOWED 116.22 58.11	\mathtt{TPL}	PAID 116.22	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME	: KYNNADE	E RICHARDSON-	-LYON	RECIPIENT	ID.: 530000167962	MRN:								
		107012931	I1609116				040424	216.52	135.93		80.59	0.00	0.0	128.93
				SERVICE DATE	S RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		FROM THE				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	83540		1.00	040424 04042	4 220224			9.71	7.00	0.00	7.00	9918		
									2.71	0.00				
81	83550		1.00	040424 04042	4 220224			13.11	10.00	0.00	10.00	9918		
0.1	0.07.00		1 00	040404 04040	4 000004			40.00	3.11	0.00	12.00	0.01.0		
81	82728		1.00	040424 04042	4 220224			40.00	13.00	0.00	13.00	9918		
01	84481		1 00	040424 04042	4 220224			24.00	27.00 16.00	0.00	16 00	0010		
81	04401		1.00	040424 04042	4 220224			24.00	8.00	0.00	10.00	9918		
81	86376		1 00	040424 04042	4 220224			21.00	15.00	0.00	15 00	9918		
01	00370		1.00	010121 01012	1 220221			21.00	6.00	0.00	13.00) J ± 0		
81	84443		1.00	040424 04042	4 220224			25.20	22.93	0.00	22.93	9918		
-									2.27	0.00				
81	84439		1.00	040424 04042	4 220224			13.00	9.00	0.00	9.00	9918		
									4.00	0.00				
81	84436	59	1.00	040424 04042	4 220224			10.00	7.00	0.00	0.00	5910		
									3.00	0.00				
81	36415		1.00	040424 04042	4 220224			4.50	0.00	0.00	0.00	3323		
0.1	0.6000		1 00	0.40.40.4.040.40	4 000004			00.00	4.50	0.00	15 00	0010		
81	86800		1.00	040424 04042	4 220224			23.00	15.00	0.00	15.00	9918		
0.1	04422		1 00	040404 04040	4 220224			24.00	8.00	0.00	17 00	0010		
81	84432		1.00	040424 04042	4 220224			24.00	17.00 7.00	0.00	17.00	9918		
81	85049		1 00	040424 04042	4 220224			9.00	4.00	0.00	4 00	9918		
01	03042		1.00	010121 01012	1 220221			2.00	5.00	0.00	Ŧ.00	J J ± 0		
									3.00	0.00				
NAME	: ZIERRA	RICHEY		RECIPIENT	ID.: 530001532357	MRN:								
		103025797	I1606945				021424	138.36	33.00		105.36	0.00	0.0	5.00
				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	87491	59	1.00	021424 02142	4 220224			49.86	28.00	0.00	0.00	5490		
									21.86	0.00				
81	82010		1.00	021424 02142	4 220224			16.00	0.00	0.00	0.00	4524		
0.1	00045	F.0	1 00	001404 00140	4 000004			0.00	16.00	0.00	F 0.0	0010		
81	82247	59	1.00	021424 02142	4 220224			8.00	5.00	0.00	5.00	9918		
81	81007		1 00	021424 02142	A 22022A			60.00	3.00 0.00	0.00	0 00	5000 6	290	
ОΤ	01007		1.00	021424 02142	I 44044			00.00	60.00	0.00	0.00	5000 6	∠ ⊅ U	
									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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 36415	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 021424 021424	PROVIDER			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 3323	EOBS	
NAME: JAYCE F 20241	RICHMOND L03025811	I1606946	530001607701	MRN: 120523	120523	1,049.12			419.48	0.00	0.00	629.64
DOG DDOG GD	MODIFIEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD	רבית אידו	EODC	
POS PROC CD 81 87635	MODIFIERS	UNITS FROM THRU 1.00 120523 120523	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	FORS	
81 87486	59	1.00 120523 120523	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 120523 120523	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 120523 120523	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 120523 120523	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 120523 120523	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 120523 120523	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: DEBORAH			530001945840	MRN:	0.411.0.4	1 040 10	600 64		410 40	0.00	0.00	600 64
20241	L07012966	I1609119 SERVICE DATES	RENDERING	041124	041124	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	
81 87635		1.00 041124 041124	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOU		PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FORG		
81	87640	MODIFIERS		041124 041124	220224			37.07	22.00	0.00		9918	EODS		
01	07010		1.00	011121 011121	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87641	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00	041124 041124	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00	041124 041124	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME:	CHRISTO	PHER RICKS		RECIPIENT ID	.: 530001436606	MRN:									
	20241	09080971	I161204	6		041524	041524	63.34	42.00		21.34	0.00		0.00	42.00
				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	041524 041524	220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
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	26415		1 00	041504 041504	000004			4 50	6.00	0.00	0.00	2202			
81	36415		1.00	041524 041524	220224			4.50	0.00	0.00	0.00	3323			
0.1	0.5040		1 00	041504 041504	220224			0 00	4.50	0.00	4 00	0010			
81	85049		1.00	041524 041524	220224			9.00	4.00 5.00	0.00	4.00	9918			
									5.00	0.00					
NAME:	ADABELL	E RIGSBY		RECIPIENT ID	.: 530002259780	MRN:									
	20241	09080993	I161204	7		041524	041524	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	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00	041524 041524	220224			150.00	43.61	0.00	43.61	9918			
									106.39	0.00					
81	87486	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918			
0.1	0.17.40.0	F.0	1 00	041504 041504	000004			25 05	14.00	0.00	00.00	0010			
81	87498	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918			
0.1	07640	F.0	1 00	041504 041504	000004			27 07	15.07	0.00	00.00	0010			
81	87640	59	1.00	041524 041524	ZZUZZ 4			37.07	22.00	0.00	22.00	9918			
0.1	07501	EO	1 00	0/150/ 0/150/	220224			40.00	15.07	0.00	20 00	0010			
81	87581	59	1.00	041524 041524	22U22 4			42.00	28.00 14.00	0.00	∠8.00	9918			
81	87633		1 00	041524 041524	220224			318.05	212.03	0.00 0.00	212.03	9919			
OΤ	07033		1.00	041324 041324	44U44T			310.03	106.02	0.00	212.03	99±0			
									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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

487

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	N(ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	'OBS	
81	87641	59	1.00 041524 041524	220224			37.07	22.00	0.00		9918	ЮВО	
01	07011	3,7	1.00 011321 011321	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28 00	9918		
0 ±	07031	3,5	1.00 011321 011321	220221			19.00	21.86	0.00	20.00	J J I O		
81	87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
01	0,,,,0		0.00 011321 011321				330.00	112.00	0.00	221.00	7710		
	~			522222555									
NAME:	CLAIRE			.: 530002259778	MRN:	041504	1 040 10	600 64		410 40	0 00	0.00	600 64
	20241	.09081008	I1612048		041524	041524	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG	DDOG GD	MODITITED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 7 T D		IODG	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87486	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	го	1 00 041524 041524	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81	87640	59	1.00 041524 041524	220224			37.07	15.07 22.00	0.00	22 00	9918		
0.1	0/040	39	1.00 041324 041324	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 041524 041524	220224			42.00	28.00	0.00	28 00	9918		
01	0/301		1.00 041324 041324	220224			42.00	14.00	0.00	20.00	J J ± 0		
81	87633		1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
01	07033		1.00 011321 011321	220221			310.03	106.02	0.00	212.03	JJ±0		
81	87641	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
01	0,011		1.00 011321 011321	220221			37.07	15.07	0.00	22.00	J J I O		
81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
-								21.86	0.00				
81	87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
81	87635		1.00 041524 041524	220224			150.00	43.61	0.00	43.61	9918		
								106.39	0.00				
				5000005055									
NAME:	ETHAN R			.: 530002259779	MRN:	041504	1 040 10	600 64		410 40	0 00	0.00	600 64
	20241	.09081022	I1612049		041524	041524	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG	DDOG GD	MODITITED	SERVICE DATES				BILLED	ALLOWED	COPAY	D 7 T D		IODG	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87635		1.00 041524 041524	220224			150.00	43.61	0.00	43.61	9918		
0.1	87486	59	1 00 041524 041524	220224			40.00	106.39 28.00	0.00	20 00	9918		
81	0/400	53	1.00 041524 041524	44U44			42.00	14.00	0.00	∠0.00	フ フエロ		
81	87498	59	1.00 041524 041524	220224			37.07	22.00	0.00	22 00	9918		
ОŢ	0/490	J)	1.00 O41324 O41324	44U44T			37.07	15.07	0.00	22.00	ノノエひ		
								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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

SERVICE DATES STRUCE DATES SERVICE D			ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POST PROFILE PROFILE				SERVICE DATES	RENDERING									
81 87640 59 1.00 041524 041524 20224 42.00 15.07 0.00 22.00 9918 81 87681 59 1.00 041524 041524 20224 20224 10.00 10.00 28.00 9918 81 87641 59 1.00 041524 041524 20224 10.00 10.00 28.00 9918 81 87641 59 1.00 041524 041524 20224	POS	PROC CD	MODIFIERS								PAID	DETAII	LEOBS	
875 875 59									22.00	0.00	22.00			
81 87633	81	87581	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
61 87641 59	81	87633		1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
81 87651 59	81	87641	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
81 87798	81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
Table Tabl	81	87798		8.00 041524 041524	220224			336.00	224.00	0.00	224.00	9918		
POS PROC CD MODIFIERS NOT PROM THIN PROM P	NAME	: CAMRON	RILEY	RECIPIENT ID	.: 500001278915									
Post		20241	L07012983			040224	040224	•			540.48	0.00	0.00	787.81
81 87481 59 4.00 040224 040224 220224 168.00 112.00 0.00 112.00 9918 81 87640 59 1.00 040224 040224 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 040224 040224 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 040224 040224 220224 462.00 308.00 0.00 308.00 9918 81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 4.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82910 1.00 040224 040224 220224 8.00 14.00 0.00 4.00 9918 81 82915 1.00 040224 040224 220224 8.00 0.00 0.00 0.00 4.00 9918 </td <td>DOG</td> <td></td> <td>MODITION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ח זי די</td> <td></td> <td>пора</td> <td></td>	DOG		MODITION								ח זי די		пора	
81 87640 59 1.00 040224 040224 220224 20224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 040224 040224 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 040224 040224 220224 462.00 308.00 0.00 308.00 9918 81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 84311 2.00 040224 040224 220224 8.00 4.00 0.00 6.00 9918 81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82910 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 14.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 0.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 0.00 9918 81 82947 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 9918 81 82947 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 0.00 9918 81 83986 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 0.00 0.00													_ EOBS	
81 87640 59 1.00 040224 040224 22024 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 040224 040224 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 040224 040224 220224 462.00 308.00 0.00 308.00 9918 81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 9918 81 84311 2.00 040224 220224 8.00 14.00 0.00 4.00 9918 81 82910 1.00 040224 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 040224	81	8/481	59	4.00 040224 040224	220224			168.00				9918		
81 87653 59 1.00 040224 040224 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 040224 040224 220224 462.00 308.00 0.00 308.00 0.00 308.00 9918 81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 6.00 9918 81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 6.00 9918 81 82910 1.00 040224 040224 220224 32.00 14.00 0.00 6.00 9918 81 82945 1.00 040224 040224 220224 16.00 0.00 0.00 6.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 6.00 14.00 9918 81 82945 1.00 040224 040224 220224 8.00 6.00 0.00 0.00 0.00 6.00 4.00 9918 81 82945 1.00 040224 040224 220224 8.00 6.00 0.00 0.00 0.00 6.00 4.00 9918 81 82945 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 0.00 0.00 0.00 0.00 0.00	81	87640	59	1.00 040224 040224	220224			37.07				9918		
Standard									15.07	0.00				
81 87798 11.00 040224 040224 220224 462.00 308.00 0.00 308.00 9918 81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 4.00 9918 81 84311 2.00 040224 040224 220224 8.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 0.00 4.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 4.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 4.00 9918 81 82945 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 5.00 5472 81 82986 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 0.00 0.00 0.00 0.00 0.00	81	87653	59	1.00 040224 040224	220224			37.07				9918		
81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 6.00 9918 81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 040224 040224 220224 16.00 0.00 0.00 16.00 0.00 16.00 9918 81 82247 59 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 0.00 16.00 9918 81 83986 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 0.00 3.00 9918	0.1	07700		11 00 040224 040224	220224			460.00				0010		
81 84156 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 0.00 0.00 0.00 0.00	0.1	0//90		11.00 040224 040224	220224			462.00				9910		
81 82570 1.00 040224 040224 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 0.00 16.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 0.00 0.00 16.00 9918 81 82247 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 0.00 0.00 0.00	81	84156		1.00 040224 040224	220224			8.00				9918		
Ray														
81 83069 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 0.00 0.00 4524 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 4.00 9918 81 82247 59 1.00 040224 040224 220224 8.00 4.00 0.00 0.00 4.00 9918 81 83986 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 0.00 3.00 9918	81	82570		1.00 040224 040224	220224			8.00	6.00	0.00	6.00	9918		
81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 0.00 0.00 14.00 9918 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 9918 81 82247 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 3.00 9918														
81 84311 2.00 040224 040224 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 040224 040224 220224 16.00 0.00 0.00 0.00 0.00 0.00 4524 81 82945 1.00 040224 040224 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 82247 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 5.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 0.00 3.00 0.00 3.00 9918	81	83069		1.00 040224 040224	220224			8.00			4.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	01	0/211		2 00 040224 040224	220224			22 00			14 00	0010		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	04311		2.00 040224 040224	220224			32.00			14.00	9910		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82010		1.00 040224 040224	220224			16.00	0.00	0.00	0.00	4524		
81 82247 59 1.00 040224 040224 220224 8.00 5.00 0.00 0.00 5472 81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 3.00 9918	81	82945		1.00 040224 040224	220224			8.00	4.00	0.00	4.00	9918		
81 83986 1.00 040224 040224 220224 7.00 3.00 0.00 3.00 9918	81	82247	59	1.00 040224 040224	220224			8.00	5.00	0.00	0.00	5472		
7.UU U.UU	81	83986		1.00 040224 040224	220224			7.00			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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE		BILLED	ALLOWED	NON		COPAY	TPL	PAID
			SERVICE DATES	RENDERING	FROM	THRU	AMOUNT BILLED	AMOUNT ALLOWED	ALLOI COPAY	MED F	TNUOMA	AMOUNT	AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	81007	1102111110	2.00 040224 040224				120.00	4.00	0.00		5900	2025	
								116.00	0.00				
81	82043	QW	1.00 040224 040224	220224			7.58	6.00	0.00	6.00	9918		
								1.58	0.00				
81	80053		1.00 040224 040224	220224			15.84	12.00	0.00	12.00	9918		
								3.84	0.00				
81	84443		1.00 040224 040224	220224			25.20	22.93	0.00	22.93	9918		
0.1	0.4.4.0.0		1 00 040004 040004	000004			10.00	2.27	0.00	0.00	0010		
81	84439		1.00 040224 040224	220224			13.00	9.00	0.00	9.00	9918		
0.1	00522		1 00 040224 040224	220224			24 00	4.00	0.00	17 00	0010		
81	82533		1.00 040224 040224	220224			24.00	17.00 7.00	0.00 0.00	17.00	9910		
81	84436	59	1.00 040224 040224	220224			10.00	7.00	0.00	0 00	5910		
01	01150	3,7	1.00 010221 010221	220221			10.00	3.00	0.00	0.00	3210		
81	82550		1.00 040224 040224	220224			10.00	8.00	0.00	8.00	9918		
0-	0_00							2.00	0.00		,,,,		
81	83721		1.00 040224 040224	220224			15.00	8.00	0.00	0.00	5910		
								7.00	0.00				
81	86800		1.00 040224 040224	220224			23.00	15.00	0.00	15.00	9918		
								8.00	0.00				
81	84432		1.00 040224 040224	220224			24.00	17.00	0.00	17.00	9918		
								7.00	0.00				
81	85049		1.00 040224 040224	220224			9.00	4.00	0.00	4.00	9918		
0.1	00206		1 00 040004 040004	000004			4.4.00	5.00	0.00	20.00	0010		
81	82306		1.00 040224 040224	220224			44.00	29.00	0.00	29.00	9918		
81	82670		1.00 040224 040224	220224			41.00	15.00 27.00	0.00 0.00	27.00	0010		
01	02070		1.00 040224 040224	22022 1			41.00	14.00	0.00	27.00	9910		
81	87389		1.00 040224 040224	220224			36.00	23.88	0.00	23.88	9918		
01	0,303		1.00 010221 010221				30.00	12.12	0.00	23.00	3310		
81	84481		1.00 040224 040224	220224			24.00	16.00	0.00	16.00	9918		
								8.00	0.00				
81	84403		1.00 040224 040224	220224			38.00	31.00	0.00	31.00	9918		
								7.00	0.00				
81	83036		1.00 040224 040224	220224			14.00	12.00	0.00	12.00	9918		
0.1	00055		1 00 040004 04555	000004			22.22	2.00	0.00	4 4 6 5	0010		
81	80061		1.00 040224 040224	220224			20.00	14.00	0.00	14.00	9918		
0.1	06276		1 00 040004 040004	220224			01 00	6.00	0.00	1 - 00	0010		
81	86376		1.00 040224 040224	220224			21.00	15.00	0.00	15.00	AATR		
								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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040224 040224	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL 0.00 0.00	PAID 10.00	DETAIL EOB 9918	S	
NAME: MASON R			.: 530002161742	MRN:								
202410	02040516	I1603609	DENDEDING	040524	040524	1,049.12	629.64		119.48	0.00	0.00	629.64
POS PROC CD	MUDIFIEDG	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOB	Q	
81 87635	MODIFIERS	1.00 040524 040524	220224			150.00	43.61	0.00	43.61		S	
							106.39	0.00				
81 87486	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
01 05400	F.0	1 00 040504 040504	000001			25 25	14.00	0.00	00.00	0010		
81 87498	59	1.00 040524 040524	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87581	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
01 07001							14.00	0.00		J J _ G		
81 87633		1.00 040524 040524	220224			318.05	212.03	0.00	212.03	9918		
01 05640		1 00 040504 040504	000004			25.25	106.02	0.00	00.00	0010		
81 87640		1.00 040524 040524	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87641	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
01 07011		1.00 010321 010321				37.07	15.07	0.00	22.00	3310		
81 87651	59	1.00 040524 040524	220224			49.86	28.00	0.00	28.00	9918		
0.1						225	21.86	0.00	004 00	0010		
81 87798		8.00 040524 040524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ADRIANA	RTVERA	RECIPIENT ID	.: 530002250448	MRN:								
	07013030	I1610801	330002230110	040924	040924	93.00	72.00		21.00	0.00	0.00	72.00
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 86003		12.00 040924 040924	220224			93.00	72.00 21.00	0.00	72.00	9918		
NAME: AMANDA I	RTVERS	RECIPTENT ID	.: 530000796083	MRN:								
	09081037	11612053	330000730003	041224	041224	825.21	542.00		283.21	0.00	0.00	486.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87481	59	4.00 041224 041224	220224			168.00	112.00	0.00	112.00	9918		
81 87640	59	1.00 041224 041224	220224			37.07	56.00 22.00	0.00	22.00	9918		
01 07040	3,7	1.00 011221 011221	220221			37.07	15.07	0.00	22.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

491

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT		AID
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87653	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87798		11.00	041224 041224	220224			462.00	308.00	0.00	308.00	9918			
									154.00	0.00					
81	87641	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87798		2.00	041224 041224	220224			84.00	56.00	0.00	0.00	5000			
									28.00	0.00					
NAME:	: SCARLET		-1.60605		D.: 530002075727	MRN:	000504	1 040 10	600 64		410 40	0 00			
	20241	.03025827	I160695			030524	030524	1,049.12	629.64		419.48	0.00	(0.00	629.64
700	550G G5	MODIFIED		SERVICE DATES				BILLED	ALLOWED	COPAY	D. T.D.	D	T0D0		
	PROC CD	MODIFIERS	UNITS	FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87635		1.00	030524 030524	220224			150.00	43.61	0.00	43.61	9918			
0.1	07406	ГО	1 00	020524 020524	220224			40.00	106.39	0.00	20.00	0010			
81	87486	59	1.00	030524 030524	220224			42.00	28.00	0.00	28.00	9918			
0.1	07400	ΕO	1 00	020524 020524	220224			27 07	14.00	0.00	22 00	0010			
81	87498	59	1.00	030524 030524	220224			37.07	22.00	0.00	22.00	9918			
0.1	07501	ΕO	1 00	020524 020524	220224			42.00	15.07	0.00	20 00	0010			
81	87581	59	1.00	030524 030524	220224			42.00	28.00 14.00	0.00	20.00	9918			
81	87633		1 00	030524 030524	220224			318.05	212.03	0.00	212.03	0010			
0.1	0/033		1.00	030324 030324	220224			310.03	106.02	0.00	212.03	9910			
81	87640		1 00	030524 030524	220224			37.07	22.00	0.00	22 00	9918			
OΤ	07040		1.00	030324 030324	220224			37.07	15.07	0.00	22.00	9910			
81	87641	59	1 00	030524 030524	220224			37.07	22.00	0.00	22 00	9918			
01	07011	3,5	1.00	050521 050521	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87651	59	1 00	030524 030524	220224			49.86	28.00	0.00	28 00	9918			
0 ±	07031	33	1.00	030321 030321	220221			13.00	21.86	0.00	20.00	JJ 10			
81	87798		8.00	030524 030524	220224			336.00	224.00	0.00	224.00	9918			
0_	00			000011 000011					112.00	0.00		2220			
NAME:	: ZAMERIC	NA RIVERS		RECIPIENT I	D.: 530002001625	MRN:									
		.03025838	I160695	8		120223	120223	258.14	172.09		86.05	0.00	(0.00	172.09
				SERVICE DATES	RENDERING				ALLOWED	COPAY					
POS	PROC CD	MODIFIERS	UNITS					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	80307		1.00	120223 120223	220224			83.81	55.87	0.00	55.87	9918			
									27.94	0.00					
81	G0482		1.00	120223 120223	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

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

492

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:		ROBERSON 03025848	RECIPIENT ID I1606960 SERVICE DATES		MRN: 040924	040924	13.50 BILLED	4.00 ALLOWED	COPAY	9.50	0.00	0.00	4.00
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID		EOBS	
	36415		1.00 040924 040924				4.50	0.00 4.50	0.00		3323		
81	85049		1.00 040924 040924	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:			IFTO RECIPIENT ID	.: 530002353511	MRN:	0.41.004	276 02	050 14		104 70	0.00	0.00	160 14
	20241	07013044	I1609126 SERVICE DATES	PENDEBING	041024	041024	376.93 BILLED	252.14 ALLOWED	COPAY	124.79	0.00	0.00	168.14
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87491	59	1.00 041024 041024				49.86	28.00 21.86	0.00	0.00	5490		
81	87591	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529		2.00 041024 041024	220224			99.72	56.00 43.72	0.00	0.00	5910		
81	87640	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1.00 041024 041024	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87801		2.00 041024 041024	220224			74.14	15.07 74.14 0.00	0.00 0.00 0.00	74.14			
								0.00	0.00				
NAME:		OBERTS 09081052	RECIPIENT ID 11613067	.: 530002222272	MRN: 041624	041624	397.12	262.03		135.09	0.00	0.00	262.03
			SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED				EOBS	
81	87498	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00		9918		
81	87581	59	1.00 041624 041624	220224			42.00			28.00	9918		
81	87633		1.00 041624 041624	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:		H ROBERTS 02047800	RECIPIENT ID	.: 530001190106	MRN: 040824	040824	63.86	51.93		11.93	0.00	0.00	51.93
					0 - 0 0 - 1	0 - 0 0 - 1	00.00	31.73			3.00	o. 0 0	31.73

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	80053	HODITIERD	1.00 040824 040824	220224			15.84	12.00	0.00		9918	ПОВВ		
01	00000		1.00 010021 010021	220221			10.01	3.84	0.00	12.00	3310			
81	83540		1.00 040824 040824	220224			9.71	7.00	0.00	7.00	9918			
0-	00010						<i>y</i> , , _	2.71	0.00	, , , ,	2220			
81	83550		1.00 040824 040824	220224			13.11	10.00	0.00	10.00	9918			
				-				3.11	0.00					
81	84443		1.00 040824 040824	220224			25.20	22.93	0.00	22.93	9918			
								2.27	0.00					
NAME:	: CHARLEY	ROBERTSON	RECIPIENT ID	0.: 530000189588	MRN:									
		03025857	I1606961		120723	120723	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				AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00 120723 120723	220224			150.00	43.61	0.00	43.61	9918			
								106.39	0.00					
81	87486	59	1.00 120723 120723	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87498	59	1.00 120723 120723	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87640	59	1.00 120723 120723	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87581	59	1.00 120723 120723	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 120723 120723	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
81	87641	59	1.00 120723 120723	220224			37.07	22.00	0.00	22.00	9918			
0.1	00651	- 0	1 00 100000 100000	000004			10.06	15.07	0.00	00.00	0010			
81	87651	59	1.00 120723 120723	220224			49.86	28.00	0.00	28.00	9918			
0.1	07700		0 00 100003 100003	000004			226 00	21.86	0.00	004 00	0010			
81	87798		8.00 120723 120723	220224			336.00	224.00	0.00	224.00	9918			
								112.00	0.00					
MAME:	PICKEV	ROBERTSON	חדרידטיד דר).: 530002307570	MRN:									
11/11/11/11 •		07013054	I1610804	330002307370		041224	565 12	374.03		191.09	0 00	0	0.0	374.03
	20241	0,013031	SERVICE DATES	RENDERING	041224	041224		ALLOWED	COPAY	±/±•U/	0.00	U	.00	3/4.03
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT			PAID	DETATI.	EOBS		
81			1.00 041224 041224				37.07		0.00		9918	1010		
0 1	0,100		1.00 011221 011221	220221			37.07	15.07	0.00	22.00	J J ± 0			
81	87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918			
		- -					30	14.00	0.00	_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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU			N(AL)			TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041224 041224 220224				ALLOWED NON-AlloWED	COPAY TPL 0.00 0.00	PAID 212.03	DETAIL EON	BS	
81 87798	4.00 041224 041224 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: ROGER ROBERTSON 2024103025888	RECIPIENT ID.: 530000370741 I1606967 SERVICE DATES RENDERING		041024	319.55 BILLED	213.03	COPAY	106.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 041024 041024 220224			AMOUNT 319.55	NON-AllOWED 213.03	\mathtt{TPL}	PAID 213.03		BS	
NAME: ROGER ROBERTSON 2024107013068	RECIPIENT ID.: 530000370741 I1609130 SERVICE DATES DENDERING	MRN: 041124	041124	29.34	16.00 ALLOWED	COPAY	13.34	0.00	0.00	16.00
POS PROC CD MODIFIERS 81 80053	RECIPIENT ID.: 530000370741 11609130 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224			AMOUNT 15.84	NON-AllOWED				BS	
81 36415	1.00 041124 041124 220224			4.50	0.00 4.50	0.00		3323		
81 85049	1.00 041124 041124 220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: ACE ROBINSON 2024102040537	RECIPIENT ID.: 530002275112 I1603610 SERVICE DATES RENDERING		040524	715.12 BILLED	417.64	COPAY		0.00	0.00	417.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 040524 040524 220224 1.00 040524 040524 220224			AMOUNT 150.00	NON-Allowed 43.61 106.39		PAID		BS	
81 87498 59	1.00 040524 040524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040524 040524 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040524 040524 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 040524 040524 220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: JAYCE ROBINSON 2024107013085	RECIPIENT ID.: 530002405730 I1609139	MRN: 041124	041124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

495

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 43.61	COPAY TPL 0.00	PAID 43.61	DETAIL EO 9918	BS	
81 87486	59	1.00 041124 041124 220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498	59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 041124 041124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041124 041124 220224			318.05	212.03 106.02	0.00		9918		
81 87640		1.00 041124 041124 220224			37.07	22.00 15.07	0.00		9918		
81 87641	59	1.00 041124 041124 220224			37.07	22.00 15.07	0.00		9918		
81 87651 81 87798	59	1.00 041124 041124 220224 8.00 041124 041124 220224			49.86 336.00	28.00 21.86 224.00	0.00 0.00 0.00	28.00	9918		
01 07790		0.00 041124 041124 220224			330.00	112.00	0.00	224.00	9910		
NAME: ME ASIA 20241	ROBINSON .02044664	RECIPIENT ID.: 530001088703 I1604410	MRN: 040824	040824	704.14	464.00)	240.14	0.00	0.00	464.00
POS PROC CD 81 87481	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040824 040824 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	
81 87640	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 040824 040824 220224			462.00	308.00 154.00	0.00	308.00	9918		
	.03025936	RECIPIENT ID.: 530001088703 11606978 SERVICE DATES RENDERING	MRN: 040824	040824	BILLED	10.00	COPAY	8.53	0.00		10.00
POS PROC CD 81 87086	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224			AMOUNT 18.53		TPL 0.00 0.00		DETAIL EO 9918	BO	
	BINSON .02047807	RECIPIENT ID.: 530002378138 I1604861	MRN: 040924	040924	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	_	ICN	PAT ACC	T NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NOI ALLO COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC	CD M	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 8748		59		040924 040924	220224			42.00	28.00	0.00		9918	OBB	
									14.00	0.00				
81 8749	98 5	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 8758	81 5	59	1.00	040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 8763	33		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
81 8764	40		1.00	040924 040924	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 8764	41 5	59	1.00	040924 040924	220224			37.07	15.07 22.00	0.00	22.00	9918		
81 8765	51 5	59	1.00	040924 040924	220224			49.86	15.07 28.00	0.00 0.00	28.00	9918		
01 000	• •		0.00	0.4.0.0.4.0.4.0.0.4	000004			226 22	21.86	0.00	004.00	0010		
81 8779	98		8.00	040924 040924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ZIET	TERIA	ROBINSON		RECIPIENT ID	.: 530000547087	MRN:								
20	024103	3025950	I160698			032224	032224	208.16	133.53		74.63	0.00	0.00	105.53
					RENDERING			BILLED	ALLOWED	COPAY				
POS PROC		MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 8779	98		1.00	032224 032224	220224			42.00	28.00	0.00	28.00	9918		
81 8749	91 5	59	1 00	032224 032224	220224			49.86	14.00 28.00	0.00 0.00	0 00	5490		
01 0712) <u> </u>		1.00	052221 052221	220221			19.00	21.86	0.00	0.00	3170		
81 8751	11 5	59	1.00	032224 032224	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 8759	91 5	59	1.00	032224 032224	220224			42.00	28.00	0.00	28.00	9918		
81 8766	61		1 00	032224 032224	220224			32.30	14.00 21.53	0.00 0.00	21 52	9918		
81 8700	01		1.00	032224 032224	22022 4			32.30	10.77	0.00	21.55	9910		
NAME: WALE	FIA RC	CHE		RECIPTENT ID	.: 530002330635	MRN:								
		7013100	I160914		. 330002330033		040524	899.12	586.03		313.09	0.00	0.00	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS			PROVIDER			AMOUNT					OBS	
81 8748	86 5	59	1.00	040524 040524	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 8749	98 5	59	1.00	040524 040524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	87581	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 040524 040524	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	5 0	1 00 040504 040504	000004			25 25	15.07	0.00	00.00	0010		
81	87641	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00.00	5 0	1 00 040504 040504	000004			40.06	15.07	0.00	00.00	0010		
81	87651	59	1.00 040524 040524	220224			49.86	28.00	0.00	28.00	9918		
0.1	0.000		0 00 040504 040504	000004			226.00	21.86	0.00	004.00	0010		
81	87798		8.00 040524 040524	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
7 T 7 T T T .	WEAKE D	ODEN		• [20002055002	N/ID NT •								
NAME •	VICKI R			.: 530002055892	MRN: 041024	041024	00 00	E0 00	1	20 00	0 00	0 00	FO 00
	20241	.07013110	I1609145 SERVICE DATES	RENDERING	041024	041024	88.00 BILLED	59.00 ALLOWED	COPAY	29.00	0.00	0.00	59.00
DOG	מפטט מח	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FODC	
81	82607	MODIFIERS	1.00 041024 041024	220224			22.00	17.00	0.00	17.00		FODS	
01	02007		1.00 041024 041024	220224			22.00	5.00	0.00	17.00	9910		
81	82746		1.00 041024 041024	220224			22.00	13.00	0.00	13.00	9918		
01	02740		1.00 041024 041024	220224			22.00	9.00	0.00	13.00	J J ± 0		
81	82306		1.00 041024 041024	220224			44.00	29.00	0.00	29.00	9918		
01	02300		1.00 041024 041024	220224			11.00	15.00	0.00	27.00	J J ± 0		
								13.00	0.00				
NAME:	BREANNA	RODOCKER	RECIPIENT ID	.: 530001269486	MRN:								
		99023480	I1602326		091523	091523	268.04	193.93		74.11	0.00	0.00	193.93
			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 091523 091523	220224			15.84	12.00	0.00		9918		
								3.84	0.00				
81	85049		1.00 091523 091523	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
81	82306		1.00 091523 091523	220224			44.00	29.00	0.00	29.00	9918		
								15.00	0.00				
81	82670		1.00 091523 091523	220224			41.00	27.00	0.00	27.00	9918		
								14.00	0.00				
81	84481		1.00 091523 091523	220224			24.00	16.00	0.00	16.00	9918		
								8.00	0.00				
81	84403		1.00 091523 091523	220224			38.00	31.00	0.00	31.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS		
81	83036	1102 = 1 = = 110		091523 091523	220224			14.00	12.00	0.00		9918			
0.1	00061		1 00	001502 001502	22224			20.00	2.00	0.00	14 00	0010			
81	80061		1.00	091523 091523	22022 4			20.00	14.00 6.00	0.00	14.00	9918			
81	84443		1.00	091523 091523	220224			25.20	22.93	0.00	22.93	9918			
0.1	0.4.0.0				000004			10.00	2.27	0.00		0010			
81	84439		1.00	091523 091523	220224			13.00	9.00 4.00	0.00	9.00	9918			
81	82533		1.00	091523 091523	220224			24.00	17.00	0.00	17.00	9918			
									7.00	0.00					
NAME.	: BREANNA	RODOCKER		RECIPTENT ID	.: 530001269486	MRN:									
1111111		99023493	I160232		. 330001207100	091523	091523	85.00	64.00)	21.00	0.00	0	.00	64.00
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS	UNITS	FROM THRU 091523	PROVIDER 220224			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	86140		1.00	091525 091525	22022 4			15.00	5.00 10.00	0.00	5.00	9918			
81	84270		1.00	091523 091523	220224			32.00	27.00	0.00	27.00	9918			
0.1	0.4.4.0.0		1 00	001502 001502	000004			20.00	5.00	0.00	20.00	0010			
81	84402		1.00	091523 091523	220224			38.00	32.00 6.00	0.00	32.00	9918			
			- 0		522222242224										
NAME		DRIGUEZ- MAI .07013124	RQ — I160914		.: 530000348994	MRN: 041124	041124	1,049.12	629.64	1	419.48	0.00	0	.00	629.64
	20241	.07013124	1100714	SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	417.40	0.00	0	.00	027.04
POS		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87635		1.00	041124 041124	220224			150.00	43.61	0.00	43.61	9918			
81	87486	59	1 00	041124 041124	220224			42.00	106.39 28.00	0.00	28 00	9918			
01	07100	3,5	1.00	011121 011121	220221			12.00	14.00	0.00	20.00	JJ10			
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918			
0.1	07501	FO	1 00	041104 041104	220224			42.00	15.07	0.00	20 00	0010			
81	87581	59	1.00	041124 041124	22022 4			42.00	28.00 14.00	0.00	20.00	9918			
81	87633		1.00	041124 041124	220224			318.05	212.03	0.00	212.03	9918			
0.1	0.00		1 00	041104 041104	000004			27 27	106.02	0.00	00.00	0010			
81	87640		1.00	041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	041124 041124	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID	DETAIL EOB 9918	S	
81 87798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
		RE RECIPIENT ID	.: 530001471492	MRN:	0.4.0.0.0.4	20.24	10.00		0 24	0.00	0.00	10.00
20241	.03025981	I1606990 SERVICE DATES	RENDERING	040924	040924	20.34 BILLED	12.00 ALLOWED	COPAY	8.34	0.00	0.00	12.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 80053		1.00 040924 040924	220224			15.84	12.00	0.00	12.00			
81 36415		1.00 040924 040924	220224			4.50	3.84 0.00 4.50	0.00 0.00 0.00	0.00	3323		
							1.50	0.00				
NAME: ANTHONY		RECIPIENT ID	.: 530000899744	MRN:								
20240	199023501		DENDED TNC	011324	011324		423.17	COPAY	212.15	0.00	0.00	374.03
POS PROC CD	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	TPL	PATD	DETAIL EOB	S	
81 87498	59	1.00 011324 011324	220224			37.07	22.00	0.00	22.00			
							15.07	0.00				
81 87581	59	1.00 011324 011324	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 011324 011324	220224			318.05	14.00 212.03	0.00	212.03	9918		
01 07033		1.00 011321 011321	220221			310.03	106.02	0.00	212.03	JJ 10		
81 87634		1.00 011324 011324	220224			70.20	49.14	0.00	0.00	5910		
01 07700		4 00 011224 011224	220224			160.00	21.06	0.00	110 00	0.01.0		
81 87798		4.00 011324 011324	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME: COLTON	ROLLINS	RECIPIENT ID	.: 530002139710	MRN:								
	.09081077	I1613076		041624	041624	397.12	262.03		135.09	0.00	0.00	262.03
		SERVICE DATES				BILLED	ALLOWED	COPAY			_	
POS PROC CD 81 87498	MODIFIERS 59	UNITS FROM THRU 1.00 041624 041624				AMOUNT 37.07	NON-AllOWED		PAID 22.00	DETAIL EOB	S	
81 87498	39	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9910		
81 87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 041624 041624	220224			318.05	14.00 212.03	0.00	212.03	0010		
01 0/033		1.00 041024 041024	22U22 1			310.05	106.02	0.00	212.03	JJ⊥O		
NAME: TALINA	ROMANS	RECIPIENT TD	.: 530000921572	MRN:								
	.07013138	11610811		041124	041124	285.07	196.14		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

500

	ICN	PAT ACCT NO.	DENDEDTING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		ZODC	
POS PROC CD 81 87529	MODIFIERS	UNITS FROM THRU 2.00 041124 041124	PROVIDER 220224			AMOUNT 99.72	NON-AllOWED 56.00	TPL 0.00	PAID	DETAIL E 5910	TORS	
01 07329		2.00 041124 041124	220224			99.72	43.72	0.00	0.00	3910		
81 87640	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 07040		1.00 041124 041124	220224			37.07	15.07	0.00	22.00	J J ± 0		
81 87641	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 07011		1.00 011121 011121	220221			37.07	15.07	0.00	22.00	JJ±0		
81 87653	59	1.00 041124 041124	220224			37.07	22.00	0.00	22 00	9918		
01 07033		1.00 011121 011121	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87801		2.00 041124 041124	220224			74.14	74.14	0.00	74.14			
01 07001		2.00 011121 011121	220221			, 1 • 1 1	0.00	0.00	, 1 • 1 1			
NAME: STEVEN F	ROPER	RECIPIENT ID	.: 530001380585	MRN:								
	99023511	I1602353		040424	040424	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 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87640	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
0.1			000004			40.05	15.07	0.00				
81 87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 040404 040404	22224			226 00	21.86	0.00	004 00	0010		
81 87798		8.00 040424 040424	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NTA N/TEI • A T A TNTA T		DECIDIENT ID		N/ID NT •								
NAME: ALAINA F	02044681	I1604412	.: 530000611503	MRN: 121123	101100	285.07	196.14		00 02	0 00	0.00	140.14
202410	JZU44001	SERVICE DATES	DENDEDING	121123	121123	BILLED			88.93	0.00	0.00	140.14
POS PROC CD	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER			AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL E	robg.	
81 87529	MODILIEVS	2.00 121123 121123	220224			99.72	56.00	0.00		5910	מסטיב	
01 01329		2.00 121123 121123	77077			99.14	43.72	0.00	0.00	3710		
81 87640	59	1.00 121123 121123	220224			37.07	22.00	0.00	22 00	9918		
01 07010		1.00 121123 121123	22021			57.07	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES RENDERINUMITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	OBS	
81 87641	59	1.00 121123 121123 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 121123 121123 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87801		2.00 121123 121123 220224			74.14	74.14	0.00	74.14			
NAME: LATONYA		RECIPIENT ID.: 530000		0.40004	1 000 00	650 6		441 04	0.00	0.00	655 64
20241	L02044697	I1604413 SERVICE DATES RENDERIN		040824	1,098.98 BILLED	657.64 ALLOWED	l COPAY	441.34	0.00	0.00	657.64
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87651		1.00 040824 040824 220224			49.86	28.00 21.86	0.00		9918		
81 87635		1.00 040824 040824 220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040824 040824 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040824 040824 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040824 040824 220224			37.07	22.00	0.00	22.00	9918		
81 87651	59	1.00 040824 040824 220224			49.86	15.07 28.00	0.00	28.00	9918		
81 87798		8.00 040824 040824 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: SHEENA		RECIPIENT ID.: 530001		022024	105.00	FF 46	n	60 50	0.00	0.00	FF 40
20241	102040550	I1603615 SERVICE DATES RENDERIN		032924		55.48 ALLOWED		69.52	0.00	0.00	55.48
POS PROC CD 81 G0480	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 032924 032924 220224			AMOUNT 125.00	NON-AllOWED 55.48 69.52	TPL 0.00 0.00	PAID 55.48	DETAIL EG 9918	OBS	
NAME: AUBREE	ROWELL.	RECIPIENT ID.: 530002	082739 MRN:								
		I1610813		041224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87486 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00		9918	_	
81 87498 59	1.00 041224 041224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041224 041224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 041224 041224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 041224 041224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 041224 041224 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 041224 041224 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: JAMIE ROWELL	RECIPIENT ID.: 5300013660								
2024109081109	I1612067 SERVICE DATES RENDERING	040924 040924	93.00 BILLED	72.00) COPAY	21.00	0.00	0.00	72.00
POS PROC CD MODIFIER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 86003	12.00 040924 040924 220224		93.00	72.00 21.00	0.00	72.00	9918		
NAME: JODIE ROZAS	RECIPIENT ID.: 5300015277	727 MRN:							
2024107013186	I1609159	040324 040324	268.51			93.58	0.00	0.00	174.93
POS PROC CD MODIFIER	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL EOB	S	
81 80053	1.00 040324 040324 220224		15.84		0.00	12.00	9918		
81 80061	1.00 040324 040324 220224		20.00	14.00 6.00	0.00	14.00	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	4.00	9918		
81 82607	1.00 040324 040324 220224		22.00	17.00 5.00	0.00	17.00	9918		
81 82306	1.00 040324 040324 220224		44.00	29.00 15.00	0.00	29.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD N	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EC	IR C	
81 83540	ODIF TEKS	1.00 040324 040324	220224			9.71	7.00 2.71	0.00		9918	155	
81 83550		1.00 040324 040324	220224			13.11	10.00	0.00	10.00	9918		
81 82728		1.00 040324 040324	220224			40.00	13.00 27.00	0.00	13.00	9918		
81 84481		1.00 040324 040324	220224			24.00	16.00 8.00	0.00	16.00	9918		
81 83036		1.00 040324 040324				14.00	12.00 2.00	0.00	12.00			
81 84443		1.00 040324 040324				25.20	22.93 2.27	0.00	22.93			
	59	1.00 040324 040324				10.00	7.00 3.00	0.00 0.00		9918		
81 83525		1.00 040324 040324	220224			17.15	11.00 6.15	0.00	11.00	9918		
NAME: GENESIS F	RUDOLPH 7013209	RECIPIENT ID	.: 530002289442	MRN: 041024	041024	18 00	15.00		3.00	0.00	0.00	15.00
POS PROC CD N 81 83655	MODIFIERS	SERVICE DATES	PROVIDER		011021	BILLED AMOUNT 18.00		COPAY TPL		DETAIL EC		13.00
NAME: MARCUS RU 2024109	UFFINS 9081133	RECIPIENT ID	.: 530001989891	MRN: 041024	041024	258.14	172.09		86.05	0.00	0.00	172.09
POS PROC CD N		SERVICE DATES	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL				
81 80307		1.00 041024 041024	220224			83.81	55.87 27.94		55.87		-	
81 G0482		1.00 041024 041024	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME: MICHELLE	RUIZ-RIVER 2040566	A RECIPIENT ID 11603616	.: 530001163888	MRN: 022024	022024	222 58	50.00		172.58	0.00	0.00	46.00
2021102	2010300	SERVICE DATES	RENDERING	022021	022021	BILLED	ALLOWED	COPAY				10.00
POS PROC CD N 81 84156	MODIFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 8.00	NON-AllOWED 4.00 4.00	TPL 0.00 0.00		DETAIL EC 9918	BS	
81 82570		1.00 022024 022024	220224			8.00	6.00 2.00	0.00	6.00	9918		

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	I	CN	PAT ACC	Γ NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC		IFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		EOBS	
81 830	169		1.00	022024 022024	220224			8.00	4.00	0.00	4.00	9918		
01 043			0.00	000004 000004	000004			20.00	4.00	0.00	14.00	0010		
81 843	3 1 1		2.00	022024 022024	220224			32.00	14.00	0.00	14.00	9918		
01 000	110		1 00	000004 000004	220224			16.00	18.00	0.00	0 00	4504		
81 820) I U		1.00	022024 022024	220224			16.00	0.00	0.00	0.00	4524		
81 829	1 / E		1 00	022024 022024	220224			8.00	16.00 4.00	0.00	4 00	9918		
01 029	743		1.00	022024 022024	220224			0.00	4.00	0.00	4.00	9910		
81 822	247 59		1 00	022024 022024	220224			8.00	5.00	0.00	5 00	9918		
01 022	147 33		1.00	022024 022024	220224			0.00	3.00	0.00	3.00	J J I U		
81 839	86		1 00	022024 022024	220224			7.00	3.00	0.00	3 00	9918		
01 037			1.00	022021 022021	220221			7.00	4.00	0.00	3.00	J J I O		
81 810	07		2.00	022024 022024	220224			120.00	4.00	0.00	0.00	5900		
			,,						116.00	0.00				
81 820)43 QW		1.00	022024 022024	220224			7.58	6.00	0.00	6.00	9918		
	~								1.58	0.00				
NAME: BRA					530002399282	MRN:								
2	202410204	0594	I160361'			021724	021724		172.09		86.05	0.00	0.0	0 172.09
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC		IFIERS		FROM THRU				AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81 803	30.7		1.00	021724 021724	220224			83.81	55.87	0.00	55.87	9918		
01 004			1 00	001704 001704	000004			174 22	27.94	0.00	116 00	0010		
81 G04	82		1.00	021724 021724	220224			174.33	116.22	0.00	116.22	9918		
									58.11	0.00				
NAME: HAR	MONT RUS	SELT.		RECIPIENT ID	o.: 530000907719	MRN:								
	202410302		I160701		33000077127	041024	041024	1.049.12	629.64		419.48	0.00	0.0	0 629.64
_				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC	CD MOD	IFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 876				041024 041024				150.00	43.61	0.00	43.61			
									106.39	0.00				
81 874	86 59		1.00	041024 041024	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81 874	198 59		1.00	041024 041024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81 875	581 59		1.00	041024 041024	220224			42.00	28.00	0.00	28.00	9918		
0.4				0.44.004	000004			 .	14.00	0.00		001-		
81 876	33		1.00	041024 041024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

505

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED		RENDERING			BILLED	ALLOWED	COPAY	DATE		OD G	
POS PROC CD 81 87640	MODIFIERS		PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL EG	JBS	
01 0/040		1.00 041024 041024	220224			37.07	15.07	0.00	22.00	9910		
81 87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
01 07011	33	1.00 011021 011021	220221			37.07	15.07	0.00	22.00	JJ10		
81 87651	59	1.00 041024 041024	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041024 041024	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: GATLIN	RUSTIGE	RECIPTENT ID.	: 530000081418	MRN:								
	103026028	I1607025	330000001110	020624	020624	899.12	586.03		313.09	0.00	0.00	586.03
			RENDERING	0_00_1	0_00_1	BILLED	ALLOWED	COPAY	323.07			
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87486	59	1.00 020624 020624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 020624 020624	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 020624 020624	220224			42.00	28.00	0.00	28.00	9918		
0.1			000004			010 05	14.00	0.00	010 00	0010		
81 87633		1.00 020624 020624	220224			318.05	212.03	0.00	212.03	9918		
01 07640		1 00 000604 000604	220224			27 07	106.02	0.00	22.00	0.01.0		
81 87640		1.00 020624 020624	220224			37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 020624 020624	220224			37.07	15.07 22.00	0.00	22 00	9918		
01 0/041	39	1.00 020024 020024	220224			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 020624 020624	220224			49.86	28.00	0.00	28.00	9918		
01 07031	33	1.00 020021 020021	220221			19.00	21.86	0.00	20.00	J J I O		
81 87798		8.00 020624 020624	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: GATLIN			: 530000081418	MRN:								
2024	103026045	I1607026		030424	030424	899.12	586.03		313.09	0.00	0.00	586.03
		SERVICE DATES				BILLED	ALLOWED	COPAY				
POS PROC CD			PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		OBS	
81 87486	59	1.00 030424 030424	220224			42.00	28.00	0.00	28.00	9918		
01 07400	ГО	1 00 020404 020404	220224			27 07	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00 030424 030424	ZZUZZ4			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 030424 030424	220224			42.00	15.07 28.00	0.00	28 00	9918		
01 0/301	J)	1.00 030424 030424	77777			72.00	14.00	0.00	20.00	ノノエロ		
							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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

IC	CN	PAT ACCT I	NO. ERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALI COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODI	IFIERS 1		ROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
81 87633			30424 030424	220224			318.05	212.03 106.02	0.00	212.03		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
81 87640		1.00 0	30424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 0	30424 030424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59		1.00 0	30424 030424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 0	30424 030424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: NATASHA RUTI			RECIPIENT ID	.: 530001108709	MRN:								
2024102047	7819	I1604863			040924	040924	825.21	542.00		283.21	0.00	0.00	486.00
DOG DDOG GD MODI			ERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		ND C	
POS PROC CD MODI 81 87481 59	[FIERS]		ROM THRU 40924	PROVIDER 220224			AMOUNT 168.00	NON-AllOWED 112.00	TPL 0.00	PAID 112.00	DETAIL EC	JBS	
01 07401 39		4.00 0	40924 040924	ZZUZZ I			100.00	56.00	0.00	112.00	9910		
81 87640 59		1.00 0	40924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59		1.00 0	40924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 0	40924 040924	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59		1.00 0	40924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 0	40924 040924	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: KALEIGH RYAL 2024103026		I1607028	RECIPIENT ID	.: 530001042757	MRN: 020724	020724	1,049.12	629.64		419.48	0.00	0.00	629.64
			ERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI	IFIERS 1		ROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81 87635		1.00 0	20724 020724	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59		1.00 0	20724 020724	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 0	20724 020724	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59		1.00 0	20724 020724	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	1	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC		
81	87633	MODIFIERS		020724 020724	220224			318.05	212.03	0.00	212.03		FODS		
01	07033		1.00	020721 020721	220221			310.03	106.02	0.00	212.03	2210			
81	87640		1.00	020724 020724	220224			37.07	22.00	0.00	22.00	9918			
			,,						15.07	0.00					
81	87641	59	1.00	020724 020724	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
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					
3.T.3.3.4T.1		DIATO				NATO NT •									
NAME	: KALEIGH		I160702		.: 530001042757	MRN:	022024	1 040 12	620 64		110 10	0 00	0		620 64
	20241	03026073	1160702	SERVICE DATES	RENDERING	032824	032624	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	U	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81	87635	HODII IIKO		032824 032824	220224			150.00	43.61	0.00		9918	ПОДО		
0 =	0,000		1.00	032021 032021				130.00	106.39	0.00	13.01	J J I O			
81	87486	59	1.00	032824 032824	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87498	59	1.00	032824 032824	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	032824 032824	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	032824 032824	220224			318.05	212.03	0.00	212.03	9918			
0.1	0.00		1 00	020004 020004	000004			25 25	106.02	0.00	00.00	0010			
81	87640		1.00	032824 032824	220224			37.07	22.00	0.00	22.00	9918			
01	87641	E O	1 00	022024 022024	220224			27 07	15.07	0.00	22 00	0010			
81	0/041	59	1.00	032824 032824	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1 00	032824 032824	220224			49.86	28.00	0.00	28 00	9918			
01	07031	3,5	1.00	032021 032021	220221			17.00	21.86	0.00	20.00	JJ±0			
81	87798		8.00	032824 032824	220224			336.00	224.00	0.00	224.00	9918			
-									112.00	0.00					
NAME	: EMERY S				.: 530001677099	MRN:									
	20241	02044712	I160441			082823	082823		464.00		240.14	0.00	0	.00	156.00
				SERVICE DATES					ALLOWED						
		MODIFIERS	UNITS		PROVIDER				NON-AllOWED				EOBS		
81	87481	59	4.00	082823 082823	220224			168.00			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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	DDIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 87640 59)	1.00 082823 082823	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	9	1.00 082823 082823	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 082823 082823	220224			462.00	308.00 154.00	0.00	0.00	5000		
NAME: ADELYN SAL	LGADO	RECIPIENT ID	.: 530001386569	MRN:								
20241090		I1613079		041624	041624	565.12	374.03		191.09	0.00	0.00	374.03
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	DDIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		S	
81 87498 59	9	1.00 041624 041624	RENDERING PROVIDER 220224 220224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	e	1.00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
81 87798		4.00 041624 041624	220224			168.00	106.02 112.00	0.00	112.00	9918		
							56.00	0.00				
NAME: AMAHIA SAN	NCHEZ	RECIPIENT ID	.: 530002265916	MRN:								
20241020	044723	I1604418		040424	040424		10.00		2.00	0.00	0.00	10.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	DDIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL			S	
81 85025 59)	1.00 040424 040424	220224			12.00	10.00 2.00	0.00	10.00	9918		
NAME: CLAUDIA SA	ANCHEZ	RECIPIENT ID	.: 530001043107	MRN:								
20241020		I1603621		022024	022024	342.02	217.53		124.49	0.00	0.00	189.53
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MC	DDIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87798		3.00 022024 022024	220224			126.00	84.00	0.00	84.00	9918		
								0.00				
81 87491 59	9	1.00 022024 022024	220224			49.86	28.00	0.00	0.00	5490		
01 05511 50		1 00 000004 000004	000004			40.00	21.86	0.00	00.00	0010		
81 87511 59	9	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
81 87529 59	9	1.00 022024 022024	220224			49.86	14.00 28.00	0.00	28.00	9918		
01 0/32/ 39	,	1.00 022021 022021	77071			1 2.00	21.86	0.00	20.00	J J ± U		
81 87591 59	9	1.00 022024 022024	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87661	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 32.30	ALLOWED NON-AlloWED 21.53 10.77		PAID 21.53	DETAIL EOE	S	
NAME: MARIA S. 20241	ANCHEZ 07013219	RECIPIENT ID 11609167 SERVICE DATES	:: 530000918253	MRN: 040324	040324	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 1.00 040324 040324	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00		DETAIL EOE 9918	S	
81 87486	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00		9918		
81 87498 81 87581	59 59	1.00 040324 040324 1.00 040324 040324	220224			37.07 42.00	22.00 15.07 28.00	0.00 0.00 0.00		9918 9918		
81 87633	39	1.00 040324 040324	220224			318.05	14.00 212.03	0.00	212.03			
81 87640		1.00 040324 040324	220224			37.07	106.02 22.00	0.00	22.00	9918		
81 87641	59	1.00 040324 040324	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
	59	1.00 040324 040324				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040324 040324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ANITA S. 20241	ANDERS 02040620	I1603623	530001169225	MRN: 040424	040424		29.00		15.00	0.00	0.00	29.00
POS PROC CD 81 82306	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 29.00 15.00	COPAY TPL 0.00 0.00	PAID 29.00		S	
NAME: DANNY S. 20241	ANDERS 09081179	I1612076	.: 530002063143	MRN: 040824	040824		55.48		69.52	0.00	0.00	55.48
POS PROC CD 81 G0480	MODIFIERS		PROVIDER			BILLED AMOUNT 125.00	ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL 0.00 0.00		DETAIL EOE 9918	S	
NAME: MICHELL 20241	E SANDERS 02044742	RECIPIENT ID	.: 530000753294	MRN: 040824	040824	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE	DATES	BILLED	ALLOWED	NO	N (COPAY	TPL	PAID
					FROM	THRU	AMOUNT	AMOUNT	ALL	OWED A	TNUOMA	AMOUNT	AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81	87486	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 040824 040824	220224			42.00	28.00	0.00	28.00	9918		
0.4	0.7.00			000004			212 25	14.00	0.00	010 00	0.01.0		
81	87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
0.1	0.00		1 00 040004 040004	000004			20.00	106.02	0.00	00.00	0010		
81	87640		1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	F.0	1 00 040004 040004	000004			25 25	15.07	0.00	00.00	0010		
81	87641	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	ГО	1 00 040024 040024	222224			40.06	15.07	0.00	20.00	0010		
81	87651	59	1.00 040824 040824	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00 040024 040024	220224			226 00	21.86	0.00	224 00	0.01.0		
81	87798		8.00 040824 040824	220224			336.00	224.00	0.00	224.00	9910		
81	87635		1.00 040824 040824	220224			150.00	112.00 43.61	0.00	43.61	0010		
OΤ	07033		1.00 040024 040024	220224			130.00	106.39	0.00	43.01	9910		
								100.39	0.00				
NAME:	SANDY S	SANDERS	RECIPIENT I	D.: 530001939476	MRN:								
141111111		.02047833	I1604865	3. 330001333170	040324	040324	258.14	172.09)	86.05	0.00	0.00	172.09
	20212	102017000	SERVICE DATES	RENDERING	010321	010321	BILLED	ALLOWED	COPAY	00.03	0.00	0.00	1,2.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-AllowED	TPL	PAID	DETAIL EC)BS	
	80307	-	1.00 040324 040324				83.81	55.87	0.00	55.87			
								27.94	0.00				
81	G0482		1.00 040324 040324	220224			174.33	116.22	0.00	116.22	9918		
								58.11	0.00				
NAME:	SOFIA S	SANDOVAL	RECIPIENT I	D.: 530000916766	MRN:								
	20241	.07013237	I1609172		040224	040224	54.54	38.93	3	15.61	0.00	0.00	38.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS		MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	BS	
81	80053		1.00 040224 040224	220224			15.84		0.00	12.00	9918		
								3.84	0.00				
81	84443		1.00 040224 040224	220224			25.20	22.93	0.00	22.93	9918		
_								2.27	0.00				
81	36415		1.00 040224 040224	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	85049		1.00 040224 040224	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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: KAISLEE SAVAGE 2024102040653	RECIPIENT ID.: 530001107764 I1603631 SERVICE DATES RENDERING		040524	722.67 BILLED	474.00 ALLOWED) COPAY	248.67	0.00	0.00	474.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87481 59	4.00 040524 040524 220224			168.00	112.00 56.00	0.00	112.00			
81 87640 59	1.00 040524 040524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040524 040524 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040524 040524 220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87086	1.00 040524 040524 220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME: TAMMY SAVAGE 2024102047843	RECIPIENT ID.: 530001994137		040424	258 17	172.09	1	86.05	0.00	0.00	172.09
	SERVICE DATES RENDERING	040424	040424	BILLED	ALLOWED	COPAY				172.09
POS PROC CD MODIFIERS 81 80307	UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			AMOUNT 83.81	NON-AllOWED 55.87	TPL 0.00	PAID 55.87	DETAIL E 9918	OBS	
81 G0482	1.00 040424 040424 220224			174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22			
NAME: KYLEN SAWYER 2024109081219	RECIPIENT ID.: 530002260857		041624	899.12	586.03	3	313.09	0.00	0.00	586.03
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY			on a	
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 041624 041624 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00		OBS	
81 87498 59	1.00 041624 041624 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581 59	1.00 041624 041624 220224			42.00	28.00	0.00	28.00	9918		
81 87633	1.00 041624 041624 220224			318.05	14.00 212.03	0.00	212.03	9918		
81 87640	1.00 041624 041624 220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87641 59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 041624 041624 220224			49.86	28.00 21.86	0.00	28.00	9918		

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 041624 041624 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: TYHESHIA SAWYER 2024107013269	RECIPIENT ID.: 530001236991 I1609182 SERVICE DATES RENDERING	MRN: 041124 041124	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 041124 041124 220224		AMOUNT 49.86	NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 5490	5	
81 87591 59	1.00 041124 041124 220224		42.00	28.00 14.00	0.00		9918		
81 87661	1.00 041124 041124 220224		32.30	21.53 10.77	0.00	21.53	9918		
NAME: NOLAN SCHMIDT 2024102047853	I1604868	MRN: 040824 040824		196.14		88.93	0.00	0.00	140.14
POS PROC CD MODIFIERS 81 87529	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 040824 040824 220224		BILLED AMOUNT 99.72	ALLOWED NON-AllOWED 56.00 43.72	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 5910	5	
81 87640 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00		9918		
81 87801	2.00 040824 040824 220224		74.14	74.14 0.00	0.00	74.14			
NAME: LORI SCHULZ 2024107013285	RECIPIENT ID.: 530001452925 I1610826 SERVICE DATES RENDERING	MRN: 040924 040924	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 040924 040924 220224		AMOUNT 174.33	NON-AllOWED		PAID 116.22	DETAIL EOBS 9918	5	
NAME: PEYTEN SCHUTZ 2024103026117	RECIPIENT ID.: 530000942377 I1607060 SERVICE DATES RENDERING	MRN: 020924 020924	18.53 BILLED	10.00		8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS 81 87086	UNITS FROM THRU PROVIDER 1.00 020924 020924 220224		AMOUNT 18.53	NON-AllOWED		PAID 10.00	DETAIL EOBS 9918	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS	RECIPIENT ID.: 530002045701 11603633 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224 1.00 021524 021524 220224	MRN: 021524		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	172.09
2024102040687 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001469046 11603634 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 033024 033024 220224 1.00 033024 033024 220224	MRN: 033024	033024	299.33 BILLED AMOUNT 125.00 174.33	172.09 ALLOWED NON-AllOWED 55.87 69.13 116.22 58.11	COPAY TPL 0.00 0.00		DETAIL EOBS 9918	0.00	172.09
2024102047869 POS PROC CD MODIFIERS	I1604873 SERVICE DATES RENDERING		040224	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL	55.87	DETAIL EOBS 9918	0.00	172.09
NAME: SARIAH SCOTT 2024102040701 POS PROC CD MODIFIERS 81 87641 59 81 87798	RECIPIENT ID.: 530000707149 11603636 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022324 022324 220224 2.00 022324 022324 220224	MRN: 022324	022324	121.07 BILLED AMOUNT 37.07	NON-AllOWED	COPAY TPL	43.07 PAID 22.00 56.00	DETAIL EOBS 9918	0.00	78.00
2024102044766 POS PROC CD MODIFIERS		MRN: 022324	022324			COPAY TPL	PAID 112.00	0.00 DETAIL EOBS 9918	0.00	156.00

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	Г	PAID AMOUNT
POS 81	PROC CD 87640	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022324 022324 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	87653	59	1.00 022324 022324 220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87798		11.00 022324 022324 220224			462.00	308.00 154.00	0.00	0.00	5000			
NAME:	JAYLIN 20241	SCRUGGS .02040712	RECIPIENT ID.: 530000847988		040524		12.00		8.34	0.00	(0.00	12.00
DOG	PROC CD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	דד גייים כו	FORC		
	80053	MODIFIERS	1.00 040524 040524 220224			15.84	12.00 3.84	0.00	12.00		EODD		
81	36415		1.00 040524 040524 220224			4.50	0.00 4.50	0.00	0.00	3323			
NAME:	ARMONI	SEAWRIGHT	RECIPIENT ID.: 530001151959	MRN:									
	20241	.03026128	I1607070	032724	032724		487.55		264.27	0.00	(0.00	298.02
DOG	DDOG GD	MODIETEDO	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY	DATD		HODG		
	PROC CD 87491	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 032724 032724 220224			AMOUNT 49.86	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL 9918	EOBS		
01	0/4/1		1.00 032/24 032/24 220224			47.00	21.86	0.00	20.00	J J ± 0			
81	87511		1.00 032724 032724 220224			42.00	28.00	0.00	0.00	5910			
							14.00	0.00					
81	87529		2.00 032724 032724 220224			99.72	56.00	0.00	0.00	5910			
0.1	07501		1 00 020704 020704 000004			40.00	43.72	0.00	0.00	E010			
81	87591		1.00 032724 032724 220224			42.00	28.00 14.00	0.00	0.00	5910			
81	87661		1.00 032724 032724 220224			32.30	21.53	0.00	0.00	5910			
							10.77	0.00					
81	87798	59	3.00 032724 032724 220224			126.00	84.00	0.00	84.00	9918			
0.1	00050		1 00 020004 020004 000004			15 04	42.00	0.00	10.00	0010			
81	80053		1.00 032724 032724 220224			15.84	12.00 3.84	0.00	12.00	9918			
81	87389		1.00 032724 032724 220224			36.00	23.88	0.00	23.88	9918			
01	0,305		1.00 032,21 032,21 220221			30.00	12.12	0.00	23.00	3310			
81	36415		1.00 032724 032724 220224			4.50	0.00	0.00	0.00	3323			
							4.50	0.00	_				
81	87529		2.00 032724 032724 220224			99.72	56.00	0.00	0.00	5910			
							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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

515

POS PROC CD MODIFIERS UNITS FROM THEU PROVIDER NAME: ARMONI SEAWRIGHT PROVIDER PROVIDER ARMONI SEAWRIGHT PROVIDER P		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	AL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
81 87640 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87641 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87801 2.00 032724 032724 220224 74.14 74.14 0.00 74.14 81 87086 1.00 032724 032724 220224 74.14 74.14 0.00 74.14 81 87086 2.00 032724 032724 220224 818.53 10.00 0.00 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 9918 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 9918 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 0.00 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 0.00 10.00 9918 81 87087 1.00 032724 032724 220224 125.00 25.00 25.00 0.00 0.00 0.00 0.00 0.		MODIFFED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	מדגם	טייא דו הטיי	חמ	
81 87641 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87801 2.00 032724 032724 220224 220224 74.14 74.14 0.00 74.14 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 NAME: ARMONI SEAWRIGHT 2024103026154 11607071 10.: 530001151959 MRN: 032724 032724 220224 220224 220224 220224 220224 220224 125.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00												29	
81 87641 59	01 07040	37	1.00 032724 032724	220224			37.07			22.00	JJ±0		
81 87653 59 1.00 032724 032724 220224 37.07 22.00 0.00 22.00 9918 81 87801 2.00 032724 032724 220224 74.14 74.14 0.00 74.14 81 87086 1.00 032724 032724 220224 18.53 10.00 0.00 0.00 NAME: ARMONI SEAWRIGHT 2024103026154 11607071 RECIPIENT ID.: 530001151959 MRN: 032724 032724 032724 032724 220224 125.00 25.00 100.00 0.00 0.00 5.00 POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER BILLED ALLOWED COPAY AMOUNT NON-Allowed TPL PAID DETAIL EOBS 1.00 032724 032724 220224 100.00 0.00 0.00 0.00 5.00 9918 81 87075 1.00 032724 032724 220224 18.00 100.00 0.00 0.00 5.00 5.00 9918 81 87075 1.00 032724 032724 220224 18.00 100.00 0.00 0.00 5.00 5911 81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 0.00 5.00 5911	81 87641	59	1.00 032724 032724	220224			37.07			22.00	9918		
81 87653 59													
81 87801	81 87653	59	1.00 032724 032724	220224			37.07			22.00	9918		
81 87086 1.00 032724 032724 220224 18.53 0.00 0.00 10.00 9918 NAME: ARMONI SEAWRIGHT 2024103026154 11607071								15.07	0.00				
81 87086	81 87801		2.00 032724 032724	220224			74.14			74.14			
NAME: ARMONI SEAWRIGHT RECIPIENT ID.: 530001151959 MRN: 2024103026154 I1607071 032724 032724 125.00 25.00 100.00 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 032724 032724 220224 7.00 5.00 0.00 81 87075 1.00 032724 032724 220224 100.00 9.00 0.00 81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 5.00 5911													
NAME: ARMONI SEAWRIGHT 2024103026154	81 87086		1.00 032724 032724	220224			18.53			10.00	9918		
2024103026154								8.53	0.00				
2024103026154	NIAME · ADMONIT	CE VAD TOUR		• 620001161060	MID NT •								
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 86592 1.00 032724 032724 220224 7.00 5.00 0.00 81 87075 1.00 032724 032724 220224 100.00 9.00 81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 5.00 5.00 81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 5.00 5.00 5.00				530001151959		032724	125 00	25 00	1	100 00	0 00	0 00	5 00
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 86592	20241	03020134		PENDERING	032724	032724				100.00	0.00	0.00	5.00
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	POS PROC CD	MODIFIERS								PATD	DETATI EO	BS	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		1102111110											
81 87075 1.00 032724 032724 220224 100.00 9.00 0.00 0.00 5911 91.00 0.00 81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 0.00 5911													
81 87070 1.00 032724 032724 220224 18.00 11.00 0.00 0.00 5911	81 87075		1.00 032724 032724	220224			100.00				5911		
								91.00	0.00				
7.00 0.00	81 87070		1.00 032724 032724	220224			18.00			0.00	5911		
								7.00	0.00				
NAME: TANON GENERALIE TO 1 520000005540 NOV.	1711/F - T111017 G		DDGTDTD11111 TD	- 52000005540	MONT								
NAME: JAVON SEAWRIGHT RECIPIENT ID.: 530000985540 MRN:				.: 530000985540		022024	250 14	170 00		06 05	0 00	0 00	172 00
2024107013303 I1609188 032824 032824 258.14 172.09 86.05 0.00 0.00 172.09 SERVICE DATES RENDERING BILLED ALLOWED COPAY	20241	0/013303		DEMDED TMC	032824	032824				86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS	DUG DBUG GD	MODIFIEDS								חדגם	רבייאדו. ד∩ו	RQ	
81 80307 1.00 032824 032824 220224 83.81 55.87 0.00 55.87 9918		MODIFIERS											
27.94 0.00	01 00307		1.00 032021 032021	220221			03.01				JJ 10		
81 G0482 1.00 032824 032824 220224 174.33 116.22 0.00 116.22 9918	81 G0482		1.00 032824 032824	220224			174.33				9918		
58.11 0.00													
NAME: AVA SELF RECIPIENT ID.: 530000869474 MRN:				.: 530000869474									
	20241	02040722			021524	021524				385.38	0.00	0.00	172.09
SERVICE DATES RENDERING BILLED ALLOWED COPAY	D00 DD00 0D	MODIFIED								D3.TD		20	
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS		MODIFIERS										35	
$81 80307 \qquad \qquad 1.00 021524 021524 220224 \qquad \qquad 83.81 \qquad 55.87 \qquad 0.00 \qquad 55.87 9918 \qquad \qquad 27.94 \qquad 0.00$	01 00307		1.00 021524 021524	22U22 4			03.81			55.87	J J ⊥ O		
81 G0482 1.00 021524 021524 220224 174.33 116.22 0.00 116.22 9918	81 GN482		1 00 021524 021524	220224			174 33			116 22	9918		
51 90482 1.00 021324 021324 220224 58.11 0.00	01 00402		1.00 021324 021324	220221			1/4.33			110.22	J J ± U		
81 80307 1.00 021524 021524 220224 125.00 0.00 0.00 0.00 5000 6340	81 80307		1.00 021524 021524	220224			125.00			0.00	5000 6340		
125.00 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

516

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 0.00 174.33	COPAY TPL 0.00 0.00		DETAIL EON 5000 6341		
NAME: DENAE SELF	RECIPIENT ID.: 53000200906								
2024103026159	I1607073	021424 021424	125.00			69.52	0.00	0.00	55.48
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EO	. C	
81 G0480	1.00 021424 021424 220224		125.00	55.48 69.52		55.48		55	
NAME: JASON SELF	RECIPIENT ID.: 53000216454	7 MRN:							
2024099023540	I1602428	110323 110323	1,004.42	635.17	7	369.25	0.00	0.00	635.17
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT	NON-AllOWED	TPL		DETAIL EO	3S	
81 87486 59	1.00 110323 110323 220224		42.00	28.00	0.00	28.00	9918		
81 87498 59	1.00 110323 110323 220224		37.07	14.00 22.00	0.00	22 00	9918		
01 0/490 39	1.00 110323 110323 220224		37.07	15.07	0.00	22.00	9910		
81 87640 59	1.00 110323 110323 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 110323 110323 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 110323 110323 220224		318.05	212.03	0.00	212.03	9918		
01 07624 50	1 00 110202 110202 000004		105 20	106.02	0.00	40 14	0.01.0		
81 87634 59	1.00 110323 110323 220224		105.30	49.14 56.16	0.00	49.14	9918		
81 87641 59	1.00 110323 110323 220224		37.07	22.00	0.00	22 00	9918		
01 07011 39	1.00 110323 110323 220221		37.07	15.07	0.00	22.00	JJ10		
81 87651 59	1.00 110323 110323 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
81 87798	8.00 110323 110323 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
NAME: LACI SELLERS	RECIPIENT ID.: 53000084987	8 MRN:							
2024103026166	I1607075	021524 021524	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 EO	3S	
81 87635	1.00 021524 021524 220224		150.00	43.61	0.00	43.61	9918		
01 08405 50	1 00 001504 001504 000004		40.00	106.39	0.00	22.55	0010		
81 87486 59	1.00 021524 021524 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT		NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG I	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	rORG	
	87498	59		021524 021524					22.00 15.07	0.00		9918	COD	
81	87581	59	1.00	021524 021524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	021524 021524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	021524 021524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	021524 021524	220224			37.07	22.00 15.07	0.00	22.00	9918		
	87651	59	1.00	021524 021524	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	021524 021524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		ELTZER 02040742	I1603640		.: 530000651288	MRN: 040424	040424	22.00	12.00	ı	10.00	0.00	0.00	12.00
		MODIFIERS	UNTTS	SERVICE DATES FROM THRU 040424 040424	RENDERING PROVIDER 220224			BILLED		COPAY TPL	PAID 12.00	DETAIL E		
NAME:		ELTZER 03026186	I1607076		: 530000651288	MRN: 040924	040924	22.00 BILLED	12.00 ALLOWED	COPAY	10.00	0.00	0.00	12.00
	PROC CD 84702	MODIFIERS		FROM THRU 040924	PROVIDER 220224			AMOUNT 22.00	NON-AllOWED 12.00 10.00		PAID 12.00		COBS	
NAME:	SALMA S	ERNA 03026195	I1607078		.: 530001601882	MRN:	031224	1 049 12	629.64		419.48	0.00	0.00	128.00
DOG I		MODIFIERS	UNITS	SERVICE DATES	RENDERING PROVIDER	031221	031221	BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL E		120.00
	87635	MODIFIERD		031224 031224				150.00	43.61 106.39	0.00		5000	COOS	
81	87486	59	1.00	031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	031224 031224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

518

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL	OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87633	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224			BILLED AMOUNT 318.05	ALLOWED NON-AllOWED 212.03	COPAY TPL 0.00	PAID	DETAIL E 5000	OBS	
81	87640		1.00 031224 031224 220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	0.00	5000		
81	87641	59	1.00 031224 031224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 031224 031224 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 031224 031224 220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME:	ROSE SH 20241	IAHID .09081238	RECIPIENT ID.: 530000125205		041524	18.50	12.00)	6.50	0.00	0.00	12.00
	PROC CD 83036	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041524 041524 220224			BILLED AMOUNT 14.00	ALLOWED NON-AllOWED 12.00	COPAY TPL 0.00	PAID 12.00		OBS	
81	36415		1.00 041524 041524 220224			4.50	2.00 0.00 4.50	0.00 0.00 0.00	0.00	3323		
NAME:		IANEYFELT .07013315	RECIPIENT ID.: 530001541048		040124	900 12	586.03)	313.09	0.00	0.00	586.03
			SERVICE DATES RENDERING	040124	040124	BILLED	ALLOWED	COPAY				360.03
	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU PROVIDER 1.00 040124 040124 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	OBS	
81	87498	59	1.00 040124 040124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040124 040124 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040124 040124 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 040124 040124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 040124 040124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040124 040124 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040124 040124 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DAT		ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JESSICA SHANKLES 2024109081256	RECIPIENT ID.: 530001160339 I1613087 SERVICE DATES RENDERING	MRN: 041624 041	L624 1,049.12 BILLED	629.64 ALLOWED	ł COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORG	
81 87486 59	1.00 041624 041624 220224		42.00	28.00	0.00		9918	EODD	
01 07400 35	1.00 011021 011021 220221		42.00	14.00	0.00	20.00	JJ±0		
81 87498 59	1.00 041624 041624 220224		37.07	22.00	0.00	22 00	9918		
01 07190 39	1.00 011021 011021 220221		37.07	15.07	0.00	22.00	JJ±0		
81 87581 59	1.00 041624 041624 220224		42.00	28.00	0.00	28.00	9918		
01 07301 33	1.00 011021 011021 220221		12.00	14.00	0.00	20.00	,,,		
81 87633	1.00 041624 041624 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				
81 87640	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 041624 041624 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87651 59	1.00 041624 041624 220224		49.86	28.00	0.00	28.00	9918		
				21.86	0.00				
81 87798	8.00 041624 041624 220224		336.00	224.00	0.00	224.00	9918		
				112.00	0.00				
81 87635	1.00 041624 041624 220224		150.00	43.61	0.00	43.61	9918		
				106.39	0.00				
NAME: BRETT SHARBUTT	RECIPIENT ID.: 530001238038		1 040 10	600 64	1	410 40	0 00	0 00	600 64
2024103026230	I1607082	020524 020				419.48	0.00	0.00	629.64
DOG DDOG OD MODIETEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	DATD		HODG	
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 020524 020524 220224		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	FORS	
81 87635	1.00 020524 020524 220224		150.00	43.61 106.39	0.00	43.01	9918		
81 87486 59	1.00 020524 020524 220224		42.00	28.00	0.00	28 00	9918		
01 07400 35	1.00 020324 020324 220224		42.00	14.00	0.00	20.00	JJ±0		
81 87498 59	1.00 020524 020524 220224		37.07	22.00	0.00	22 00	9918		
01 07190 39	1:00 020321 020321 220221		37.07	15.07	0.00	22.00	J J I O		
81 87581 59	1.00 020524 020524 220224		42.00	28.00	0.00	28.00	9918		
0_ 0/00_ 0/				14.00	0.00		2220		
81 87633	1.00 020524 020524 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00		-		
81 87640	1.00 020524 020524 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 020524 020524 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY TE	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIE 81 87651 59	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER 1.00 020524 020524 220224		BILLED	ALLOWED NON-AlloWED	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOBS		
81 87798	8.00 020524 020524 220224		336.00		0.00		9918		
NAME: ETHYN SHARON 2024107013329	RECIPIENT ID.: 530001365797 I1609194 SERVICE DATES RENDERING	MRN: 030824 030824	49.86 BILLED	28.00 ALLOWED) COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIE 81 87651	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER 1.00 030824 030824 220224		AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	28.00	DETAIL EOBS 9918		
NAME: JEROME SHARP 2024107013344	RECIPIENT ID.: 530000713826 I1609195 SERVICE DATES RENDERING	MRN: 040224 040224	258.14 BILLED	172.09	COPAY	86.05	0.00	0.00	172.09
POS PROC CD MODIFIE 81 80307			AMOUNT 83.81	NON-AllOWED		55.87	DETAIL EOBS 9918		
81 G0482	1.00 040224 040224 220224		174.33	116.22 58.11	0.00		9918		
NAME: TYIIS SHARPLEY 202410701335	RECIPIENT ID.: 530002432796 I1609197 SERVICE DATES RENDERING	MRN: 040124 040124	565.12 BILLED	374.03 ALLOWED	S COPAY	191.09	0.00	0.00	374.03
POS PROC CD MODIFIE 81 87498 59	RS UNITS FROM THRU PROVIDER 1.00 040124 040124 220224		AMOUNT 37.07	NON-AllOWED			DETAIL EOBS 9918		
81 87581 59	1.00 040124 040124 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633			318.05	212.03 106.02	0.00	212.03			
81 87798	4.00 040124 040124 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: ADALYNN SHAW 2024103026250		MRN: 040924 040924		196.14 ALLOWED		88.93	0.00	0.00	140.14
POS PROC CD MODIFIE 81 87529	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER 2.00 040924 040924 220224			NON-AllowED	TPL	0.00	DETAIL EOBS 5910		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	NON-Allowed	COPAY TPL	PAID	DETAIL :	FORS	
81	87640	59		040924 040924	220224			37.07	22.00	0.00		9918		
0 ±	0,010	3,5	1.00	010021 010021	220221			37.07	15.07	0.00	22.00	J J I O		
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87653	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87801		2.00	040924 040924	220224			74.14	74.14	0.00	74.14			
									0.00	0.00				
NAME:	HANNAH	SHAW		RECIPIENT ID	.: 530000724958	MRN:								
		.03026263	I160708			040924	040924	198.04	141.93		56.11	0.00	0.00	141.93
				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	040924 040924	220224			15.84	12.00	0.00	12.00	9918		
									3.84	0.00				
81	82607		1.00	040924 040924	220224			22.00	17.00	0.00	17.00	9918		
0.1	00546		1 00	0.4.0.0.4.0.4.0.0.4	000004			00.00	5.00	0.00	12.00	2212		
81	82746		1.00	040924 040924	220224			22.00	13.00	0.00	13.00	9918		
0.1	02206		1 00	040004 040004	220224			44.00	9.00 29.00	0.00	20.00	9918		
81	82306		1.00	040924 040924	220224			44.00	15.00	0.00	29.00	9910		
81	84481		1 00	040924 040924	220224			24.00	16.00	0.00	16 00	9918		
01	01101		1.00	010021 010021	220221			21.00	8.00	0.00	10.00	JJ10		
81	83036		1.00	040924 040924	220224			14.00	12.00	0.00	12.00	9918		
									2.00	0.00				
81	84443		1.00	040924 040924	220224			25.20	22.93	0.00	22.93	9918		
									2.27	0.00				
81	84439		1.00	040924 040924	220224			13.00	9.00	0.00	9.00	9918		
									4.00	0.00				
81	83540		1.00	040924 040924	220224			9.00	7.00	0.00	7.00	9918		
0.1	05040		1 00	040004 040004	000004			0 00	2.00	0.00	4 00	0.01.0		
81	85049		1.00	040924 040924	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
NAMF:	ATLAS S	HELTON		RECIPIENT IN	.: 530002247141	MRN:								
TAT 21.1171 .		.09081297	I161209			041524	041524	1.049.12	629.64		419.48	0.00	0.00	629.64
	20211	.0,0010,		SERVICE DATES	RENDERING	011021	511521					3.00	0.00	027.01
POS	PROC CD	MODIFIERS	UNITS		PROVIDER				NON-AllowED		PAID	DETAIL :	EOBS	
	87635			041524 041524				150.00	43.61		43.61			
									106.39	0.00				

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO AT.I		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM	VICE DATES I THRU 524 041524	RENDERING PROVIDER 220224	TROTT	11110	BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EO		1110 0111
81 87498	59	1.00 0415	524 041524	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 0415	524 041524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 0415	524 041524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640			524 041524	220224			37.07	22.00 15.07	0.00		9918		
81 87641	59		524 041524	220224			37.07	22.00 15.07	0.00		9918		
81 87651	59		524 041524	220224			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 0415	524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: KHLOE S	SHERRILL L07013364	I1609210		530001134910	MRN: 041124	041124	704.14			240.14	0.00	0.00	464.00
POS PROC CD 81 87481	MODIFIERS 59	UNITS FROM	TICE DATES THRU .24 041124	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	3S	
81 87640	59	1.00 0411	.24 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87653	59	1.00 0411	.24 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 0411	.24 041124	220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME: KHLOE S 20241	SHERRILL L07013374	I1610835		530001134910	MRN: 041124	041124	18.53	10.00		8.53	0.00	0.00	10.00
POS PROC CD 81 87086		UNITS FROM	I THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 18.53	ALLOWED NON-AllOWED 10.00 8.53		10.00		3S	
NAME: JASMINE 20241	E SHIELDS 107013381	I1609212		DENDEDING	MRN: 041124	041124		77.53		46.63	0.00	0.00	49.53
POS PROC CD 81 87491		UNITS FROM 1.00 0411	I THRU	RENDERING PROVIDER 220224			AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	0.00	DETAIL EO	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL OUNT	PAID AMOUNT
POS 81	PROC CD 87591	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	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 9918		
81	87661		1.00 041124 041124	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	SOSHA S	HIKLE 07013391	RECIPIENT ID 11610836	.: 530001336332	MRN: 032124	032124	62.20	35.94		26.26	0.00	0.00	35.94
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 84481	MODIFIERS	UNITS FROM THRU 1.00 032124 032124	PROVIDER 220224			AMOUNT 24.00	NON-AllOWED 14.23 9.77	TPL 0.00 0.00	PAID 14.23	DETAIL EOBS 9918 9936		
81	84443		1.00 032124 032124	220224			25.20	14.13 11.07	0.00	14.13	9918 9936		
81	84439		1.00 032124 032124	220224			13.00	7.58 5.42	0.00	7.58	9918 9936		
NAME:		SIDES BRAVO		.: 530001160406	MRN:								
	20241	03026288	I1607104 SERVICE DATES	RENDERING	041024	041024	547.12 BILLED	305.64 ALLOWED	COPAY	241.48	0.00	0.00	305.64
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81	87635		1.00 041024 041024	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87498	59	1.00 041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041024 041024	220224			318.05	212.03 106.02	0.00	212.03	9918		
NAME:	ALIYAH	SIMMONS	RECIPIENT ID	.: 530001646221	MRN:								
	20240	99023572	I1602464		113023	113023		635.17		369.25	0.00	0.00	635.17
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOBS		
81	87486	59	1.00 113023 113023	220224			42.00	28.00	0.00	28.00			
81	87498	59	1.00 113023 113023	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87640	59	1.00 113023 113023	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 113023 113023	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL :	EOBS	
81 87	7633		1.00	113023 113023	220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87	7634	59	1.00	113023 113023	220224			105.30	49.14 56.16	0.00	49.14	9918		
81 87	7641	59	1.00	113023 113023	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7651	59	1.00	113023 113023	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87	7798		8.00	113023 113023	220224			336.00	224.00 112.00	0.00	224.00	9918		
									112.00	0.00				
NAME: FR	REDRIC	K SIMMONS		RECIPIENT ID	.: 530002113353	MRN:								
	202410	07013417	I161084			041224	041224	1,049.12	629.64		419.48	0.00	0.0	0 629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PRO		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	EOBS	
81 87	7635		1.00	041224 041224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87	7486	59	1.00	041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87	7498	59	1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918		
01 07	7581	ΕO	1 00	041004 041004	220224			42.00	15.07	0.00	20 00	0010		
81 87	/201	59	1.00	041224 041224	22022 4			42.00	28.00 14.00	0.00	20.00	9918		
81 87	7633		1.00	041224 041224	220224			318.05	212.03	0.00	212.03	9918		
0_ 0.			_,,,	V				323733	106.02	0.00		2220		
81 87	7640		1.00	041224 041224	220224			37.07	22.00	0.00	22.00	9918		
0.1	D C 4 1	5.0	1 00	0.41.004.041.004	000004			25 25	15.07	0.00	00.00	0.01.0		
81 87	7641	59	1.00	041224 041224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87	7651	59	1.00	041224 041224	220224			49.86	28.00	0.00	28.00	9918		
0_ 0.			_,,,	V					21.86	0.00		2220		
81 87	7798		8.00	041224 041224	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAMF: FD	ちどしちょくに	K SIMMONS		PECIDIENT ID	.: 530002113353	MRN:								
			I161209		550002115555		041224	319.55	213.03	}	106.52	0.00	0.0	0 213.03
				SERVICE DATES	RENDERING				ALLOWED		- -	, .	3.0	
POS PRO	OC CD	MODIFIERS	UNITS		PROVIDER				NON-AllOWED	\mathtt{TPL}			EOBS	
81 87	7507		1.00	041224 041224	220224			319.55			213.03	9918		
									106.52	0.00				

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	I	ICN	PAT ACC	CT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUI		PAID AMOUNT
NAME: JAM 2	MARI SIMM 202410908		I161308		ID.: 530002241299		041624	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00		0.00	629.64
POS PROC	TOM MOD	DIFIERS	UNITS	FROM TH				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EORS		
81 876		DIFIERD		041624 0416				150.00	43.61	0.00		9918	HODD		
01 070			1.00	, 011021 0110.				130.00	106.39	0.00	13.01	7710			
81 874	486 59		1.00	041624 0416	24 220224			42.00	28.00 14.00	0.00	28.00	9918			
81 874	498 59		1.00	041624 0416	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81 875	581 59		1.00	0 41624 0416	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81 876	533		1.00	041624 0416	24 220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81 876	540		1.00	041624 0416	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81 876	541 59		1.00	041624 0416	24 220224			37.07	22.00	0.00	22.00	9918			
0.1			4 00					40.06	15.07	0.00		0010			
81 876	551 59		1.00	041624 0416	24 220224			49.86	28.00	0.00	28.00	9918			
0.1	7.0.0		0.00	0.41.604.0416				226 22	21.86	0.00	004 00	0010			
81 877	/98		8.00	041624 0416	24 220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
NAME: TAY	VIEN CIMM	//ONG		DECTDTENT.	ID.: 530002235525	MRN:									
	202410204		I160487		1D.: 530002235525		040924	1,049.12	629.64		419.48	0.00		0.00	629.64
2	202410204	17001	1100407	SERVICE DAT	S RENDERING	040724	040724	BILLED	ALLOWED	COPAY	417.40	0.00		0.00	027.04
POS PROC	CD MOD	DIFIERS	UNITS	FROM TH				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81 876		JII ILKO		040924 0409				150.00	43.61	0.00		9918	порр		
01 070				, 010,21 010,				230.00	106.39	0.00	13.01	J J I U			
81 874	486 59		1.00	040924 0409	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81 874	498 59		1.00	040924 0409	24 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81 875	581 59		1.00	040924 0409	24 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81 876	533		1.00	040924 0409	24 220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81 876	540		1.00	040924 0409	24 220224			37.07	22.00	0.00	22.00	9918			
0.4									15.07	0.00		00			
81 876	541 59		1.00	040924 0409	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW	VED A	MA TNUOMA	PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87651 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87798	8.00 040924 040924 220224		336.00	224.00 112.00	0.00 0.00 0.00 0.00	224.00	9918		
NAME: DAMIAN SIMPSON 2024103026310	RECIPIENT ID.: 530002323680 I1607113 SERVICE DATES RENDERING	MRN: 031924 031924	18.00 BILLED	ALLOWED	COPAY				15.00
POS PROC CD MODIFIERS 81 83655	I1607113 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031924 031924 220224		AMOUNT 18.00	NON-AllOWED 15.00 3.00	TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918		
NAME: ISABELLA SIMPSON 2024107013432	RECIPIENT ID.: 530000943747 I1610842 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224	MRN: 040324 040324	319.55 BILLED	ATTOMED	COPAY				213.03
POS PROC CD MODIFIERS 81 87507	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		AMOUNT 319.55	NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOBS 9918		
NAME: MADISON SIMPSON 2024107013442	RECIPIENT ID.: 530000943746 I1610843 SERVICE DATES RENDERING	MRN: 040324 040324	319.55	213.03	10	06.52	0.00	0.00	213.03
POS PROC CD MODIFIERS 81 87507	I1610843 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		AMOUNT 319.55	ALLOWED NON-AllOWED 213.03 106.52	TPL 0.00 0.00	PAID 213.03	DETAIL EOBS 9918		
NAME: OLIVIA SIMPSON 2024099023584	RECIPIENT ID.: 530001565016 I1602469	MRN: 121523 121523	18.53			8.53	0.00	0.00	10.00
POS PROC CD MODIFIERS 81 87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 121523 121523 220224		AMOUNT 18.53	NON-AllOWED	TPL 0.00 0.00	PAID 10.00	DETAIL EOBS 9918		
	RECIPIENT ID.: 530000791851 I1603646	MRN: 120623 120623		262.00		13.21	0.00	0.00	262.00
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 120623 120623 220224		AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87640 59	1.00 120623 120623 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD 81 87653	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 120623 120623	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 87798	59	6.00 120623 120623	220224			252.00	168.00 84.00	0.00	168.00	9918		
81 87641	59	1.00 120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
	SIMS 03026316	RECIPIENT ID		MRN: 120623	120623		520.00		268.14	0.00	0.00	464.00
POS PROC CD	MODIFIEDO	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	D 7 T D	DETAIL EOB	C	
81 87481		4.00 120623 120623	220224			168.00	112.00	0.00	112.00		5	
81 87640	59	1.00 120623 120623	220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87653	59	1.00 120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		11.00 120623 120623	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87798		2.00 120623 120623	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: DARYL SI 202410	IMS 02040776	RECIPIENT ID		MRN: 040224	040224		116.22		58.11	0.00	0.00	116.22
POS PROC CD 81 G0482		SERVICE DATES UNITS FROM THRU 1.00 040224 040224	PROVIDER			BILLED AMOUNT 174.33	ALLOWED NON-AlloWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOB 9918	S	
	SIMS 03026336	RECIPIENT ID		MRN: 013124	013124		18.09		8.53	0.00	0.00	18.09
POS PROC CD 81 87086	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 013124 013124	PROVIDER			BILLED AMOUNT 18.53	NON-AllOWED 10.00	0.00	PAID 10.00	DETAIL EOB 9918	S	
81 87088		1.00 013124 013124	220224			8.09	8.53 8.09 0.00	0.00 0.00 0.00	8.09			
NAME: BOBBY SI 202410	INGH 02047894	RECIPIENT ID	530001034773	MRN: 040824	040824	18.50	12.00		6.50	0.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

I	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 83036	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 14.00	ALLOWED NON-AllOWED 12.00 2.00	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 36415		1.00 040824 040824	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME: MADISON SIN 202410204		I1603648	.: 530000880587	MRN: 021924	021924		704.00		449.01	0.00	0.00	620.00
POS PROC CD MOD 81 87798 59	DIFIERS	SERVICE DATES UNITS FROM THRU 12.00 021924 021924	RENDERING PROVIDER 220224			BILLED AMOUNT 504.00	ALLOWED NON-AllOWED 336.00 168.00	COPAY TPL 0.00 0.00	PAID 336.00	DETAIL 9918	EOBS	
81 87481 59		4.00 021924 021924	220224			168.00	112.00 56.00	0.00	112.00	9918		
81 87500		1.00 021924 021924	220224			33.00	22.00 11.00	0.00	22.00	9918		
81 87529		2.00 021924 021924	220224			99.72	56.00 43.72	0.00	56.00	9918		
81 87551		3.00 021924 021924	220224			144.72	84.00 60.72	0.00	0.00	5900		
81 87563		1.00 021924 021924	220224			42.50	0.00 42.50	0.00	0.00	4021		
81 87640 59		1.00 021924 021924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59		1.00 021924 021924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651		1.00 021924 021924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87653 59		1.00 021924 021924	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME: BRIAN SLAIN 202410302		RECIPIENT ID 11607127	.: 530001615822	MRN: 021224	021224	1,049.12	629.64		419.48	0.00	0.00	629.64
202110302	20370	SERVICE DATES	RENDERING	021221	021221	BILLED	ALLOWED	COPAY	110.10	0.00	0.00	027.01
	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87635		1.00 021224 021224	220224			150.00	43.61	0.00	43.61	9918		
81 87486 59		1.00 021224 021224	220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87498 59		1.00 021224 021224	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	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	ZODC	
81 8758		UNITS FROM THRU PROVIDER 1.00 021224 021224 220224			42.00	28.00	0.00		9918	2002	
01 0730) ± 39	1.00 021224 021224 220224			12.00	14.00	0.00	20.00	9910		
81 8763	13	1.00 021224 021224 220224			318.05	212.03	0.00	212.03	9918		
01 0703	, ,	1.00 021221 021221 220221			310.03	106.02	0.00	212.03	JJ10		
81 8764	10	1.00 021224 021224 220224			37.07	22.00	0.00	22 00	9918		
01 070.		1.00 021221 021221 220221			37.07	15.07	0.00	22.00	JJ10		
81 8764	1 59	1.00 021224 021224 220224			37.07	22.00	0.00	22 00	9918		
01 070.	0,	1.00 021221 021221 220221			37.07	15.07	0.00	22.00	3310		
81 8765	51 59	1.00 021224 021224 220224			49.86	28.00	0.00	28.00	9918		
0_ 0.00						21.86	0.00		2220		
81 8779	8	8.00 021224 021224 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NAME: LUKE	SLATON	RECIPIENT ID.: 53000096976	MRN:								
20	24103026381	I1607130	031224	031224	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 8748	36 59	1.00 031224 031224 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 8749	98 59	1.00 031224 031224 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 8758	31 59	1.00 031224 031224 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 8763	33	1.00 031224 031224 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 8764	10	1.00 031224 031224 220224			37.07	22.00	0.00	22.00	9918		
01 006		1 00 001004 001004 000004			25 25	15.07	0.00	00.00	0.01.0		
81 8764	1 59	1.00 031224 031224 220224			37.07	22.00	0.00	22.00	9918		
01 076	1 50	1 00 021004 021004 000004			40.06	15.07	0.00	00.00	0010		
81 8765	51 59	1.00 031224 031224 220224			49.86	28.00	0.00	28.00	9918		
01 0770	١٥	0 00 021224 021224 220224			226 00	21.86	0.00	224 00	0010		
81 8779	78	8.00 031224 031224 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
MAME. CHET	лым смарт	RECIPIENT ID.: 53000235945	7 MRN:								
		I1602494		040324	51 FA	35.00		16.50	0.00	0.00	35.00
۷(144022043333	SERVICE DATES RENDERING	040324	040324		ALLOWED		TO.50	0.00	0.00	33.00
DOS DDOC	CD MODIFIERS	UNITS FROM THRU PROVIDER				NON-AllowED		חדעם	די אדד נ	robs.	
81 8440		1.00 040324 040324 220224			38.00	31.00	U UU	31.00	9918	1010	
01 0440	, 5	1.00 010321 010321 220221			30.00		0.00		J J ± U		
						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 1	.598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE 0	4/19/2024

DATE: 04/19/2024

530

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		OWED	AMOUNT AM	PL IOUNT	PAID AMOUNT
81 36415	1.00 040324 040324 220224		4.50		0.00		3323)	
81 85049	1.00 040324 040324 220224		9.00	4.00	0.00	4.00	9918		
NAME: STEVEN SMART 2024102044778	RECIPIENT ID.: 530002359457 I1604422 SERVICE DATES RENDERING	MRN: 040324 040324		116.22	? COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		BILLED AMOUNT 174.33	NON-AllowED	TPL	PAID 116.22		3	
NAME: LINDA SMELLEY 2024109081345	RECIPIENT ID.: 530001161745 I1613090	MRN: 040924 040924	116.09	46.47	7	69.62	0.00	0.00	46.47
POS PROC CD MODIFIERS 81 88175	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		BILLED AMOUNT 81.00	ALLOWED NON-AllOWED 25.00 56.00	COPAY TPL 0.00 0.00	PAID 25.00	DETAIL EOBS 9918	3	
81 87624	1.00 040924 040924 220224		35.09	21.47 13.62	0.00	21.47	9918		
NAME: AMORIAN SMITH 2024102044790	RECIPIENT ID.: 530002154246 I1604423 SERVICE DATES RENDERING	MRN: 040824 040824	1,049.12 BILLED	629.64 ALLOWED	l COPAY	419.48	0.00	0.00	629.64
POS PROC CD MODIFIERS 81 87635	UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		AMOUNT 150.00	NON-AllowED			DETAIL EOBS 9918		
81 87486 59	1.00 040824 040824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040824 040824 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040824 040824 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040824 040824 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040824 040824 220224		49.86	28.00 21.86	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

531

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 040824 040824 220224		BILLED AMOUNT 336.00	ALLOWED NON-AlloWED 224.00 112.00	COPAY TPL	PAID 224.00	DETAIL EOBS		
NAME: ARRYEL SMITH 2024099023609 HEADER EOBS: 9003	RECIPIENT ID.: 530000963013 I1602495	MRN: 032524 032524	150.00	0.00)	150.00	0.00	31.68	0.00
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032524 032524 220224		BILLED AMOUNT 150.00	ALLOWED NON-AllOWED 0.00 150.00		PAID 0.00		3	
NAME: ASHLEY SMITH 2024099023616	RECIPIENT ID.: 530000263534 I1602499 SERVICE DATES RENDERING	MRN: 040324 040324	899.12 BILLED	586.03	B COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00		DETAIL EOBS 9918	5	
81 87498 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040324 040324 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040324 040324 220224		318.05	212.03 106.02	0.00	212.03			
81 87640	1.00 040324 040324 220224		37.07	22.00 15.07	0.00		9918		
81 87641 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00		9918		
81 87651 59	1.00 040324 040324 220224		49.86	28.00 21.86	0.00		9918		
81 87798	8.00 040324 040324 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: BRANDON SMITH 2024102040810	RECIPIENT ID.: 530001541974 I1603650	MRN: 021724 021724	258.14			86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021724 021724 220224		BILLED AMOUNT 83.81	ALLOWED NON-AllOWED 55.87	COPAY TPL 0.00		DETAIL EOBS 9918	5	
81 G0482	1.00 021724 021724 220224		174.33	27.94 116.22 58.11	0.00 0.00 0.00	116.22	9918		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

532

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWE:			TPL MOUNT	PAID AMOUNT
NAME: BRITNI SMITH 2024102040820 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530001284446 I1603649 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	MRN: 040124 040124	174.33 BILLED AMOUNT 174.33	116.22 ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	.11 PAID 116.22	0.00 DETAIL EOB: 9918	0.00	116.22
NAME: BROOKLYN SMITH 2024103026415 POS PROC CD MODIFIERS 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59	RECIPIENT ID.: 530002115231 I1607140 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224	MRN: 040924 040924	899.12 BILLED AMOUNT 42.00 37.07 42.00 318.05 37.07 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 28.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		991899189918991899189918	0.00	586.03
81 87798	8.00 040924 040924 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME: CHLOE SMITH 2024107013453 POS PROC CD MODIFIERS 81 87798 81 87491 59 81 87511 59 81 87529 59 81 87591 59	RECIPIENT ID.: 530000302400 I1609239 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 033024 033024 220224 1.00 033024 033024 220224 1.00 033024 033024 220224 1.00 033024 033024 220224 1.00 033024 033024 220224	MRN: 033024 033024	382.14 BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00	244.62 ALLOWED NON-AlloWED 84.00 42.00 28.00 21.86 28.00 14.00 28.00 21.86 28.00 14.00	COPAY	PAID	5490 9918 9918	0.00	216.62

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

533

Report Process Report			ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	ſ	PAID AMOUNT
81 87661 59	DOG	DDOG GD	MODIFIEDO							ח א א ד די	ב ע השמע	EODC		
NAME DIXIE SHITH RECIPIENT ID SERVICE DATES RENDERING 20224 2022												L EOBS		
81 87086 1.00 033024 033024 220224 18.53	01	07001	3,5	1.00 033021 033021 220221			32.30			21.33	JJ±0			
Recommendation Reco	81	87086		1.00 033024 033024 220224			18.53			10.00	9918			
NAME DIXIE SMITH RECIPIENT ID S3001431089 NAME 1101290 NAME DIXIE SMITH DIXIES SERVICE DATES SERVICE DAT									0.00					
NAME DIXIE SMITH 1612096 RECIPIENT ID. 53001431089 MEN 041524 0415	81	87186		1.00 033024 033024 220224			13.50			9.00	9918			
NAME DITION DIT	0.1	0.77000		1 00 022004 022004 000004			0.00			0.00				
Name	81	87088		1.00 033024 033024 220224			8.09			8.09				
100 100								0.00	0.00					
100 100	NAME:	DIXIE S	SMITH	RECIPIENT ID.: 53000143108	MRN:									
FOST PROCE PRODUCTION PROCE						041524	1,047.79	592.00		455.79	0.00	(0.00	532.00
81 87481 59 4.00 041524 041524 220224 168.00 56.00 0.00 0.00 0.00 0.00 0.00 0.00														
81 87640 59 1.00 041524 041524 220224 37.07 22.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0												_ EOBS		
81 87640 59 1.00 041524 041524 22024 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 041524 041524 220224 462.00 308.00 0.00 22.00 9918 81 87798 2.00 041524 041524 220224 84.00 56.00 0.00 22.00 9918 81 84758 2.00 041524 041524 220224 84.00 56.00 0.00 22.00 9918 81 84758 2.00 041524 041524 220224 84.00 56.00 0.00 0.00 5000 81 842570 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81	81	87481	59	4.00 041524 041524 220224			168.00			112.00	9918			
15.07 0.00 22.00 9918 1.00 041524 041524 220224 462.00 308.00 0.00 22.00 9918 1.00 041524 041524 220224 462.00 308.00 0.00 308.00 9918 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 1.00 041524 041524 220224 84.00 56.00 0.00 0.00 5000 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.0	0.1	0.7.6.4.0	5 0	1 00 041504 041504 000004			25 25			00.00	0010			
81 87653 59 1.00 041524 041524 22024 37.07 22.00 0.00 22.00 9918 81 87798 11.00 041524 041524 220224 462.00 308.00 0.00 308.00 9918 81 87641 59 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 041524 041524 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 041524 041524 220224 8.00 0.00 0.00 4.00 9918 81 83570 1.00 041524 041524 220224 8.00 6.00 0.00 4.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82010 1.00 041524 041524 220224 32.00 14.00 0.00 4.00 9918 81	81	87640	59	1.00 041524 041524 220224			37.07			22.00	9918			
St 87798 11.00 041524 041524 220224 462.00 308.00 0.00 308.00 9918	0.1	07652	ΕO	1 00 041524 041524 220224			27 07			22 00	0010			
81 87798 11.00 041524 041524 220224 462.00 308.00 0.00 1.00 0.00 1.00 0.00 0.00 0.00	OΤ	0/055	39	1.00 041524 041524 220224			37.07			22.00	9910			
STOCK STOC	81	87798		11.00 041524 041524 220224			462.00			308.00	9918			
81 87641 59 1.00 041524 041524 220224 37.07 22.00 0.00 22.00 9918 81 87798 2.00 041524 041524 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 041524 041524 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 041524 041524 220224 16.00 0.00 0.00 4.00 9918 81 82945 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82945 <	01	07750		11.00 011321 011321 220221			102.00			300.00	J J I O			
81 87798 2.00 041524 041524 220224 84.00 56.00 0.00 0.00 5000 81 84156 1.00 041524 041524 220224 8.00 0.00 0.00 4.00 9918 81 82570 1.00 041524 041524 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82945 1.00 041524 041524 220224 8.00 5.00 0.00 4.00 9918 81 82945 59 <t< td=""><td>81</td><td>87641</td><td>59</td><td>1.00 041524 041524 220224</td><td></td><td></td><td>37.07</td><td></td><td></td><td>22.00</td><td>9918</td><td></td><td></td><td></td></t<>	81	87641	59	1.00 041524 041524 220224			37.07			22.00	9918			
81 84156 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82570 1.00 041524 041524 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 6.00 9918 81 84311 2.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82945 1.00 041524 041524 220224 16.00 0.00 0.00 0.00 0.00 14.00 9918 81 82947 59 1.00 041524 041524 220224 8.00 4.00 0.00 0.00 0.00 14.00 9918 81 82947 59 1.00 041524 041524 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 041524 041524 220224 8.00 5.00 5.00 0.00 5.00 9918								15.07	0.00					
81 84156 1.00 041524 041524 220224 8.00 4.00 0.00 0.00 0.00 0.00 0.00 0.00	81	87798		2.00 041524 041524 220224			84.00			0.00	5000			
81 82570 1.00 041524 041524 220224 8.00 6.00 0.00 6.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 041524 041524 220224 8.00 14.00 0.00 14.00 9918 81 82010 1.00 041524 041524 220224 16.00 0.00 0.00 0.00 0.00 14.00 9918 81 82945 1.00 041524 041524 220224 16.00 0.00 0.00 0.00 0.00 0.00 0.00 16.00 9918 81 82247 59 1.00 041524 041524 220224 8.00 4.00 0.00 0.00 0.00 0.00 0.00 0.00	0.4	0.44 = 6								4 00	0010			
81 82570 1.00 041524 041524 220224 8.00 6.00 2.00 0.00 0.00 0.00 6.00 9918 81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 84311 2.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 041524 041524 220224 16.00 0.00 0.00 0.00 0.00 0.00 0.00 14.00 9918 81 82945 1.00 041524 041524 220224 8.00 4.00 0.00 0.00 0.00 0.00 0.00 0.00	81	84156		1.00 041524 041524 220224			8.00			4.00	9918			
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	02570		1 00 041524 041524 220224			9 00			6 00	0010			
81 83069 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 0.00 4.00 9918 81 84311 2.00 041524 041524 220224 32.00 14.00 0.00 14.00 9918 81 82010 1.00 041524 041524 220224 16.00 0.00 0.00 0.00 0.00 4524 81 82945 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 82247 59 1.00 041524 041524 220224 8.00 4.00 0.00 4.00 9918 81 83986 1.00 041524 041524 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 041524 041524 220224 7.00 3.00 0.00 3.00 9918	01	02370		1.00 041324 041324 220224			0.00			0.00	9910			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	81	83069		1.00 041524 041524 220224			8.00			4.00	9918			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										_,,,				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	84311		2.00 041524 041524 220224			32.00	14.00	0.00	14.00	9918			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$														
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	82010		1.00 041524 041524 220224			16.00			0.00	4524			
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	00045		1 00 041504 041504 000004			0.00			4 00	0010			
81 82247 59 1.00 041524 041524 220224 8.00 5.00 0.00 5.00 9918 81 83986 1.00 041524 041524 220224 7.00 3.00 0.00 3.00 9918	81	82945		1.00 041524 041524 220224			8.00			4.00	9918			
3.00 0.00 81 83986 1.00 041524 041524 220224 7.00 3.00 0.00 3.00 9918	Ω1	82247	50	1 00 041524 041524 220224			Ω ΛΛ			5 00	001Ω			
81 83986 1.00 041524 041524 220224 7.00 3.00 0.00 3.00 9918	OΤ	0224/	Jy	T.UU UTLJAT UTLJAT ZZUZAT			0.00			5.00	22TO			
	81	83986		1.00 041524 041524 220224			7.00			3.00	9918			
4.00 0.00	~ –	3223						4.00	0.00	2.00				

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 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN-	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NC ALI		COPAY TE	L UNT	PAID AMOUNT
POS PROC CD MODIFI 81 81007			BILLED AMOUNT 120.00		COPAY TPL 0.00 0.00	0.00	DETAIL EOBS 5900		
81 82043 QW	1.00 041524 041524 220224		7.58	6.00 1.58	0.00		9918		
NAME: ERICK SMITH 202410701346	RECIPIENT ID.: 530001432 I1609242 SERVICE DATES RENDERING	294 MRN: 041024 041024	13.50 BILLED	4.00		9.50	0.00	0.00	4.00
POS PROC CD MODIFI 81 36415			AMOUNT 4.50	NON-AllowED	TPL 0.00 0.00		DETAIL EOBS 3323		
81 85049	1.00 041024 041024 220224		9.00		0.00		9918		
NAME: HEATH SMITH 202410302643	RECIPIENT ID.: 530000658 I1607146 SERVICE DATES RENDERING	920 MRN: 120823 120823	61.34 BILLED	33.00 ALLOWED) COPAY	28.34	0.00	0.00	33.00
POS PROC CD MODIFI 81 82044 QW	RS UNITS FROM THRU PROVIDER 1.00 120823 120823 220224		AMOUNT 12.00	NON-AllowED	TPL 0.00 0.00	PAID 3.00	DETAIL EOBS 9918		
81 80053				12.00 3.84	0.00		9918		
81 80061 81 36415	1.00 120823 120823 220224 1.00 120823 120823 220224		20.00	14.00 6.00 0.00	0.00 0.00 0.00		9918 3323		
81 85049	1.00 120823 120823 220224		9.00	4.50 4.00 5.00	0.00 0.00 0.00	4.00	9918		
NAME: JOSEPH SMITH 202410204083		372 MRN: 040124 040124	174.33 BILLED	116.22 ALLOWED	2 COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFI 81 G0482			AMOUNT 174.33	NON-AllOWED	TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918		
NAME: KAZIYAH SMITH 202410701348	RECIPIENT ID.: 530001565 I1610852 SERVICE DATES RENDERING	218 MRN: 041124 041124		4.00		9.50	0.00	0.00	4.00
POS PROC CD MODIFI 81 36415	RS UNITS FROM THRU PROVIDER		AMOUNT 4.50	NON-AllOWED		0.00	DETAIL EOBS 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
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

535

IC	CN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODI 81 85049	IFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID 4.00	DETAIL EO	DBS	
NAME: KAZIYAH SMIT			.: 530001565218	MRN:								
2024109081	1404	I1613092	DENDEDING	041124	041124	18.00			3.00	0.00	0.00	15.00
POS PROC CD MODI	PARTET		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E)BS	
81 83655	TLIEVO		220224			18.00	15.00 3.00	0.00	15.00		סטק	
NAME: KAZIYAH SMIT	ТН	RECIPTENT ID	.: 530001565218	MRN:								
2024109081		I1613093	. 550001505210	041624	041624	1,049.12	629.64	:	419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODI	IFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EC	DBS	
81 87635		1.00 041624 041624	220224			150.00	43.61	0.00	43.61	9918		
01 07406 50		1 00 041604 041604	220224			40.00	106.39	0.00	20.00	0.01.0		
81 87486 59		1.00 041624 041624	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 041624 041624	220224			37.07	22.00	0.00	22 00	9918		
01 0,100 35		1.00 011021 011021	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581 59		1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
0.1			000004			00-	106.02	0.00		0.01.0		
81 87640		1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
81 87641 59		1.00 041624 041624	220224			37.07	15.07 22.00	0.00	22 00	9918		
81 87041 39		1.00 041024 041024	220224			37.07	15.07	0.00	22.00	9910		
81 87651 59		1.00 041624 041624	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: KEYSTON SMIT	ਧਾਹ	DECIDIENT ID	.: 530002314947	MRN:								
202410204(I1603653	330002314947	040524	040524	565 12	374.03		191.09	0.00	0.00	374.03
2021102010		SERVICE DATES	RENDERING	313321	010021	BILLED	ALLOWED	COPAY		J. 5 5	3.00	3,1.03
POS PROC CD MODI	IFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EC	DBS	
81 87498 59		1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581 59		1.00 040524 040524	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 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

536

		ICN	PAT ACC			_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	ROC CD 87633	MODIFIERS	UNITS 1.00	FROM	E DATES THRU 040524	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	040524	040524	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:	KHYLEN 20241	SMITH 02047904	I160488		PIENT ID	.: 530002169343	MRN: 040924	040924	899.12	586.03		313.09	0.00	0.00	586.03
					E DATES	RENDERING			BILLED	ALLOWED	COPAY				
	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87486	59	1.00	040924	040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	040924	040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040924	040924	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00	040924	040924	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00	040924	040924	220224			37.07	106.02 22.00	0.00	22.00	9918		
0 ±	0,010		1.00	010021	010521	220221			37.07	15.07	0.00	22.00	J J ± 0		
81	87641	59	1.00	040924	040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	040924	040924	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00	040924	040924	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NT N M E ·	K TMC CTO	N SMITH		DECT	חד יייואים דר	.: 530001869403	MRN:								
MAIII •		02047914	I160488		FIENT ID	330001007403		040924	899.12	586.03		313.09	0.00	0.00	586.03
	20211	02017911	1100100		E DATES	RENDERING	010521	010021	BILLED	ALLOWED	COPAY	313.07	0.00	0.00	300.03
POS P	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
	87486	59			040924	220224			42.00	28.00 14.00	0.00				
81	87498	59	1.00	040924	040924	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00	040924	040924	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00	040924	040924	220224			318.05	14.00 212.03	0.00	212.03	9918		
										106.02	0.00				
81	87640		1.00	040924	040924	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

537

		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	FORG	
81	87641	59	1.00 040924 040924	220224			37.07	22.00	0.00		9918	FODS	
01	0/041	37	1.00 040024 040024	220224			37.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 040924 040924	220224			49.86	28.00	0.00	28 00	9918		
01	07031	39	1.00 040924 040924	220224			49.00	21.86	0.00	20.00	9910		
81	87798		8.00 040924 040924	220224			336.00	224.00	0.00	224.00	0010		
0.1	01190		8.00 040924 040924	220224			330.00	112.00	0.00	224.00	9910		
								112.00	0.00				
MAME:	KOLYN S	ייד אי	PECIDIENT ID	.: 530001320113	MRN:								
MAINE .		.07013489	I1610851	550001520115	041224	041224	1,062.62	633.64		428.98	0.00	0.	00 633.64
	20241	.07013 1 09	SERVICE DATES	RENDERING	041224	041224	BILLED	ALLOWED	COPAY	120.90	0.00	0.	00 033.04
DUG	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FORG	
81	87635	MODIFIERD	1.00 041224 041224	220224			150.00	43.61	0.00		9918	EODO	
01	07033		1.00 041224 041224	220224			130.00	106.39	0.00	43.01	JJ±0		
81	87486	59	1.00 041224 041224	220224			42.00	28.00	0.00	28 00	9918		
01	07400	37	1.00 041224 041224	220224			42.00	14.00	0.00	20.00	JJ±0		
81	87498	59	1.00 041224 041224	220224			37.07	22.00	0.00	22 00	9918		
01	07100	37	1.00 011221 011221	220221			31.01	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28 00	9918		
01	0,301	3,5	1.00 011221 011221	220221			12.00	14.00	0.00	20.00	7710		
81	87633		1.00 041224 041224	220224			318.05	212.03	0.00	212.03	9918		
01	0,000		1.00 011221 011221	220221			310.03	106.02	0.00	222.00	7710		
81	87640		1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
0_	0.010							15.07	0.00		2220		
81	87641	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041224 041224	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 041224 041224	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
81	36415		1.00 041224 041224	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	85049		1.00 041224 041224	220224			9.00	4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:		LLE SMITH	RECIPIENT ID	.: 530000743281	MRN:								
	20241	.07013509	I1609254		040124	040124		55.48		69.52	0.00	0.	00 55.48
			SERVICE DATES					ALLOWED					
		MODIFIERS		PROVIDER				NON-AllowED				EOBS	
81	G0480		1.00 040124 040124	220224			125.00			55.48	9918		
								69.52	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOV		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: ROSIE SMITH 2024102047936 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002027283 11604885 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224 1.00 040424 040424 220224	MRN: 040424 040424	258.14 BILLED AMOUNT 83.81 174.33	116.22 ALLOWED NON-AllOWED 0.00 83.81 116.22	COPAY TPL 0.00 0.00 0.00	PAID	0.00 DETAIL EO: 6340 9918	0.00 BS	116.22
NAME: ROWAN SMITH 2024107013524 POS PROC CD MODIFIERS 81 83655	RECIPIENT ID.: 530002335188 I1610855 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	MRN: 041124 041124	18.00 BILLED AMOUNT 18.00	58.11 15.00 ALLOWED NON-AllOWED 15.00 3.00	COPAY TPL	3.00 PAID 15.00		0.00 BS	15.00
NAME: RYLAN SMITH 2024103026458 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87634 59 81 87640 81 87641 59 81 87651 59	RECIPIENT ID.: 530002330993 I1607164 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224 1.00 110923 110923 220224	MRN: 110923 110923	818.42 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05 105.30 37.07 49.86	45.00 ALLOWED NON-AllOWED 5.00 145.00 5.00 37.00 5.00 32.07 5.00 37.00 5.00 313.05 5.00 100.30 5.00 32.07 5.00 32.07 5.00 44.86	77 COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 5.00 5.00 5.00 5.00 5.00 5.00 5.00	0.00 DETAIL EO 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936 9918 9936	BS	45.00
NAME: SHAYLA SMITH 2024102044803	RECIPIENT ID.: 530001136404 I1604429	MRN: 022924 022924	744.26	491.09	25	53.17	0.00	0.00	491.09

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
500	22000			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T.D.		T0D0	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87481	59	4.00	022924 022924	220224			168.00	112.00 56.00	0.00	112.00	9918		
81	87640	59	1.00	022924 022924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653	59	1 00	022924 022924	220224			37.07	22.00	0.00	22.00	9918		
01	07033	37	1.00	022721 022721	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87798		11.00	022924 022924	220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
81	87086		1.00	022924 022924	220224			18.53	10.00	0.00	10.00	9918		
									8.53	0.00				
81	87186		1.00	022924 022924	220224			13.50	9.00	0.00	9.00	9918		
									4.50	0.00				
81	87088		1.00	022924 022924	220224			8.09	8.09	0.00	8.09			
									0.00	0.00				
• ידוא ואודי	TATCIII O	R SMITH		ההקדהדהאת דה	• 520002256056	MRN:								
NAME •		.07013531	I160926		.: 530002356856		041124	1 049 12	629.64		419.48	0.00	0.00	629.64
	20241	.07013331	1100020	SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	417.40	0.00	0.00	027.04
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
	87635	1102111111		041124 041124				150.00	43.61	0.00	43.61		_0_0	
									106.39	0.00				
81	87486	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87498	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041124 041124	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	041104 041104	000004			210 05	14.00	0.00	010 00	0010		
81	87633		1.00	041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1 00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
01	07040		1.00	041124 041124	220224			37.07	15.07	0.00	22.00	J J ± 0		
81	87641	59	1.00	041124 041124	220224			37.07	22.00	0.00	22.00	9918		
					-				15.07	0.00				
81	87651	59	1.00	041124 041124	220224			49.86		0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	041124 041124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
377 377	011015 ~	NATES 703770		DEGIET		MIDAT								
NAME:		MITH JONES .02047961	I160488		.: 530001940636	MRN: 040424	040424	258.14	172.09		86.05	0.00	0.00	172.09
	20241	.0201/201	TT00400	•		0 10 12 1	010121	230.11	112.09		00.03	0.00	0.00	1/2.09

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

540

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224		BILLED AMOUNT 83.81	ALLOWED NON-AllowED	COPAY TPL	PAID 55.87	DETAIL EOB 9918	5	
81 G0482	1.00 040424 040424 220224		174.33		0.00		9918		
NAME: LINDA SMITHA 2024099023639	RECIPIENT ID.: 530002035374 I1602530	MRN: 040324 040324		4.00		9.50	0.00	0.00	4.00
POS PROC CD MODIFIERS 81 36415 81 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224		BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50 4.00	TPL 0.00 0.00	0.00	3323	5	
				5.00	0.00				
NAME: TAMMY SMOTHERS 2024102040871	RECIPIENT ID.: 530001951562 I1603657 SERVICE DATES RENDERING	MRN: 040324 040324		116.22 ALLOWED		58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	UNITS FROM THRU PROVIDER 1.00 040324 040324 220224		AMOUNT 174.33	NON-AllOWED	\mathtt{TPL}	116.22		5	
NAME: HOUSTON SOUTH 2024107013545	RECIPIENT ID.: 530002252057 I1609265	MRN: 040324 040324	899.12	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 040324 040324 220224	MRN: 040324 040324	BILLED AMOUNT 42.00	NON-AllOWED	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOB 9918	S	
81 87498 59	1.00 040324 040324 220224		37.07		0.00	22.00	9918		
81 87581 59	1.00 040324 040324 220224		42.00		0.00	28.00	9918		
81 87633	1.00 040324 040324 220224		318.05		0.00	212.03	9918		
81 87640	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040324 040324 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040324 040324 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040324 040324 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATE		ALLOWED AMOUNT	NON ALLO		OPAY TP: MOUNT AMO		PAID AMOUNT
NAME: ERIC SPARE 2024109081437 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633	RECIPIENT ID.: 530001260612 I1612113 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	397.12 BILLED AMOUNT 37.07 42.00 318.05		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00		9918	0.00	262.03
NAME: REANNA SPARKS 2024107013562 POS PROC CD MODIFIERS 81 87798 81 87491 59 81 87511 59 81 87529 59 81 87591 59 81 87661 59	RECIPIENT ID.: 530002043573 I1609268 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224	MRN: 041124 041	342.02 BILLED AMOUNT 126.00 49.86 42.00 49.86 42.00 32.30		COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		5490 9918 9918 9918	0.00	189.53
NAME: LARRY SPEAKE 2024107013576 POS PROC CD MODIFIERS 81 G0482	RECIPIENT ID.: 530001960059 I1610859 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	MRN: 040924 040	924 174.33 BILLED AMOUNT 174.33	NON-AllowED	COPAY TPL	58.11 PAID 116.22		0.00	116.22
	RECIPIENT ID.: 530001194135 I1609271 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224	MRN: 040824 040	BILLED		COPAY TPL		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040824 040824 220224		BILLED AMOUNT 174.33	ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL 0.00 0.00	PAID 116.22	DETAIL EOBS 9918	5	
NAME: LAUREN SPENCER	RECIPIENT ID.: 530000145957	MRN:							
2024102040888	I1603661 SERVICE DATES RENDERING	040224 040224	15.17 BILLED	8.00 ALLOWED	COPAY	7.17	0.00	0.00	8.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	5	
81 87081	1.00 040224 040224 220224		15.17	8.00 7.17	0.00		9918		
NAME: HADLEY SPIER	RECIPIENT ID.: 530001172651	MRN:							
2024109081448	I1612117	041524 041524		50.00		172.58	0.00	0.00	46.00
DOG DDOG GD MODIETEDG	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	DATD		7	
POS PROC CD MODIFIERS 81 84156	UNITS FROM THRU PROVIDER 1.00 041524 041524 220224		AMOUNT 8.00	NON-AllOWED 4.00	TPL 0.00	PAID 4.00	DETAIL EOBS 9918		
01 01130	1,00 011021 011021 220221		0.00	4.00	0.00	1.00	2210		
81 82570	1.00 041524 041524 220224		8.00	6.00	0.00	6.00	9918		
81 83069	1.00 041524 041524 220224		8.00	2.00 4.00	0.00	4 00	9918		
61 63009	1.00 041324 041324 220224		8.00	4.00	0.00	4.00	9910		
81 84311	2.00 041524 041524 220224		32.00	14.00	0.00	14.00	9918		
0.1	1 00 041504 041504 000004		16.00	18.00	0.00	0.00	4504		
81 82010	1.00 041524 041524 220224		16.00	0.00 16.00	0.00	0.00	4524		
81 82945	1.00 041524 041524 220224		8.00	4.00	0.00	4.00	9918		
				4.00	0.00				
81 82247 59	1.00 041524 041524 220224		8.00	5.00	0.00	5.00	9918		
81 83986	1.00 041524 041524 220224		7.00	3.00 3.00	0.00	3 00	9918		
01 03700	1.00 011321 011321 220221		7.00	4.00	0.00	3.00	JJ10		
81 81007	2.00 041524 041524 220224		120.00	4.00	0.00	0.00	5900		
0.1 0.00.4.2 0.77	1 00 041504 041504 000004		7 50	116.00	0.00	6.00	0010		
81 82043 QW	1.00 041524 041524 220224		7.58	6.00 1.58	0.00	6.00	9918		
				1.30	0.00				
	RECIPIENT ID.: 530000712327		050 11	100 00		06.05	0.00	0 00	150 00
2024107013617	I1610860 SERVICE DATES RENDERING	040924 040924		172.09 ALLOWED		86.05	0.00	0.00	172.09
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS	5	
81 80307	1.00 040924 040924 220224		83.81	55.87	0.00	55.87	9918		

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

543

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			ALLOWED NON-AllOWED 116.22 58.11	COPAY TPL	PAID 116.22	DETAIL EC		
NAME: OLIVIA SPRAYBERRY 2024107013635 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001622324 I1610861 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224	MRN: 040324 040324	49.86 BILLED AMOUNT 49.86		COPAY TPL	PAID 1.89		DBS	1.89
NAME: CALLIE SRYGLEY 2024107013642 POS PROC CD MODIFIERS 81 87640 59 81 87491 59 81 87511 81 87529 81 87591 81 87653 59 81 87661 81 87563 81 87798 59	RECIPIENT ID.: 530001181176 I1609274 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 2.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 2.00 040324 040324 220224 2.00 040324 040324 220224 2.00 040324 040324 220224 2.00 040324 040324 220224	MRN: 040324 040324	BILLED	457.53 ALLOWED NON-AllOWED 22.00 15.07 28.00 21.86 28.00 14.00 56.00 43.72 28.00 14.00 22.00 15.07 21.53 10.77 0.00 42.50 252.00	COPAY	PAID 22.00 0.00 28.00 56.00 28.00 22.00 21.53	DETAIL EC 9918 5490 9918 9918 9918 9918 9918 4021		429.53
NAME: KYSON STABLER 2024107013660 POS PROC CD MODIFIERS 81 80053 81 82306	RECIPIENT ID.: 530001446116 I1609275 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224	MRN: 040324 040324	208.36	126.00 132.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00	0.00	75.43	0.00 DETAIL EC 9918		132.93

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	SS	
81 83540		1.00 040324 040324	220224			9.71	7.00 2.71	0.00		9918		
81 83550		1.00 040324 040324	220224			13.11	10.00 3.11	0.00	10.00	9918		
81 82728		1.00 040324 040324	220224			40.00	13.00 27.00	0.00	13.00	9918		
81 83036		1.00 040324 040324	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 040324 040324	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 040324 040324	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84439		1.00 040324 040324	220224			13.00	9.00 4.00	0.00	9.00	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	4.00	9918		
NAME: KYSON S	STABLER	RECIPIENT ID	.: 530001446116	MRN:								
	L07013674	I1609276 SERVICE DATES	RENDERING		040324	41.00 BILLED	25.00 ALLOWED	COPAY	16.00	0.00	0.00	25.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 85045		1.00 040324 040324	220224			8.00	5.00 3.00	0.00		9918		
81 86140		1.00 040324 040324					5.00 10.00	0.00		9918		
81 83655		1.00 040324 040324	220224			18.00	15.00 3.00	0.00	15.00	9918		
NAME: LAUREN	STACK L07013678	RECIPIENT ID	.: 530001711112	MRN: 040224	040224	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING			BILLED		COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 87635		1.00 040224 040224	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486	59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040224 040224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT	NO ALL			PL OUNT	PAID AMOUNT
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL		DETAIL EOBS		
81 87581 59	1.00 040224 040224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040224 040224 220224		318.05	212.03	0.00	212.03	9918		
01 07033	1.00 010221 010221 220221		310.03	106.02	0.00	212.03	JJ±0		
81 87640	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87641 59	1.00 040224 040224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87651 59	1.00 040224 040224 220224		49.86	28.00	0.00	28.00	9918		
81 87798	8.00 040224 040224 220224		336.00	21.86 224.00	0.00	224.00	0010		
01 07790	0.00 040224 040224 220224		330.00	112.00	0.00	224.00	9910		
				112.00	0.00				
NAME: JENNILEE STACY	RECIPIENT ID.: 530001019899	MRN:							
2024107013693	I1610862	041124 041124	44.00	29.00		15.00	0.00	0.00	29.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS			AMOUNT	NON-AllOWED	TPL	PAID			
81 82306	1.00 041124 041124 220224		44.00			29.00	9918		
				15.00	0.00				
NAME: TAMMY STAGGS	RECIPIENT ID.: 530002065113	MRN:							
2024103026507	I1607204		174.33	116.22		58.11	0.00	0.00	116.22
	SERVICE DATES RENDERING			ALLOWED					
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS		
81 G0482	1.00 022824 022824 220224		174.33			116.22	9918		
				58.11	0.00				
NAME - TATEA CHALLIONNI	DEGEDERATE TD . 520001002024	MTD D.T.							
NAME: JAIDA STALLWORTH 2024103026526	RECIPIENT ID.: 530001093834 I1607206		1 626 23	1,023.41		602.82	0.00	0.00	951.41
2024103020320	SERVICE DATES RENDERING	031224 031224	BILLED	ALLOWED	COPAY	002.02	0.00	0.00	731.41
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED		PAID	DETAIL EOBS		
81 87481 59	4.00 031224 031224 220224		168.00			112.00			
				56.00	0.00				
81 87640 59	1.00 031224 031224 220224		37.07	22.00	0.00	22.00	9918		
			0	15.07	0.00		0010		
81 87653 59	1.00 031224 031224 220224		37.07	22.00	0.00	22.00	9918		
81 87798	11.00 031224 031224 220224		462.00	15.07 308.00	0.00	308.00	0010		
O1 01190	TI.00 031227 031227 220227		402.00	154.00	0.00	300.00	9910		
81 87389	1.00 031224 031224 220224		36.00	23.88	0.00	23.88	9918		
			22.30	12.12	0.00	_5.00	-		

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	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	[PAID AMOUNT
POS 81	PROC CD 36415	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 031224 031224	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00	COPAY TPL 0.00	PAID	DETAIL 3323			
81	87798	59	9.00	031224 031224	220224			378.00	4.50 252.00	0.00	252.00				
81	87481	59	2.00	031224 031224	220224			84.00	126.00 56.00 28.00	0.00 0.00 0.00	56.00	9918			
81	87491	59	1.00	031224 031224	220224			49.86	28.00 28.00 21.86	0.00	0.00	5490			
81	87511	59	1.00	031224 031224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	2.00	031224 031224	220224			99.72	56.00 43.72	0.00	56.00	9918			
81	87591	59		031224 031224				42.00	28.00 14.00	0.00		9918			
81	87653	59		031224 031224				74.14	44.00 30.14	0.00 0.00		5900			
81	87661	59		031224 031224				32.30	21.53 10.77	0.00		9918			
81	87563	F.0		031224 031224				42.50	0.00 42.50	0.00		4021			
81	87640	59	1.00	031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918			
NAME:	ZAYIDIN 20241	I STAMPS .07013708	I160928		530001518530	MRN: 032924	032924	211.25	153.00		58.25	0.00	(0.00	153.00
200		MODIFIED	TDITEG	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		DDDATI	HODG		
POS 81	PROC CD 86003	MODIFIERS	UNITS 23.00	FROM THRU 032924	PROVIDER 220224			AMOUNT 178.25	NON-AllOWED	TPL 0.00	PAID 138.00	DETAIL 9918	EOBS		
81	82785	LC	1.00	032924 032924	220224			33.00	40.25 15.00 18.00	0.00 0.00 0.00	15.00	9918			
NAME:		TAE STANCIL .09081463	I161211		530001622220	MRN: 041524	041524	382.52	241.41		141.11	0.00	(0.00	213.41
	PROC CD 87389	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU 041524 041524	PROVIDER			BILLED AMOUNT 36.00	ALLOWED NON-AlloWED 23.88	COPAY TPL 0.00	PAID 23.88	DETAIL 9918	EOBS		
81	36415		1.00	041524 041524	220224			4.50	12.12 0.00 4.50	0.00 0.00 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
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG D		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח א ד די		ND C	
	ROC CD 87798	MODIFIERS	UNITS FROM THRU 3.00 041524 041524	PROVIDER 220224			AMOUNT 126.00	NON-AllOWED 84.00	TPL 0.00	PAID 84 00	DETAIL EC)BS	
01	01190		3.00 041324 041324	22022 1			120.00	42.00	0.00	04.00	9910		
81	87491	59	1.00 041524 041524	220224			49.86	28.00	0.00	0.00	5490		
01	0,101		1.00 011321 011321				19.00	21.86	0.00	0.00	3 1 3 0		
81	87511	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87591	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87661	59	1.00 041524 041524	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
NT 7\ N/(T.) •	TEDDTON	TAR CHANGE		• 52000162222	MIDNT •								
NAME • (TAE STANCIL 09081476	I1613099	.: 530001622220	MRN: 041524	041524	7.00	5.00		2.00	0.00	0.00	5.00
	20241	09001470	SERVICE DATES	RENDERING	041324	041324	BILLED	ALLOWED	COPAY	2.00	0.00	0.00	5.00
POS P	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EC)BS	
	86592	HODII IERO	1.00 041524 041524	220224			7.00	5.00	0.00		9918	,20	
0_	0007		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2.00	0.00		2220		
NAME:	GAVIN S	TANDLEY	RECIPIENT ID	.: 530001104068	MRN:								
	20241	07013712	I1609286		040524	040524	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 EC)BS	
81	87486	59	1.00 040524 040524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	F.0	1 00 040504 040504	000004			27 07	14.00	0.00	00.00	0.01.0		
81	87498	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00 040524 040524	220224			42.00	15.07 28.00	0.00	28.00	9918		
01	07301		1.00 040324 040324	22022 1			42.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00 040524 040524	220224			318.05	212.03	0.00	212.03	9918		
0_	0.000		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3_3.00	106.02	0.00		2220		
81	87640		1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87641	59	1.00 040524 040524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040524 040524	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040524 040524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
NAME:	ALIVIA 20241	STARKS 102044822	RECIPIENT ID I1604433 SERVICE DATES	: 530000935409 RENDERING	MRN: 040824	040824	342.02 BILLED	217.53	COPAY	124.49	0.00	0.00	189.53
	PROC CD 87798	MODIFIERS	UNITS FROM THRU 3.00 040824 040824	PROVIDER 220224			AMOUNT 126.00	NON-Allowed 84.00 42.00	TPL 0.00 0.00	PAID 84.00	DETAIL EOBS 9918	5	
81	87491	59	1.00 040824 040824	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	1.00 040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87591	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81	87661	59	1.00 040824 040824	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	MYAH ST 20241	TEARMAN 102040904	I1603663	.: 530001130030	MRN: 022024	022024		474.00		248.67	0.00	0.00	474.00
	PROC CD 87481	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 4.00 022024 022024	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL EOBS 9918	5	
81	87640	59	1.00 022024 022024	220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87653	59	1.00 022024 022024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 022024 022024	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87086		1.00 022024 022024	220224			18.53	10.00 8.53	0.00	10.00	9918		
NAME:	ALAN ST 20241	TEELE 107013730	RECIPIENT ID	.: 530002283094	MRN: 041124	041124	1,049.12	629.64		419.48	0.00	0.00	629.64
POS 81	PROC CD 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61	DETAIL EOBS 9918	5	
81	87486	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00 041124 041124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOS	PROC CD	MODIFIERS	SERVICE I UNITS FROM	DATES RENDERING THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FORS	
81	87581	59	1.00 041124 04				42.00	28.00 14.00	0.00		9918	LODD	
81	87633		1.00 041124 04	11124 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041124 04	11124 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041124 04	11124 220224			37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87651	59	1.00 041124 04	11124 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041124 04	11124 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	ANTONIO			ENT ID.: 530000913736		0.4.0.0.0.4	250 14	172 00		06.05	0 00	0 (170.00
	20241	.07013745	I1610864 SERVICE I	DATES RENDERING	040924	040924	258.14 BILLED	172.09 ALLOWED	COPAY	86.05	0.00	0.0	172.09
		MODIFIERS	UNITS FROM	THRU PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	80307		1.00 040924 04	10924 220224			83.81	55.87 27.94	0.00	55.87	9918		
81	G0482		1.00 040924 04	10924 220224			174.33	116.22 58.11	0.00		9918		
NAME:	BRONX S			ENT ID.: 530002190432		0.4000.4	564.00	445 64		21.0 2.4	0.00		145 64
	20241	.07013757	I1609291 SERVICE I	DATES RENDERING	040224	040224	764.98 BILLED	445.64 ALLOWED	COPAY	319.34	0.00	0.0	10 445.64
POS	PROC CD	MODIFIERS		THRU PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87635		1.00 040224 04	10224 220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87498	59	1.00 040224 04	10224 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 040224 04	10224 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040224 04	10224 220224			318.05	212.03	0.00	212.03	9918		
81	87798		4.00 040224 04	10224 220224			168.00	106.02 112.00	0.00	112.00	9918		
81	87651		1.00 040224 04	10224 220224			49.86	56.00 28.00 21.86	0.00 0.00 0.00	28.00	9918		
NAME:	JORDAN 20241	STEELE .07013766	RECIPIE I1610865	ENT ID.: 530001243166		041224	85.54	62.93		22.61	0.00	0.0	00 62.93

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO: ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MO 81 80053	DDIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL E 9918	COBS	
81 82607		1.00 041224 041224	220224			22.00	3.84 17.00	0.00	17.00	9918		
81 84443		1.00 041224 041224	220224			25.20	5.00 22.93 2.27	0.00 0.00 0.00	22.93	9918		
81 83540		1.00 041224 041224	220224			9.00	7.00 2.00	0.00	7.00	9918		
81 36415		1.00 041224 041224	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 041224 041224	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: MADISON ST 20241020		RECIPIENT ID 11604892	.: 530001522707	MRN: 040924	040924	1,049.12	629.64		419.48	0.00	0.00	629.64
20241020	14/9/9	SERVICE DATES	RENDERING	040924	040924	BILLED	ALLOWED	COPAY	419.40	0.00	0.00	029.04
POS PROC CD MO	DDIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87486 59		1.00 040924 040924	220224			42.00	28.00 14.00	0.00		9918		
81 87498 59	9	1.00 040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87640 59		1.00 040924 040924	220224			37.07	22.00 15.07	0.00		9918		
81 87581 59	9	1.00 040924 040924	220224			42.00	28.00 14.00	0.00		9918		
81 87633		1.00 040924 040924	220224			318.05	212.03 106.02	0.00	212.03			
81 87641 59		1.00 040924 040924	220224			37.07	22.00 15.07	0.00		9918		
81 87651 59)	1.00 040924 040924				49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040924 040924				336.00	224.00 112.00	0.00	224.00			
81 87635		1.00 040924 040924	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: GABRIEL ST 20241070	TEVENSON 013782	RECIPIENT ID		MRN: 041224	041224		73.93		27.61	0.00	0.00	73.93
POS PROC CD MO 81 80053		SERVICE DATES UNITS FROM THRU 1.00 041224 041224	PROVIDER			BILLED AMOUNT 15.84		\mathtt{TPL}	PAID 12.00		COBS	

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL I	EOBS	
81 83036		1.00 041224 041224	220224			14.00	12.00 2.00	0.00	12.00	9918		
81 80061		1.00 041224 041224	220224			20.00	14.00	0.00	14.00	9918		
81 84443		1.00 041224 041224	220224			25.20	6.00 22.93	0.00	22.93	9918		
81 84439		1.00 041224 041224	220224			13.00	2.27 9.00	0.00	9.00	9918		
81 36415		1.00 041224 041224	220224			4.50	4.00 0.00	0.00	0.00	3323		
							4.50	0.00				
81 85049		1.00 041224 041224	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: BAILEY			: 530001928590	MRN:								
20241	02044838	I1604434 SERVICE DATES		040724	040724	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS		RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL I	ZOBS	
81 87635	HODITIBRO		220224			150.00	43.61	0.00		9918		
01 07406	Γ0	1 00 040724 040724	220224			42.00	106.39	0.00	20.00	0010		
81 87486	59	1.00 040724 040724	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498	59	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 040724 040724	220224			42.00	15.07 28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040724 040724	220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 040724 040724	220224			37.07	106.02 22.00	0.00	22.00	9918		
01 07010		1.00 010/21 010/21				37.07	15.07	0.00	22.00	3310		
81 87641	59	1.00 040724 040724	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040724 040724	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 040704 040704	220224			226 00	21.86	0.00	224 00	0010		
81 87798		8.00 040724 040724	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: HAYDEN	STEWART	RECIPIENT ID.	: 530001571798	MRN:								
	02044854	I1604435		040724	040724		629.64		419.48	0.00	0.00	629.64
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040724 040724	PROVIDER			BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00	PAID 43.61		EOBS	
							= 0 0 . 0 2					

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERV FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	[PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL 9918	EOBS		
81	87498	59	1.00 040724 040724 220	0224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87581	59	1.00 040724 040724 220	0224		42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 040724 040724 220	0224		318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 040724 040724 220	0224		37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 040724 040724 220	0224		37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 040724 040724 220	0224		49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 040724 040724 220	0224		336.00	224.00 112.00	0.00	224.00	9918			
NAME:	JAYLEN 20241	STEWERT L07013799	RECIPIENT ID.: 5		040124	1,049.12	629.64		419.48	0.00	(0.00	629.64
				NDERING		BILLED	ALLOWED	COPAY					
	PROC CD 87635	MODIFIERS		OVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	0/035		1.00 040124 040124 220	0224		150.00	43.61 106.39	0.00	43.01	9918			
81	87486	59	1.00 040124 040124 220	0224		42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 040124 040124 220	0224		37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00 040124 040124 220	0224		42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 040124 040124 220	0224		318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00 040124 040124 220	0224		37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00 040124 040124 220	0224		37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 040124 040124 220	0224		49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00 040124 040124 220	0224		336.00	224.00 112.00	0.00	224.00	9918			
NAME:		STOCKMAN L02040947	RECIPIENT ID.: 5		040424	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
D00 T		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חאדה		ND C	
	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 040424 040424	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 43.61	TPL 0.00	PAID	DETAIL EC 9918)B2	
0.1	67033		1.00 040424 040424	220224			150.00	106.39	0.00	43.01	9910		
81	87486	59	1.00 040424 040424	220224			42.00	28.00	0.00	28 00	9918		
01	07400		1.00 010121 010121	220224			42.00	14.00	0.00	20.00	JJ10		
81	87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22 00	9918		
01	07100		1.00 010121 010121	220221			57.07	15.07	0.00	22.00	JJ10		
81	87640	59	1.00 040424 040424	220224			37.07	22.00	0.00	22 00	9918		
01	07010	3,5	1.00 010121 010121	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00 040424 040424	220224			42.00	28.00	0.00	28 00	9918		
01	0,301	33	1.00 010121 010121	220221			12.00	14.00	0.00	20.00	JJ 10		
81	87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918		
0_	0.000						3_3.33	106.02	0.00		,,,,		
81	87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040424 040424	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:		A STOCKMAN		·: 530001070105	MRN:								
	20241	102040961	I1603668		021624	021624	118.00	20.00		98.00	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 EC)BS	
81	87075		1.00 021624 021624	220224			100.00	9.00	0.00	9.00	9918		
0.1				000004			10.00	91.00	0.00		0010		
81	87070		1.00 021624 021624	220224			18.00	11.00	0.00	11.00	9918		
								7.00	0.00				
NTN N4TT .	C 7 37 C C 37	CHONTH			MIDNI .								
NAME:	CAYSON			530001687523	MRN:	040004	1 040 10	COO C1		410 40	0 00	0 00	620 64
	20241	102047994	I1604893	DENDEDING	040924	040924	1,049.12			419.48	0.00	0.00	629.64
DOC T	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	סמידו היים	ND C	
	87486		UNITS FROM THRU 1.00 040924 040924				42.00	28.00	0.00		DETAIL EC 9918	Cal	
0.1	0/400	39	1.00 040924 040924	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 040924 040924	220224			37.07	22.00	0.00	22 00	9918		
OΤ	0/120		1.00 040924 040924	44U44T			37.07	15.07	0.00	22.00	J J ± U		
81	87581	59	1.00 040924 040924	220224			42.00	28.00	0.00	28 00	9918		
0.1	5,501		1.00 010021 010021	220221			12.00	14.00	0.00	20.00	J J ± U		
81	87633		1.00 040924 040924	220224			318.05	212.03	0.00	212.03	9918		
0.1	3,033		1.00 010021 010021				310.03	106.02	0.00	212.03	7720		
								_00.02	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT 1	NO. ERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT	N(ALI COPAY		COPAY AMOUNT	TPL AMOUNT		PAID AMOUNT
DOG	PROC CD	MODIFIERS		ROM THRU	PROVIDER			AMOUNT	ALLOWED NON-AlloWED	TPL	PAID	DETAIL	FORS		
81	87640	MODIFIERD		40924 040924	220224			37.07	22.00	0.00		9918	HODD		
01	0,010		2.00	10721 010721				37.07	15.07	0.00	22.00	3310			
81	87641	59	1.00 04	40924 040924	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00 04	40924 040924	220224			49.86	28.00	0.00	28.00	9918			
									21.86	0.00					
81	87798		8.00 04	40924 040924	220224			336.00	224.00	0.00	224.00	9918			
									112.00	0.00					
81	87635		1.00 04	40924 040924	220224			150.00	43.61	0.00	43.61	9918			
									106.39	0.00					
NT 7\ N/(T;	· MACON C	TONECIPHER		DECIDIENT ID	• 520000066012	MRN:									
NAME		.09081512	I1613104	KECIPIENI ID	.: 530000866912	041624	041624	899.12	586.03		313.09	0.00	0	.00	586.03
	20241	.09001312		ERVICE DATES	RENDERING	041024	041024	BILLED	ALLOWED	COPAY	313.09	0.00	U	.00	300.03
POS	PROC CD	MODIFIERS			PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
81		59		41624 041624				42.00	28.00	0.00		9918	LODE		
0_	0, 200		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						14.00	0.00		,,,,			
81	87498	59	1.00 04	41624 041624	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00 04	41624 041624	220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00 04	41624 041624	220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00 04	41624 041624	220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00 04	41624 041624	220224			37.07	22.00	0.00	22.00	9918			
0.1	00651	F.0	1 00 0	41604 041604	000004			40.06	15.07	0.00	00.00	0010			
81	87651	59	1.00 04	41624 041624	220224			49.86	28.00	0.00	28.00	9918			
0.1	07700		0 00 07	11601 011601	220224			226 00	21.86	0.00	224 00	0010			
81	87798		8.00 04	41624 041624	220224			336.00	224.00 112.00	0.00	224.00	9910			
									112.00	0.00					
NAME	: SHYTERI	CA STOTS		RECIPIENT ID	.: 530000013721	MRN:									
		02044871	I1604437				042023	704.14	464.00		240.14	0.00	0	.00	464.00
				ERVICE DATES	RENDERING				ALLOWED				_		
POS	PROC CD	MODIFIERS	UNITS FF		PROVIDER			AMOUNT			PAID	DETAIL	EOBS		
81				42023 042023				168.00		0.00	112.00				
									56.00	0.00					
81	87640	59	1.00 04	42023 042023	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 37.07 22.00 0.00 22.00 9918 81 87653 59 1.00 042023 042023 220224 37.07 22.00 0.00 22.00 9918 81 87798 11.00 042023 042023 220224 462.00 308.00 0.00 308.00 9918 NAME: LIYAH STOUTAMIRE 20241 2044891 1604438 SERVICE DATES RENDERING 92324 023324 023			ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		OPAY MOUNT	TPL AMOUNT	PAID AMOUNT
8798									22.00	0.00			EOBS	
Table Tabl	81	87798		11.00 042023 042023	220224			462.00	308.00	0.00	308.00	9918		
STATE STAT	NAME:				530000485365									
FOS PROC CD MODIFIERS NOTE FROM THE W PROVIDER 18-00 112.00 0.00 0.00 112.00 9918 18-8788 59 1.00 02324 02324 220224 18-00 150.00 0.00 120.00 9918 18-8788 18-8788 18-8798 11.00 02324 02324 220224 18-00 150.00 0.00		20241	.02044891			022324	022324				240.14	0.00	0.00	464.00
81 87481 59	DOG	DDOG GD	MODIETEDC								חז דח	ד ג ייים דד	FODC	
81 87640 59													FODS	
81 87640 59	01	0,101	33	1.00 022321 022321	220221			100.00			112.00	J J ± 0		
81 8798	81	87640	59	1.00 022324 022324	220224			37.07	22.00	0.00	22.00	9918		
81 87798	81	87653	59	1.00 022324 022324	220224			37.07			22.00	9918		
POS PROC CD POS PROC CD POS PROC CD PROC C	81	87798		11.00 022324 022324	220224			462.00	308.00	0.00	308.00	9918		
POS PROC CD POS PROC CD POS PROC CD PROC C	NAME:	AIDDEN	STOVALL	RECIPIENT II	530000482619	MRN:								
POS PROC CD MODIFIERS UNITS FROM							020624	1,049.12	629.64		419.48	0.00	0.00	629.64
81 87635 1.00 020624 020624 220224 150.00 43.61 0.00 43.61 9918 81 87486 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87498 59 1.00 020624 020624 220224 37.07 22.00 0.00 28.00 9918 81 87581 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 020624 020624 220224 318.05 212.03 0.00 212.03 9918 81 87640 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87641 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 020624 220224 49.86 28.00 0.00 22.00 9918 81 87798 8.00 020624 020624 220224 336.00 224.00 0.00 224.00 9918														
81 87486 59			MODIFIERS										EOBS	
81 87486 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87498 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 020624 020624 220224 318.05 212.03 0.00 212.03 9918 81 87640 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87641 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 220224 37.07 0.00 0.00 28.00 9918	81	8/035		1.00 020624 020624	220224			150.00			43.01	9918		
81 87498 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87581 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 020624 020624 220224 318.05 212.03 0.00 212.03 9918 81 87640 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87641 59 1.00 020624 020224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 220224 49.86 28.00 0.00 28.00 9918 81 87798 8.00 020624 020624 220224 49.86 28.00 0.00 224.00 9918	81	87486	59	1.00 020624 020624	220224			42.00			28.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$														
81 87581 59 1.00 020624 020624 220224 42.00 28.00 0.00 28.00 9918 81 87633 1.00 020624 020624 220224 318.05 212.03 0.00 212.03 9918 81 87640 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87641 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87651 59 1.00 020624 020624 220224 37.07 22.00 0.00 22.00 9918 81 87798 8.00 020624 020624 220224 49.86 28.00 0.00 224.00 9918	81	87498	59	1.00 020624 020624	220224			37.07			22.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0.1	07501	F.O.	1 00 000604 000604	22224			40.00			20.00	0.01.0		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	8/581	59	1.00 020624 020624	220224			42.00			28.00	9918		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	81	87633		1.00 020624 020624	220224			318.05			212.03	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$					-									
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	87640		1.00 020624 020624	220224			37.07			22.00	9918		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1	07641	F.O.	1 00 000604 000604	22224			27 07			22.00	0.01.0		
81 87651 59 1.00 020624 020624 220224 49.86 28.00 0.00 28.00 9918 21.86 0.00 81 87798 8.00 020624 020624 220224 336.00 224.00 0.00 224.00 9918	ЯΤ	8/641	כפ	1.00 020624 020624	ZZUZZ 4			37.07			22.00	9918		
81 87798 8.00 020624 020624 220224 336.00 224.00 0.00 224.00 9918	81	87651	59	1.00 020624 020624	220224			49.86	28.00	0.00	28.00	9918		
	81	87798		8.00 020624 020624	220224			336.00	224.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL	COPAY TP AMOUNT AMO		PAID AMOUNT
NAME: PIERRE STOVER 2024107013833 POS PROC CD MODIFIERS 81 80053 81 82306 81 84100	RECIPIENT ID.: 530002288046 I1609300 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224	MRN: 040124 040124	66.84 BILLED AMOUNT 15.84 44.00	45.00 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 4.00 3.00	OCOPAY TPL 0.00 0.00 0.00 0.00 0.00	9918	0.00	45.00
2024107013842 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002288046 I1609301 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	040124 040124	12.00 BILLED AMOUNT 12.00	ALLOWED NON-AlloWED	COPAY TPL	0.00 DETAIL EOBS 9918	0.00	10.00
NAME: KRISTY STRANGE 2024102044904 POS PROC CD MODIFIERS 81 87481 59 81 87640 59 81 87653 59 81 87798 81 87641 59 81 87798	RECIPIENT ID.: 530001429788 I1604439 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040424 040424 220224 1.00 040424 040424 220224 1.00 040424 040424 220224 11.00 040424 040424 220224 1.00 040424 040424 220224 2.00 040424 040424 220224	MRN: 040424 040424	825.21 BILLED AMOUNT 168.00 37.07 37.07 462.00 37.07 84.00	542.00 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	COPAY	DETAIL EOBS 9918 9918 9918 9918	0.00	486.00
2024103026586 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001429788 11607245 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	MRN: 040424 040424	BILLED		COPAY TPL	DETAIL EOBS	0.00	27.09

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

557

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	ſΤ	PAID AMOUNT
	PROC CD 87186	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	PROVIDER			BILLED AMOUNT 13.50	ALLOWED NON-AlloWED 9.00	COPAY TPL 0.00	PAID 9.00	DETAIL 9918	EOBS		
81	87088		1.00 040424 040424	220224			8.09	4.50 8.09 0.00	0.00 0.00 0.00	8.09				
NAME:			RECIPIENT ID	530001429788	MRN:									
	202410	3026597	I1607246 SERVICE DATES	RENDERING	040924	040924	315.30 BILLED	228.93 ALLOWED	COPAY	86.37	0.00		0.00	228.93
POS	PROC CD	MODIFIERS	UNITS FROM THRU				AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
	80053		1.00 040924 040924	220224			15.84	12.00 3.84	0.00	12.00				
81	84443		1.00 040924 040924	220224			25.20	22.93 2.27	0.00	22.93	9918			
81	84439		1.00 040924 040924	220224			13.00	9.00 4.00	0.00	9.00	9918			
81	36415		1.00 040924 040924	220224			4.50	0.00	0.00	0.00	3323			
81	85049		1.00 040924 040924	220224			9.00	4.50 4.00	0.00	4.00	9918			
81	82607		1.00 040924 040924	220224			22.00	5.00 17.00	0.00 0.00	17.00	9918			
81	82306		1.00 040924 040924	220224			44.00	5.00 29.00	0.00 0.00	29.00	9918			
81	83002		1.00 040924 040924	220224			27.78	15.00 21.00	0.00 0.00	21.00	9918			
								6.78	0.00					
81	83001		1.00 040924 040924	220224			27.87	22.00 5.87	0.00 0.00	22.00	9918			
81	82670		1.00 040924 040924	220224			41.00	27.00 14.00	0.00	27.00	9918			
81	84403		1.00 040924 040924	220224			38.00	31.00	0.00	31.00	9918			
81	83036		1.00 040924 040924	220224			14.00	7.00 12.00	0.00	12.00	9918			
81	83735		1.00 040924 040924	220224			13.11	2.00 8.00	0.00 0.00	8.00	9918			
								5.11	0.00					
81	80061		1.00 040924 040924	220224			20.00	14.00 6.00	0.00 0.00	14.00	9918			
NAMF:	KRISTY S	STRANGF	דר יימיק דם די מק	o.: 530001429788	MRN:									
11471.111		3026617	I1607247	,. · 330001129700		040924	120.00	58.00		62.00	0.00		0.00	58.00

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 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

558

		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	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	82150	59	1.00	040924 040924	220224			18.00	7.00	0.00	7.00	9918		
									11.00	0.00				
81	83690		1.00	040924 040924	220224			14.00	7.00	0.00	7.00	9918		
									7.00	0.00				
81	84144		1.00	040924 040924	220224			31.00	20.00	0.00	20.00	9918		
									11.00	0.00				
81	84146		1.00	040924 040924	220224			57.00	24.00	0.00	24.00	9918		
									33.00	0.00				
				DEGIDIEN ID	- 520000262054	10017								
NAME:		STRATTIS	T16070F		0.: 530002363054	MRN:	000604	065 22	FC0 00		206 24	0 00	0	50 512 00
	20241	.03026624	I160725		DENDEDING	022624	022624	865.33			296.24	0.00	0.0	513.09
DOG	DDOG GD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EODG.	
81	PROC CD 87481	MODIFIERS 59		FROM THRU 022624	220224			168.00	112.00	0.00	112.00		FODS	
0.1	0/401	39	4.00	022024 022024	220224			100.00	56.00	0.00	112.00	9910		
81	87640	59	1 00	022624 022624	220224			37.07	22.00	0.00	22 00	9918		
OΤ	0/040	59	1.00	022024 022024	220224			37.07	15.07	0.00	22.00	9910		
81	87653	59	1 00	022624 022624	220224			37.07	22.00	0.00	22 00	9918		
01	07033	39	1.00	022024 022024	220224			37.07	15.07	0.00	22.00	9910		
81	87798		11 00	022624 022624	220224			462.00	308.00	0.00	308.00	9918		
01	01150		11.00	022021 022021	220221			102.00	154.00	0.00	300.00	JJ±0		
81	87641	59	1 00	022624 022624	220224			37.07	22.00	0.00	22 00	9918		
01	07011	37	1.00	022021 022021	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87798		2.00	022624 022624	220224			84.00	56.00	0.00	0.00	5000		
01	07750		2.00	022021 022021	220221			01.00	28.00	0.00	0.00	3000		
81	87086		1.00	022624 022624	220224			18.53	10.00	0.00	10.00	9918		
_					-				8.53	0.00				
81	87186		1.00	022624 022624	220224			13.50	9.00	0.00	9.00	9918		
									4.50	0.00				
81	87088		1.00	022624 022624	220224			8.09	8.09	0.00	8.09			
									0.00	0.00				
NAME:	: LEAH ST	RINGER		RECIPIENT ID	0.: 530001199022	MRN:								
	20241	.03026638	I160725	7		020724	020724	875.32	517.64		357.68	0.00	0.0	00 517.64
				SERVICE DATES				BILLED		COPAY				
		MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}			EOBS	
81	87651		1.00	020724 020724	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87635		1.00	020724 020724	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

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

PAGE:

DATE: 04/19/2024

559

		ICN	PAT ACC	CT 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 THR				AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87498	59	1.00	020724 02072	4 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87581	59	1.00	020724 02072	4 220224			42.00	28.00	0.00	28.00	9918			
									14.00	0.00					
81	87633		1.00	020724 02072	4 220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87798		4.00	020724 02072	4 220224			168.00	112.00	0.00	112.00	9918			
									56.00	0.00					
81	80053		1.00	020724 02072	4 220224			15.84	12.00	0.00	12.00	9918			
									3.84	0.00					
81	82306		1.00	020724 02072	4 220224			44.00	29.00	0.00	29.00	9918			
									15.00	0.00					
81	83036		1.00	020724 02072	4 220224			14.00	12.00	0.00	12.00	9918			
									2.00	0.00					
81	80061		1.00	020724 02072	4 220224			20.00	14.00	0.00	14.00	9918			
									6.00	0.00					
81	85027		1.00	020724 02072	4 220224			12.00	5.00	0.00	5.00	9918			
0.1	0.5.4.5							4 = 0	7.00	0.00					
81	36415		1.00	020724 02072	4 220224			4.50	0.00	0.00	0.00	3323			
									4.50	0.00					
NT 7\ N/T-1 •	7 T) T 7 NTNT7	CIIID ONG			TD • F3000136064/	1 1/10/11									
NAME •	ARIANNA	02040976	I160367		ID.: 530001260644		040524	1 040 10	620 67	1	110 10	0 00	0	.00	620 64
	20241	02040976	1100307	SERVICE DATE	S RENDERING	040524	040524	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	U	.00	629.64
DOG	PROC CD	MODIFIERS	UNITS	FROM THR				AMOUNT	NON-AllowED	TPL	PAID	DETAIL	FODC		
81	87635	MODIFIERS		040524 04052				150.00	43.61	0.00		9918	FODS		
01	07033		1.00	0 0 10 3 2 1 0 10 3 2	1 220221			130.00	106.39	0.00	43.01	JJ10			
81	87486	59	1 00	040524 04052	4 220224			42.00	28.00	0.00	28 00	9918			
01	0,100		1.00	, 010321 01032	1 220221			12.00	14.00	0.00	20.00	JJ 10			
81	87498	59	1.00	040524 04052	4 220224			37.07	22.00	0.00	22.00	9918			
0_	0 / 22 0			010011 01001					15.07	0.00		2220			
81	87581	59	1.00	040524 04052	4 220224			42.00	28.00	0.00	28.00	9918			
-									14.00	0.00					
81	87633		1.00	040524 04052	4 220224			318.05	212.03	0.00	212.03	9918			
									106.02	0.00					
81	87640		1.00	040524 04052	4 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87641	59	1.00	040524 04052	4 220224			37.07	22.00	0.00	22.00	9918			
									15.07	0.00					
81	87651	59	1.00	040524 04052	4 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

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87798	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 8.00 040524 040524 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 336.00	ALLOWED AMOUNT ALLOWED NON-AlloWED 224.00 112.00	NO ALI COPAY TPL 0.00 0.00	LOWED A	AMOUNT AMO	PL DUNT	PAID AMOUNT
NAME: ERNEST STROTHER 2024107013845 POS PROC CD MODIFIERS 81 87798 81 87491 59	RECIPIENT ID.: 530001282641 11609307	MRN: 040124	040124	342.02 BILLED AMOUNT 126.00	217.53 ALLOWED NON-AllOWED 84.00 42.00 28.00	COPAY TPL 0.00 0.00 0.00	PAID 84.00	0.00 DETAIL EOBS 9918 5490	0.00	189.53
81 87511 59 81 87529 59 81 87591 59 81 87661 59	1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224			42.00 49.86 42.00 32.30	21.86 28.00 14.00 28.00 21.86 28.00 14.00 21.53 10.77	0.00 0.00 0.00 0.00 0.00 0.00 0.00	28.00 28.00 28.00 21.53	9918 9918		
NAME: PATRICE STUART 2024109081536 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530000609564 I1612143 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224	MRN: 041024	041024	258.14 BILLED AMOUNT 83.81 174.33	116.22 ALLOWED NON-AllOWED 0.00 83.81 116.22 58.11		PAID 0.00 116.22	6340	0.00	116.22
NAME: AALEIGHA STUCKEY 2024107013863 POS PROC CD MODIFIERS 81 87486 59 81 87498 59 81 87640 59 81 87581 59	RECIPIENT ID.: 530001146430 I1609308 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224 1.00 032924 032924 220224	MRN: 032924	032924	BILLED	586.03 ALLOWED NON-AllOWED 28.00 14.00 22.00 15.07 22.00 15.07 28.00 14.00	COPAY		9918 9918	0.00	586.03

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.		THRU	AMOUNT	AMOUNT		N OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032924 032924 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03 106.02	COPAY TPL 0.00 0.00	PAID 212.03		EOBS	
81 87641 59	1.00 032924 032924 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 032924 032924 220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 032924 032924 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: LINCOLN STUDDARD 2024103026673	RECIPIENT ID.: 530001315949 I1607259 SERVICE DATES DENDERING	MRN: 021324 (021324		28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	I1607259 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021324 021324 220224			AMOUNT 49.86	NON-AllOWED	TPL	PAID 28.00		EOBS	
NAME: MARIA STUDDARD 2024109081552	RECIPIENT ID.: 500000149935 I1612145 SERVICE DATES RENDERING	MRN: 041124 (041124		116.22 ALLOWED	COPAY	58.11	0.00	0.00	116.22
POS PROC CD MODIFIERS 81 G0482	I1612145 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224			AMOUNT 174.33	NON-AllOWED	TPL	PAID 116.22		EOBS	
NAME: LIAM STURGISS 2024103026680	RECIPIENT ID.: 530001848283 I1607262 SERVICE DATES RENDERING	021524 (021524		28.00 ALLOWED	COPAY	21.86	0.00	0.00	28.00
POS PROC CD MODIFIERS 81 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224			AMOUNT 49.86	NON-AllOWED	\mathtt{TPL}	PAID 28.00		EOBS	
NAME: KATIE SUASTEGUI 2024103026694	RECIPIENT ID.: 530001158765 I1607263	MRN: 040924 (040924		91.00		42.34	0.00	0.00	91.00
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL 9918	EOBS	
81 82607	1.00 040924 040924 220224			22.00	17.00 5.00	0.00	17.00	9918		
81 82306	1.00 040924 040924 220224			44.00	29.00 15.00	0.00	29.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

562

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	סטייא דו פּסט	C	
81 85652	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		4.00	3.00	0.00		DETAIL EOB 9918	5	
01 03032	1.00 010921 010921 220221		1.00	1.00	0.00	3.00	JJ±0		
81 83036	1.00 040924 040924 220224		14.00	12.00	0.00	12.00	9918		
				2.00	0.00				
81 80061	1.00 040924 040924 220224		20.00	14.00	0.00	14.00	9918		
				6.00	0.00				
81 36415	1.00 040924 040924 220224		4.50	0.00	0.00	0.00	3323		
01 05040	1 00 040004 040004 000004		0.00	4.50	0.00	4 00	0.01.0		
81 85049	1.00 040924 040924 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
NAME: KATIE SUASTEGUI	RECIPIENT ID.: 530001158765	5 MRN:							
2024107013878	I1609309	040924 040924	100.00	62.00)	38.00	0.00	0.00	62.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 86665	2.00 040924 040924 220224		70.00		0.00	44.00	9918		
				26.00	0.00				
81 86664	1.00 040924 040924 220224		30.00		0.00	18.00	9918		
				12.00	0.00				
NAME: ANNA SULLIVAN	RECIPIENT ID.: 530001267623	3 MRN:							
2024102040990	I1603673	021524 021524	258.14	172.09	a	86.05	0.00	0.00	172.09
2021102010000	SERVICE DATES RENDERING	021324 021324	BILLED	ALLOWED	COPAY	00.03	0.00	0.00	1/2.00
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 80307	1.00 021524 021524 220224		83.81	55.87	0.00		9918	-	
				27.94	0.00				
81 G0482	1.00 021524 021524 220224		174.33	116.22	0.00	116.22	9918		
				58.11	0.00				
	DEGEDTENE TD . F20000110600) MIDAI							
NAME: WALKER SUMMERS 2024107013882	RECIPIENT ID.: 530002112603	MRN: 041224 041224	899.12	E06 01)	313.09	0.00	0.00	586.03
202410/013662	SERVICE DATES RENDERING	041224 041224	BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	300.03
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87486 59	1.00 041224 041224 220224		42.00	28.00	0.00		9918		
				14.00	0.00				
81 87498 59	1.00 041224 041224 220224		37.07	22.00	0.00	22.00	9918		
				15.07	0.00				
81 87581 59	1.00 041224 041224 220224		42.00	28.00	0.00	28.00	9918		
01 07633	1 00 041004 041004 000004		210 05	14.00	0.00	010 00	0010		
81 87633	1.00 041224 041224 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

563

		ICN	PAT ACCI			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC		MODIFIERS	UNITS	SERVICE DATES FROM THRU 041224 041224	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL 9918	EOBS	
81 876	641	59	1.00	041224 041224	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 876	651	59	1.00	041224 041224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 877	798		8.00	041224 041224	220224			336.00	224.00 112.00	0.00	224.00	9918		
		UMMERVILLE			.: 530001340139	MRN:								
2	202410	3026703	I1607270) SERVICE DATES	RENDERING	031224	031224	1,049.12 BILLED	629.64 ALLOWED	COPAY	419.48	0.00	0.0	0 128.00
POS PROC	C CD	MODIFIERS		FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 876	635			031224 031224	220224			150.00	43.61 106.39	0.00	0.00	5000		
81 874	486	59	1.00	031224 031224	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 874	498	59	1.00	031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 875	581	59	1.00	031224 031224	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 876	633		1.00	031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
81 876	640		1.00	031224 031224	220224			37.07	22.00 15.07	0.00	0.00	5000		
81 876	641	59	1.00	031224 031224	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 876	651	59	1.00	031224 031224	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 877	798		8.00	031224 031224	220224			336.00	224.00 112.00	0.00	0.00	5000		
NAME: KAY			T1 61 00 00		.: 530000189686	MRN:	0.405.04	105.00	55.40		60 50	0.00	0.0	0 55 40
2	202410	7013897	I1610880	SERVICE DATES	RENDERING	040524	040524	125.00 BILLED	55.48 ALLOWED		69.52	0.00	0.0	0 55.48
POS PROC	C CD I	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 G04				040524 040524				125.00	55.48 69.52	0.00	55.48			
NAME: KHI					.: 530001541734	MRN:								
2	202410	7013908	I1609315	5		041024	041024	171.34	99.00		72.34	0.00	0.0	99.00

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			_	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 80053		1.00 041024 041024	220224			15.84	12.00	0.00	12.00	9918		
01 00000		1 00 041004 041004	000004			40.00	3.84	0.00	12.00	0.01.0		
81 82728		1.00 041024 041024	220224			40.00	13.00	0.00	13.00	9918		
01 04401		1 00 041004 041004	220224			24.00	27.00	0.00	16.00	0.01.0		
81 84481		1.00 041024 041024	220224			24.00	16.00	0.00	16.00	9918		
01 06376		1 00 041004 041004	220224			21 00	8.00	0.00	1 - 00	0010		
81 86376		1.00 041024 041024	220224			21.00	15.00	0.00	15.00	9918		
01 04426	F.O.	1 00 041004 041004	000004			10 00	6.00	0.00	7.00	0.01.0		
81 84436	59	1.00 041024 041024	220224			10.00	7.00	0.00	7.00	9918		
01 26415		1 00 041004 041004	000004			4 50	3.00	0.00	0 00	2202		
81 36415		1.00 041024 041024	220224			4.50	0.00	0.00	0.00	3323		
01 06000		1 00 041004 041004	000004			02.00	4.50	0.00	15 00	0010		
81 86800		1.00 041024 041024	220224			23.00	15.00	0.00	15.00	9918		
01 04420		1 00 041004 041004	000004			0.4.00	8.00	0.00	1	0.01.0		
81 84432		1.00 041024 041024	220224			24.00	17.00	0.00	17.00	9918		
01 05040		1 00 041004 041004	000004			0.00	7.00	0.00	4 00	0.01.0		
81 85049		1.00 041024 041024	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NTN N4TT • TTTNTNTT TTT	ID CUINTAI			MDAT.								
NAME: JENNIFE			.: 530002067113	MRN:	040004	20.24	10.00		0 24	0 00	0 00	10.00
20241	.02048009	I1604897	DENDEDTNA	040924	040924	20.34			8.34	0.00	0.00	12.00
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 3 T D			
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81 80053		1.00 040924 040924	220224			15.84	12.00	0.00		9918		
01 26415		1 00 040004 040004	000004			4 50	3.84	0.00		2202		
81 36415		1.00 040924 040924	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
MAME . DDADIES	Z CLITMO		. 520002071451	MIDAT •								
NAME: BRADLEY			.: 530002071451	MRN:	040404	040 00	614 02		224 05	0 00	0 00	614 02
20241	.07013919	I1609319	DENDEDING	040424	040424	948.98			334.95	0.00	0.00	614.03
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		C	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	5	
81 87486	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
81 87498	го	1 00 040424 040424	220224			27 07	14.00	0.00	22.00	0010		
81 87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01 07501	59	1.00 040424 040424	220224			12 00	15.07	0.00	20 00	0010		
81 87581	39	1.00 040424 040424	220224			42.00	28.00 14.00	0.00	∠0.00	9918		
81 87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	0010		
01 0/033		1.00 040424 040424	44U44 1			310.05	106.02	0.00	414.03	シシエ ロ		
							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
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

565

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87640	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00	PAID 22.00	DETAIL E 9918	EOBS	
81	87641	59	1.00 040424 040424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 040424 040424	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87651		1.00 040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME:	ELIJAH 20241	SWIMS 07013937	RECIPIENT ID	.: 530001572239	MRN: 040424	040424	49 86	28.00		21.86	0.00	0.00	28.00
	20211	.07013937	SERVICE DATES	RENDERING	010121	040424	BILLED	ALLOWED	COPAY	21.00	0.00	0.00	20.00
POS P	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	EOBS	
81	87651		1.00 040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
NAME:	ANDRE S	WOPE	RECIPIENT ID	.: 530002265913	MRN:								
		.09081563	I1612150 SERVICE DATES	RENDERING	041524	041524	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS F	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	EOBS	
	87486	59	1.00 041524 041524	220224			42.00	28.00	0.00		9918		
81	87498	59	1.00 041524 041524	220224			37.07	14.00 22.00	0.00 0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 041524 041524	220224			42.00	28.00	0.00	28.00	9918		
81	07622		1 00 041524 041524	220224			210 05	14.00	0.00	212 02	0010		
0.1	87633		1.00 041524 041524	220224			318.05	212.03 106.02	0.00 0.00	212.03	9910		
81	87640		1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	F 0	1 00 041504 041504	000004			25 25	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00 041524 041524	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87651	59	1.00 041524 041524	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 041524 041524	220224			336.00	21.86 224.00	0.00 0.00	224.00	9918		
								112.00	0.00				
NAME:	CAIRO S	WOPE	RECIPTENT ID	.: 530001601325	MRN:								
		09081580	I1612151		041524	041524	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FORS	
	87486	59		041524 041524				42.00	28.00	0.00		9918	EODS	
									14.00	0.00				
81	87498	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	041504 041504	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00	041524 041524	220224			318.05	212.03 106.02	0.00	212.03	9910		
81	87640		1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
0-	0,010			01-0-1 01-0-1					15.07	0.00		,,,,		
81	87641	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	041524 041524	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00	041504 041504	000004			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	041524 041524	220224			336.00	224.00 112.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	JAELYN	SWOPE		RECIPIENT ID	.: 530001625562	MRN:								
		L09081597	I161215	2		041524	041524	1,049.12	629.64	•	419.48	0.00	0.00	629.64
			_	SERVICE DATES				BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	TPL	PAID		EOBS	
81	87635		1.00	041524 041524	220224			150.00	43.61 106.39	0.00	43.61	9918		
81	87486	59	1 00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
01	0,100	3,5	1.00	011321 011321	220221			12.00	14.00	0.00	20.00	2210		
81	87498	59	1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	041524 041524	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	041504 041504	220224			210 05	14.00	0.00	212 02	0010		
81	87633		1.00	041524 041524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	041524 041524	220224			37.07	22.00	0.00	22.00	9918		
0-	0,010			01-0-1 01-0-1					15.07	0.00		,,,,		
81	87641	59	1.00	041524 041524	220224			37.07		0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	041524 041524	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00	041504 041504	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	041524 041524	22U22 1			336.00	224.00 112.00	0.00	224.00	ЭЭ⊥ŏ		
									112.00	0.00				
NAME:	ALAN SW	VORDS		RECIPIENT ID	.: 530001339781	MRN:								
	20241	L02041004	I160367	4		032924	032924	125.00	55.48	1	69.52	0.00	0.00	55.48

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776

ISSUE DATE 04/19/2024

DATE: 04/19/2024

567

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	COPAY	OWED	AMOUNT 2	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0480	1.00 032924 032924 220224		AMOUNT 125.00	NON-AllOWED 55.48 69.52	TPL 0.00 0.00	PAID 55.48	DETAIL EON 9918	BS	
NAME: GHAITH TALBAH 2024102048028	RECIPIENT ID.: 530002126319 I1604898	MRN: 040924 040924		374.03		191.09	0.00	0.00	374.03
POS PROC CD MODIFIERS	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EO	DC	
81 87498 59	1.00 040924 040924 220224		37.07	22.00 15.07	0.00		9918	DO	
81 87581 59	1.00 040924 040924 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040924 040924 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87798	4.00 040924 040924 220224		168.00	112.00 56.00	0.00	112.00	9918		
NAME: JOSHUA TANK 2024102044925	RECIPIENT ID.: 530001036080 I1604440	MRN: 040724 040724	899.12	586.03		313.09	0.00	0.00	586.03
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY	D. T. T. D.		D.G.	
POS PROC CD MODIFIERS 81 87486 59	S UNITS FROM THRU PROVIDER 1.00 040724 040724 220224		AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EON 9918	BS	
81 87498 59	1.00 040724 040724 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 040724 040724 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040724 040724 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040724 040724 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040724 040724 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040724 040724 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040724 040724 220224		336.00	224.00 112.00	0.00	224.00	9918		
NAME: MCKENZIE TANK 2024102044952	RECIPIENT ID.: 530001036081 I1604441 SERVICE DATES RENDERING	MRN: 040724 040724	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
POS PROC CD MODIFIERS 81 87486 59			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL EO 9918	BS	

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

3524808

SUITE 138

REPORT: CRA-PRPD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

568

	ICN	PAT ACCT NO.	SERVIC FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO AT.T.		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDER		11110	BILLED	ALLOWED	COPAY	.0W25	11100111	11100111	11100111
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVII			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 87498	59	1.00 040724 040724 220224			37.07	22.00	0.00		9918		
						15.07	0.00				
81 87581	59	1.00 040724 040724 220224			42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 87633		1.00 040724 040724 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 040724 040724 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 040724 040724 220224			37.07	22.00	0.00	22.00	9918		
01 0/011					<i>3.</i> • • ·	15.07	0.00		,,,,		
81 87651	59	1.00 040724 040724 220224			49.86	28.00	0.00	28.00	9918		
01 07001		1:00 010/21 010/21 22022			13.00	21.86	0.00	20.00	2210		
81 87798		8.00 040724 040724 220224			336.00	224.00	0.00	224 00	9918		
01 07790		0.00 010/21 010/21 22022			330.00	112.00	0.00	221.00	2210		
						112.00	0.00				
NAME: KAISON	TATE	RECIPIENT ID.: 5300)2331874 MRN:								
	107013945	11609322		040524	1,049.12	629.64	1	419.48	0.00	0.00	629.64
2021.	10,010,10	SERVICE DATES RENDER		. 010021	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	027.01
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVII			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87635	110211 12110	1.00 040524 040524 220224			150.00	43.61	0.00		9918	2025	
01 07033		1.00 010321 010321 22022			130.00	106.39	0.00	13.01	2210		
81 87486	59	1.00 040524 040524 220224			42.00	28.00	0.00	28 00	9918		
01 07100		1.00 010321 010321 22022			12.00	14.00	0.00	20.00	2210		
81 87498	59	1.00 040524 040524 220224			37.07	22.00	0.00	22 00	9918		
01 07170	3,7	1.00 010321 010321 22022			37.07	15.07	0.00	22.00	2210		
81 87581	59	1.00 040524 040524 220224			42.00	28.00	0.00	28 00	9918		
01 07301	3,7	1.00 010321 010321 22022			12.00	14.00	0.00	20.00	2210		
81 87633		1.00 040524 040524 220224			318.05	212.03	0.00	212 03	9918		
01 07033		1.00 010321 010321 22022			310.03	106.02	0.00	212.03	2210		
81 87640		1.00 040524 040524 220224			37.07	22.00	0.00	22 00	9918		
01 07010		1.00 010321 010321 22022			37.07	15.07	0.00	22.00	2210		
81 87641	59	1.00 040524 040524 220224			37.07	22.00	0.00	22 00	9918		
01 07011		1:00 010321 010321 22022			37.07	15.07	0.00	22.00	2210		
81 87651	59	1.00 040524 040524 220224			49.86	28.00	0.00	28 00	9918		
01 07031		1.00 010321 010321 22022			17.00	21.86	0.00	20.00	2210		
81 87798		8.00 040524 040524 220224			336.00	224.00	0.00	224 00	9918		
01170		3.00 010321 010321 22022			330.00	112.00	0.00	221.00	J J ± 0		
						112.00	0.00				
NAME: ADELYNI	א דאעו. ה	RECIPIENT ID.: 5300)2218394 MRN:								
	109081612	I1613106		041624	1,049.12	629.64	<u> </u>	419.48	0.00	0.00	629.64
2021.	107001012	11010100	041024	. 011021	1,017.12	027.04	_	117.10	0.00	0.00	027.04

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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 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 041624 041624 220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041624 041624 220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041624 041624 220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041624 041624 220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041624 041624 220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	ADRIONA		RECIPIENT ID.: 5300001224		040024	000 10	E06 02	, ·	212 00	0.00	0.00	E96 02
	20241	.02048039	I1604900 SERVICE DATES RENDERING	040824	040824	899.12 BILLED	586.03 ALLOWED	COPAY	313.09	0.00	0.00	586.03
	PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87486	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00 0.00		9918		
81	87498	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00 0.00		9918		
81	87581	59	1.00 040824 040824 220224			42.00	28.00 14.00	0.00 0.00		9918		
81	87633		1.00 040824 040824 220224			318.05	212.03 106.02	0.00 0.00	212.03			
81	87640		1.00 040824 040824 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87641	59	1.00 040824 040824 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87651	59	1.00 040824 040824 220224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81	87798		8.00 040824 040824 220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	CAYSEN 20241	TAYLOR 07013977	RECIPIENT ID.: 5300009831		041224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC		COPAY	TPL AMOUNT		PAID AMOUNT
				SERVICE	אידער ז	RENDERING	FROM	IHKU	BILLED	ALLOWED	COPAY	IOWED F	MOONI	AMOUNT		AMOUNT
POS PE	ROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS		
	87486	59		041224		220224			42.00	28.00	0.00	28.00		2020		
81 8	87498	59	1.00	041224	041224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	87581	59	1.00	041224	041224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81 8	87633		1.00	041224	041224	220224			318.05	212.03 106.02	0.00	212.03	9918			
81 8	87640		1.00	041224	041224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	87641	59	1.00	041224	041224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	87651	59	1.00	041224	041224	220224			49.86	28.00 21.86	0.00	28.00	9918			
81 8	87798		8.00	041224	041224	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: F	KE ONA	TAYLOR		RECIE	PIENT ID	.: 530001197411	MRN:									
	20240	99023655	I160269	1			103123	103123	1,854.70	1,204.62		650.08	0.00	0.0	J 0	1,176.62
					E DATES	RENDERING			BILLED	ALLOWED	COPAY					
POS PI		MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81 8	87640	59	1.00	103123	103123	220224			37.07	22.00	0.00	22.00	9918			
01 (07641	го	1 00	102102	102102	220224			27 07	15.07	0.00	22.00	0010			
81 8	87641	59	1.00	103123	103123	220224			37.07	22.00 15.07	0.00	22.00	9918			
81 8	87653	59	1 00	103123	102122	220224			37.07	22.00	0.00	22.00	0010			
01 (07033	39	1.00	103123	103123	22022 1			37.07	15.07	0.00	22.00	9910			
81 8	87481	59	1 00	103123	103123	220224			42.00	28.00	0.00	28.00	9918			
01	0,101	3,5		103123	103113				12.00	14.00	0.00	20.00	3310			
81 8	87798	59	13.00	103123	103123	220224			546.00	364.00	0.00	364.00	9918			
										182.00	0.00					
81 8	87481	59	1.00	103123	103123	220224			42.00	28.00	0.00	28.00	9918			
										14.00	0.00					
81 8	87640	59	1.00	103123	103123	220224			37.07	22.00	0.00	22.00	9918			
										15.07	0.00					
81 8	87653	59	1.00	103123	103123	220224			37.07	22.00	0.00	22.00	9918			
0.1	07700	F.0		102102	100100	000004			050 00	15.07	0.00	160.00	0010			
81 8	87798	59	6.00	103123	103123	220224			252.00	168.00	0.00	168.00	9918			
81 8	076/11	59	1 00	102100	102122	220224			27 07	84.00 22.00	0.00	22 00	0010			
от (87641	33	1.00	103123	103123	44U44 1			37.07	15.07	0.00	22.00	フフエロ			
										13.07	0.00					

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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

LLC	PAYEE ID	220224
	NPI ID	1598266421
	CHECK/EFT NUMBER	083131776
	ISSUE DATE	04/19/2024

DATE: 04/19/2024

571

		ICN	PAT ACC	CT NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC 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 E	OBS	
81	87481	59	1.00	103123	103123	220224			42.00	28.00	0.00	28.00	9918		
										14.00	0.00				
81	87640	59	1.00	103123	103123	220224			37.07	22.00	0.00	22.00	9918		
0.4	0.7.5.0		4 0 0							15.07	0.00		0010		
81	87653	59	1.00	103123	103123	220224			37.07	22.00	0.00	22.00	9918		
0.1	07700	F 0	<i>c</i> 00	102102	100100	000004			050 00	15.07	0.00	1.60 0.0	0010		
81	87798	59	6.00	103123	103123	220224			252.00	168.00	0.00	168.00	9918		
0.1	07700		2 00	102102	102122	220224			106.00	84.00	0.00	0.4 0.0	0010		
81	87798		3.00	103123	103123	220224			126.00	84.00	0.00	84.00	9918		
81	87491	59	1 00	103123	102122	220224			49.86	42.00 28.00	0.00	0 00	5490		
0.1	0/491	39	1.00	103123	103123	220224			49.00	21.86	0.00	0.00	3490		
81	87511	59	1 00	103123	103123	220224			42.00	28.00	0.00	28 00	9918		
0.1	0/311	3,7	1.00	7 103123	103123	220224			42.00	14.00	0.00	20.00	J J I U		
81	87529	59	1 00	103123	103123	220224			49.86	28.00	0.00	28 00	9918		
0 ±	07323	33	1.00	, 103123	103123	220221			17.00	21.86	0.00	20.00	J J I O		
81	87591	59	1.00	103123	103123	220224			42.00	28.00	0.00	28.00	9918		
0-	0,02		_,						12.00	14.00	0.00		, , <u>, , , , , , , , , , , , , , , , , </u>		
81	87661	59	1.00	103123	103123	220224			32.30	21.53	0.00	21.53	9918		
										10.77	0.00				
81	87086		1.00	103123	103123	220224			18.53	10.00	0.00	10.00	9918		
										8.53	0.00				
81	87186		1.00	103123	103123	220224			13.50	9.00	0.00	9.00	9918		
										4.50	0.00				
81	87088		1.00	103123	103123	220224			8.09	8.09	0.00	8.09			
										0.00	0.00				
NAME:		H TAYLOR			IENT ID	.: 530001979353	MRN:								
	20241	.02044967	I160444				011724	011724	49.86	28.00		21.86	0.00	0.00	28.00
				SERVICE		RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87651		1.00	011724	011/24	220224			49.86	28.00	0.00	28.00	9918		
										21.86	0.00				
יידו/ ועד אַ דען	MADICAN	T TINVI OD		ח דייטים מ	ד הואה דר	.: 530001194237	MRN:								
MAME.		.02041014	I160367		TEMI ID	530001194237		022024	1 0/0 10	629.64		110 10	0 00	0.00	629.64
	ZUZ41	.02041014	1100307		משהבכ	RENDERING	022024	022024		ALLOWED		ユエ ジ・せひ	0.00	0.00	029.04
POS	PROC CD	MODIFIERS	UNITS			PROVIDER				NON-AllowED		PAID	DETATI. F	OBS	
	87635	TODITIEND		022024					150.00	43.61		43.61			
0 ±	0,000		1.00	, 022021	, <u>, , , , , , , , , , , , , , , , , , </u>	220221			130.00	106.39	0.00		J J ± 0		
										=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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

572

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG		MODIFIED	TINTE	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			HODG	
POS 81	PROC CD 87486	MODIFIERS 59	UNITS	FROM THRU 022024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID	DETAIL 9918	EOBS	
OΤ	0/400	59	1.00	022024 022024					14.00	0.00	20.00	9910		
81	87498	59	1.00	022024 022024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87581	59	1.00	022024 022024	220224			42.00	28.00	0.00	28.00	9918		
0.1	07622		1 00	000004 000004	000004			210 05	14.00	0.00	010 02	0010		
81	87633		1.00	022024 022024	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1 00	022024 022024	220224			37.07	106.02 22.00	0.00	22 00	9918		
0 ±	07010		1.00	022021 022021	220221			37.07	15.07	0.00	22.00	2210		
81	87641	59	1.00	022024 022024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	022024 022024	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	022024 022024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	MALAYST	A TAYLOR		RECIPIENT ID	.: 530000884596	MRN:								
		99023694	I160269		. 55555555555		032124	1,049.12	629.64	Į	419.48	0.00	0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID		EOBS	
81	87635		1.00	032124 032124	220224			150.00	43.61	0.00	43.61	9918		
0.1	05406	F.0	1 00	020104 020104	000004			40.00	106.39	0.00	00.00	0010		
81	87486	59	1.00	032124 032124	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1 00	032124 032124	220224			37.07	14.00 22.00	0.00	22 00	9918		
01	0/4/0	3,5	1.00	032124 032124	220224			37.07	15.07	0.00	22.00	JJ10		
81	87581	59	1.00	032124 032124	220224			42.00	28.00	0.00	28.00	9918		
									14.00	0.00				
81	87633		1.00	032124 032124	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	032124 032124	220224			37.07	22.00	0.00	22.00	9918		
81	07641	ΕO	1 00	022124 022124	220224			37.07	15.07	0.00	22.00	0010		
0.1	87641	59	1.00	032124 032124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	032124 032124	220224			49.86	28.00	0.00	28.00	9918		
J <u> </u>	· · · · ·		1.00		= 			12.00	21.86	0.00	20.00	2220		
81	87798		8.00	032124 032124	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
3T7 34T -	CANTIET													
NAME:				DEGIDIONE IN	•	N/IDNT •								
	SAMUEL 20241	17AYLOR 102048062	I160490		.: 530002339593	MRN:	040924	49.86	28.00)	21.86	0.00	0.00	28.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN POS PROC CD MODIFIERS 81 87651	PAT ACCT NO. SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 49.86	ALLOWED AMOUNT ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	LOWED A	AMOUNT AM DETAIL EOBS	PL OUNT	PAID AMOUNT
NAME: SHERRHONDA TAYLOR 2024103026730 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530000958026 11607295 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224 1.00 022024 022024 220224 1.00 022024 022024 220224 4.00 022024 022024 220224	MRN: 022024	022024		374.03 ALLOWED NON-AllOWED 22.00 15.07 28.00 14.00 212.03 106.02 112.00 56.00		PAID 22.00 28.00 212.03 112.00	DETAIL EOBS 9918 9918 9918	0.00	374.03
NAME: ZOEY TAYLOR 2024102041030 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530002249196 I1603677 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	MRN: 022024	022024	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY	PAID		0.00	28.00
NAME: CODY TAYLOR-KING 2024099023706 POS PROC CD MODIFIERS 81 87635 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59	RECIPIENT ID.: 530001188362 I1602689 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224	MRN: 022724	022724		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 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 43.61 28.00 22.00 28.00 212.03 22.00	9918 9918 9918 9918	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS PROC CD MODIFIENS NOTE PROCESS NOTE PROCESS PR		-ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NO ALL COPAY		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
8798 8798 8.00 02724 02224 22024			UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED 28.00	TPL 0.00			BS	
Transfer Transfer	81 87798		8.00 022724 022724	220224			336.00	224.00	0.00	224.00	9918		
Series S				.: 530001268811									
NAME CIM SOL NON-ALLOWED TPL MADUITY STATE TO 12.00 9918 1.00 40224 20224 20224 44.00 23.84 12.00 0.00 12.00 9918 12.00 12.00 9918 12.00	20241070	14003		DENDEDING	040224	040224				18.84	0.00	0.00	41.00
81 80053	DOS DROC CD MO	אחדביד בים כי								חז גח	רבייזדד בי∩ו	DC	
NAME: CRIMSON TENSLEY RECIPIENT ID: 53000067956		DILLIEKS										BS	
81 82306	01 00033		1.00 010221 010221	220221			13.01			12.00	JJ10		
NAME CRIMSON TENSLEY 1607298 TECLIFIENT ID.: 53000679567 MRN: 03224 03224	81 82306		1.00 040224 040224	220224			44.00	29.00	0.00	29.00	9918		
The color of the								15.00	0.00				
The color of the	NAME: CRIMSON TE	NSLEY	RECIPTENT ID	.: 530000679567	MRN:								
POS PROC CD MODIFIERS MOIS SERVICE DATES PROM THRU PROVIDER MOUNT NON-ALLOWED TPL PAID DETAIL EOBS PAID DETAIL EOBS PAID DETAIL EOBS PAID PAID DETAIL EOBS PAID PAID DETAIL EOBS PAID PAID PAID PAID DETAIL EOBS PAID P						032224	105.69	75.93		29.76	0.00	0.00	75.93
81 80053			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
81 80061		DIFIERS		PROVIDER								BS	
81 80061	81 80053		1.00 032224 032224	220224			15.84			12.00	9918		
81 80061	0.1		1 00 00004 00004	000004			1.4.00			10.00	0.01.0		
81 80061	81 83036		1.00 032224 032224	220224			14.00			12.00	9918		
81 84443	01 00061		1 00 022224 02224				20 00			14 00	0010		
81 84443	81 80001		1.00 032224 032224	22022 4			20.00			14.00	9910		
Recipient ID.: 530001511016 MRN: 2024099023732 11602706 Service Dates Rendering Pos Proc CD MoDifiers Units From Thru Provider Pos Proc CD MoDifiers Rose Rose	81 84443		1.00 032224 032224	220224			25.20			22.93	9918		
81 83525	01113		1.00 032221 032221				23.20			22.75	JJ 10		
81	81 83525		1.00 032224 032224	220224			17.15			11.00	9918		
81 85049 1.00 03224 03224 220224 220224 9 9 9 9 9 9 9 9 9 9 9 8 9 9 9 9 9 9 9								6.15	0.00				
81 85049	81 36415		1.00 032224 032224	220224			4.50			0.00	3323		
NAME: KHILEY TERRELL RECIPIENT ID.: 530001511016 MRN: 2024099023732 11602706 040124 040124 40.12 27.09 13.03 0.00 0.00 27.09 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87086 1.00 040124 040124 220224 18.53 0.00 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918	0.1		1 00 00004 00004	000004			0.00			4 00	0.01.0		
NAME: KHILEY TERRELL RECIPIENT ID.: 530001511016 MRN: 2024099023732 11602706 040124 040124 40.12 27.09 13.03 0.00 0.00 27.09 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87086 1.00 040124 040124 220224 18.53 0.00 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918	81 85049		1.00 032224 032224	220224			9.00			4.00	9918		
2024099023732 I1602706 040124 040124 40.12 27.09 13.03 0.00 0.00 27.09 SERVICE DATES RENDERING BILLED ALLOWED COPAY POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AlloWED TPL PAID DETAIL EOBS 81 87086 1.00 040124 040124 220224 18.53 10.00 0.00 10.00 9918 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918								3.00	0.00				
SERVICE DATES RENDERING POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER 81 87086 81 87186 SERVICE DATES RENDERING BILLED ALLOWED COPAY AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 8.53 10.00 0.00 10.00 9918 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918	NAME: KHILEY TER	RRELL	RECIPIENT ID	.: 530001511016	MRN:								
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-AllOWED TPL PAID DETAIL EOBS 81 87086 1.00 040124 040124 220224 18.53 10.00 0.00 10.00 9918 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918	20240990	23732			040124	040124				13.03	0.00	0.00	27.09
81 87086 1.00 040124 040124 220224 18.53 10.00 0.00 10.00 9918 8.53 0.00 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918												- ~	
8.53 0.00 81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918		DUIFIERS										BS	
81 87186 1.00 040124 040124 220224 13.50 9.00 0.00 9.00 9918	81 87086		1.00 040124 040124	ZZUZZ 4			18.53			10.00	9918		
	81 87186		1 00 040124 040124	220224			12 50			9 00	9918		
	01 0/100		1.00 040124 040124	2202ZI			13.30			9.00	J J ± U		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87088	SERVICE DATES RENDI UNITS FROM THRU PROV 1.00 040124 040124 2202	ERING IDER	BILLED AMOUNT 8.09	ALLOWED NON-AllOWED 8.09 0.00	COPAY TPL 0.00 0.00	PAID 8.09	DETAIL E		
NAME: KHILEY TERRELL 2024102041039	RECIPIENT ID.: 53	040124 04012		542.00		283.21	0.00	0.00	486.00
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDOMINITS FROM THRU PROV 4.00 040124 040124 2202	IDER	BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL E 9918	OBS	
81 87640 59	1.00 040124 040124 2202	24	37.07	22.00 15.07	0.00	22.00	9918		
81 87653 59	1.00 040124 040124 2202	24	37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040124 040124 2202	24	462.00	308.00 154.00	0.00	308.00	9918		
81 87641 59	1.00 040124 040124 2202	24	37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 040124 040124 2202	24	84.00	56.00 28.00	0.00	0.00	5000		
NAME: MATTHEW TERRELL 2024102044983	RECIPIENT ID.: 53	0001513516 MRN: 040124 04012	1,390.10	916.06		474.04	0.00	0.00	704.03
	SERVICE DATES REND		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87633	UNITS FROM THRU PROV 1.00 040124 040124 2202		AMOUNT 318.05	NON-AllOWED 212.03	TPL 0.00	PAID 212.03		OBS	
81 87640	1.00 040124 040124 2202	24	37.07	106.02 22.00	0.00	22.00	9918		
81 87651	1.00 040124 040124 2202	24	49.86	15.07 28.00 21.86	0.00	28.00	9918		
81 87633	1.00 040124 040124 2202	24	318.05	21.86 212.03 106.02	0.00	0.00	5000		
81 87498	1.00 040124 040124 2202	24	37.07	22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87798 59	13.00 040124 040124 2202	24	546.00	364.00 182.00	0.00	364.00	9918		
81 87798	1.00 040124 040124 2202	24	42.00	28.00 14.00	0.00 0.00 0.00	28.00	9918		
81 87581	1.00 040124 040124 2202	24	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MICHAEL TERRELL 2024109081631 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530002078104 11612159 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224	MRN: 041124 041124	258.14 BILLED AMOUNT 83.81 174.33	172.09 ALLOWED NON-AllOWED 55.87 27.94 116.22 58.11	COPAY TPL PAID 0.00 5 0.00	0.00 DETAII 5.87 9918 6.22 9918	0.00 L EOBS	172.09
NAME: CHRISTOPHER TERRY 2024107014009 POS PROC CD MODIFIERS 81 80307 81 G0482	RECIPIENT ID.: 530001686811 11609334 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224	MRN: 040124 040124	299.33 BILLED AMOUNT 125.00	172.09 ALLOWED NON-AllOWED 55.87 69.13 116.22 58.11	COPAY TPL PAID 0.00 5 0.00		0.00 L EOBS	172.09
NAME: ANGEL THIGPEN 2024102048065 POS PROC CD MODIFIERS 81 87651 81 87486 59 81 87498 59 81 87581 59 81 87633 81 87640 81 87641 59 81 87651 59 81 87798	RECIPIENT ID.: 530001181846 11604905 SERVICE DATES RENDERING PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 8.00 040924 040924 220224	MRN: 040924 040924	BILLED AMOUNT	657.64 ALLOWED NON-AllOWED 28.00 21.86 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 21.86 224.00 112.00	COPAY TPL PAID 0.00 2 0.00 4 0.00 4 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 21 0.00 21 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2 0.00 2		0.00 L EOBS	657.64

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	HUNTLEIGH 2024107		I1610897	.: 530001710912	MRN: 040324	040324	825.21			283.21	0.00	0.00	486.00
POS 81	PROC CD M6 87481 5	ODIFIERS 9	SERVICE DATES UNITS FROM THRU 4.00 040324 040324	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY TPL 0.00 0.00	PAID 112.00	DETAIL 9918	EOBS	
81	87640 5	9	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87653 5	9	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 040324 040324	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641 5	9	1.00 040324 040324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		2.00 040324 040324	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME:	: JENNIFER '		RECIPIENT ID	.: 530001695263	MRN: 040524	040524	825.21	542.00		283.21	0.00	0.00	486.00
POS 81	PROC CD M6 87481 5	ODIFIERS 9	SERVICE DATES UNITS FROM THRU 4.00 040524 040524	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL 9918	EOBS	
81	87640 5	9	1.00 040524 040524	220224			37.07	56.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87653 5	9	1.00 040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87798		11.00 040524 040524	220224			462.00	308.00 154.00	0.00	308.00	9918		
81	87641 5	9	1.00 040524 040524				37.07	22.00 15.07	0.00	22.00			
81	87798		2.00 040524 040524	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME:	RAE LYN T		RECIPIENT ID I1604907 SERVICE DATES		MRN: 040924	040924	899.12 BILLED	586.03	COPAY	313.09	0.00	0.00	586.03
	PROC CD M6 87486 5			PROVIDER			AMOUNT 42.00	NON-Allowed 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS	
81	87498 5	9	1.00 040924 040924	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	CT NO. SERVICE DATES	DENDEDING	SERVICE FROM			ALLOWED AMOUNT ALLOWED			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT			PAID	ΓΕΤΆΤΙ.	FORS	
	87581	59	1.00	040924 040924	220224			42.00		0.00		9918	HODD	
0-	0,000			010711 010711	220224 220224				14.00	0.00		2220		
81	87633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	040924 040924	220224			336.00		0.00	224.00	9918		
									112.00	0.00				
	7.17007.0			DEGEDIES ED										
NAME:					530002167348		041004	210 55	213.03		106 50	0 00	0 00	212 02
	20241	09081642	I161216		RENDERING		041224		ALLOWED		106.52	0.00	0.00	213.03
DOG	משטט מח	MODIFIERS	IIMITTIC	PEKAICE DUIES	DDOMIDED RENDERING			ν ΜΟΙΙΝΩ. ΣΤΠΤΕΏ	MOM-V]]OMED	TDI	חד גם	ד גייים ח	F∩DC	
	87507	MODIFIERS	1 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PROVIDER 220224			210 55	NON-ALLOWED	U UU	212 N2	DΕΙΑΙΔ 0010	FODS	
01	07307		1.00) 041224 041224	220224			319.33	106.52	0.00	213.03	9910		
									100.52	0.00				
NAME:	ARMANI '	THOMPSON		RECIPIENT ID	.: 530002338444	MRN:								
		07014054	I161090)1	RENDERING	041224	041224	318.05	212.03		106.02	0.00	0.00	212.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS			PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87633		1.00	041224 041224	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
	_													
NAME:					530000860948	MRN:	0.40004	40.10	07.00		12 02	0 00	0.00	0.00
	20241	07014064	I160934			040824	040824		27.09		13.03	0.00	0.00	27.09
DOG :		MODIFIERS	IINITEIC	SERVICE DATES					ALLOWED		ח א א ד די		HODG	
	87086		UNITS		PROVIDER				NON-AllOWED		10.00		FORS	
0.1	6/066		1.00	0 040024 040024	220224			10.53	10.00	0.00		9910		
Q 1	87186		1 00	040824 040824	220224			13.50			9.00	9918		
OΤ	0/100		1.00	, 010021 010021	44U44T			13.30	4.50	0.00	9.00	ノノエひ		
81	87088		1.00	0 040824 040824	220224			8.09	8.09	0.00	8.09			
<u> </u>	3,000		±.00					0.00	0.00	0.00	3.03			
									J. J	0.00				
NAME:	EMMA TH	OMPSON		RECIPIENT ID	.: 530001408332	MRN:								
		03026752	I160733	30		121123	121123	397.12	262.03		135.09	0.00	0.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			~	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	S	
81 87498	59	1.00 121123 121123	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 121123 121123	220224			42.00	15.07 28.00	0.00	28.00	0010		
01 0/301	39	1.00 121123 121123	22022 4			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 121123 121123	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 121125 121125	220221			310.03	106.02	0.00	212.03	JJ±0		
							100.02	0.00				
NAME: KACEE T	HOMPSON	RECIPIENT ID	.: 500002980030	MRN:								
20241	07014080	I1610905		030724	030724	563.12	29.85		533.27	0.00	268.96	29.85
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOBS	S	
81 87486	59	1.00 030724 030724	220224			42.00	1.89	0.00	1.89	9918 9936		
0.1			000004			0.7.07	40.11	0.00	1 00	2212 222		
81 87498	59	1.00 030724 030724	220224			37.07	1.89	0.00	1.89	9918 9936		
01 07640	ГО	1 00 030724 030724	220224			27 07	35.18	0.00	1 00	0010 0026		
81 87640	59	1.00 030724 030724	220224			37.07	1.89 35.18	0.00	1.89	9918 9936		
81 87581	59	1.00 030724 030724	220224			42.00	1.89	0.00	1 80	9918 9936		
01 07301		1.00 030724 030724	22022 1			42.00	40.11	0.00	1.07	JJ10 JJ30		
81 87633		1.00 030724 030724	220224			318.05	18.51	0.00	18.51	9918 9936		
0_ 0.000						320703	299.54	0.00		77_0 7700		
81 87641	59	1.00 030724 030724	220224			37.07	1.89	0.00	1.89	9918 9936		
							35.18	0.00				
81 87651	59	1.00 030724 030724	220224			49.86	1.89	0.00	1.89	9918 9936		
							47.97	0.00				
		_										
NAME: LYNLI T			0.: 530001877266	MRN:	0.41.00.4	210 55	012 02		106 50	0.00	0 00	012 02
20241	09081651	I1612167		041224	041224	319.55			106.52	0.00	0.00	213.03
DOG DDOG GD	MODIFIED	SERVICE DATES	RENDERING PROVIDER			BILLED	ALLOWED	COPAY	חזידט	DETAIL EOB	-	
POS PROC CD 81 87507	MODIFIERS	UNITS FROM THRU 1.00 041224 041224				AMOUNT 319.55	NON-AllOWED 213.03	TPL 0.00	PAID 213.03		5	
01 07307		1.00 041224 041224	22022 1			319.55	106.52	0.00	213.03	9910		
							100.52	0.00				
NAME: MADYISO	N THOMPSON	RECIPIENT ID	.: 530001910855	MRN:								
	02045001	I1604444			040124	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	S	
81 87635		1.00 040124 040124	220224			150.00	43.61	0.00	43.61	9918		
							106.39	0.00				
81 87486	59	1.00 040124 040124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

POS PROC CD MODIFIERS NOTE			ICN	PAT ACC		DEMOCRATING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
81 8759 59	POS	PROC CD	MODIFIERS	UNTTS								PATD	DETATI	EOBS		
81 87581 59										22.00	0.00					
81 87633	81	87581	59	1.00	040124 040124	220224			42.00	28.00	0.00	28.00	9918			
81 87640	81	87633		1.00	040124 040124	220224			318.05	212.03	0.00	212.03	9918			
81 87641 59	81	87640		1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918			
81 87651 59	81	87641	59	1.00	040124 040124	220224			37.07	22.00	0.00	22.00	9918			
81 87798 8.00 040124 040124 220224 3336.00 224.00 0.00 224.00 9918 NAME: ROBERT THOMPSON 2024102048088 11604910	81	87651	59	1.00	040124 040124	220224			49.86	28.00	0.00	28.00	9918			
Table Tabl	81	87798		8.00	040124 040124	220224			336.00	224.00	0.00	224.00	9918			
POS PROC CD MODIFIERS NOTE	NAME:			I160491		.: 530002020067		040424	258.14	172.09		86.05	0.00	(0.00	172.09
81 80307					SERVICE DATES				BILLED	ALLOWED	COPAY					
81 G0482			MODIFIERS											EOBS		
81 G0482	0.1	80307		1.00	040424 040424	220224			03.01			55.67	9910			
2024103026760 11607332	81	G0482		1.00	040424 040424	220224			174.33	116.22	0.00	116.22	9918			
SERVICE DATES RENDERING BILLED ALLOWED COPAY PAID DETAIL EOBS	NAME:			_1.60=00		.: 530002226502			100.01	== 00						
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT NON-Allowed TPL PAID DETAIL EOBS		20241	.03026760	I160733		DENIDEDING	030424	030424				31.84	0.00	(0.00	77.00
81 80053 1.00 030424 030424 220224 15.84 12.00 0.00 12.00 9918 81 85652 1.00 030424 030424 220224 4.00 3.00 0.00 3.00 9918 81 83036 1.00 030424 030424 220224 14.00 12.00 0.00 12.00 9918 81 85049 1.00 030424 030424 220224 9.00 4.00 0.00 4.00 9918 81 82607 1.00 030424 030424 220224 22.00 17.00 0.00 17.00 9918 81 82306 1.00 030424 030424 220224 22.00 0.00 17.00 9918	POS	PROC CD	MODIFIERS	UNTTS								PATD	DETATI	EOBS		
81 85652 1.00 030424 030424 220224 4.00 3.00 0.00 3.00 9918 81 83036 1.00 030424 030424 220224 14.00 12.00 0.00 12.00 9918 81 85049 1.00 030424 030424 220224 9.00 4.00 0.00 4.00 9918 81 82607 1.00 030424 030424 220224 22.00 17.00 0.00 17.00 9918 81 82306 1.00 030424 030424 220224 22.00 17.00 29.00 0.00 29.00 9918																
$\begin{array}{cccccccccccccccccccccccccccccccccccc$																
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	85652		1.00	030424 030424	220224			4.00			3.00	9918			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	81	83036		1.00	030424 030424	220224			14.00	12.00	0.00	12.00	9918			
81 82607 1.00 030424 030424 220224 22.00 17.00 0.00 17.00 9918 81 82306 1.00 030424 030424 220224 44.00 29.00 0.00 29.00 9918	81	85049		1.00	030424 030424	220224			9.00	4.00	0.00	4.00	9918			
81 82306 1.00 030424 030424 220224 44.00 29.00 0.00 29.00 9918	81	82607		1.00	030424 030424	220224			22.00	17.00	0.00	17.00	9918			
	81	82306		1.00	030424 030424	220224			44.00			29.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(AL)			TPL MOUNT	PAID AMOUNT
NAME: TAYVEN THOMPSON 2024103026771	RECIPIENT ID.: 530002226502 I1607333 SERVICE DATES RENDERING	MRN: 030424	030424	86.89 BILLED	50.93	COPAY	35.96	0.00	0.00	50.93
POS PROC CD MODIFIERS 81 86141	UNITS FROM THRU PROVIDER 1.00 030424 030424 220224			AMOUNT 19.00	NON-AllOWED 13.00	TPL 0.00	PAID 13.00	DETAIL EOB 9918	S	
81 86038	1.00 030424 030424 220224			40.00	6.00 15.00 25.00	0.00 0.00 0.00	15.00	9918		
81 84443	1.00 030424 030424 220224			27.89	22.93 4.96	0.00	22.93	9918		
NAME: OTIS THORNTON 2024103026788	RECIPIENT ID.: 530002049328 I1607339	MRN: 021424	021424	326.14	177.09		149.05	0.00	0.00	172.09
POS PROC CD MODIFIERS 81 82247 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021424 021424 220224			BILLED AMOUNT 8.00	ALLOWED NON-AllOWED 5.00 3.00	COPAY TPL 0.00 0.00		DETAIL EOB	S	
81 81007	1.00 021424 021424 220224			60.00	0.00 60.00	0.00	0.00	5000 6290		
81 80307	1.00 021424 021424 220224			83.81	55.87 27.94	0.00		9918		
81 G0482	1.00 021424 021424 220224			174.33	116.22 58.11	0.00		9918		
NAME: RIYELL THORNTON 2024102041051	RECIPIENT ID.: 530002293804 I1603681	MRN: 022024	022024				313.09	0.00	0.00	586.03
DOG DDOG GD MODIFIEDG	SERVICE DATES RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS 81 87486 59	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00		DETAIL EOB 9918	S	
81 87498 59	1.00 022024 022024 220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 022024 022024 220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 022024 022024 220224			318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 022024 022024 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87641 59	1.00 022024 022024 220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87651 59	1.00 022024 022024 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	083131776
ISSUE DATE	04/19/2024

DATE: 04/19/2024

582

		ICN	PAT ACC			SERVICE FROM		AMOUNT	ALLOWED AMOUNT	ALI	OWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DUG	DRAC CD	MODIFIERS	IINITTS	SERVICE DATES	RENDERING PROVIDER				ALLOWED NON-AlloWED			ηρτατι. Ε	nrg	
	87798	MODIFIERS			220224				224.00		224.00		<i>3</i> 25	
NAME:	ELAYSHA	THORNTON-MO	ORE	RECIPIENT ID	.: 530001984182	MRN:								
	20241	03026810	I1607338		_	040924	040924		62.93		25.27	0.00	0.00	62.93
DOG	DDOG GD	MODIFIED	IINITEG	SERVICE DATES					ALLOWED		DATD		on a	
	82306	MODIFIERS	1 00	040024 040024	PROVIDER			AMOUNT	NON-AllOWED 29.00	0.00	PAID 29.00		JBS	
01	02300		1.00	040924 040924	220224			44.00	15.00	0.00	29.00	9910		
81	84443		1.00	040924 040924	220224			25.20	22.93		22.93	9918		
									2.27					
81	84436	59	1.00	040924 040924	220224			10.00	7.00	0.00	7.00	9918		
0.1	05040		1 00	040004 040004	000004			9.00	3.00	0.00	4 00	0010		
81	85049		1.00	040924 040924	220224			9.00	4.00 5.00	0.00	4.00	9918		
									3.00	0.00				
NAME:	ELAYSHA	THORNTON-MO	ORE	RECIPIENT ID	.: 530001984182	MRN:								
	20241	07014102	I1610908			040924	040924		42.00		17.84	0.00	0.00	42.00
			_	SERVICE DATES	RENDERING			BILLED						
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED				OBS	
81	80053		1.00	040924 040924	220224			15.84	12.00	0.00	12.00	9918		
81	82607		1.00	040924 040924	220224 220224			22.00	17.00	0.00	17.00	9918		
01	02007		1.00	010021 010021				22.00	5.00		27.00	3310		
81	82746		1.00	040924 040924	220224			22.00	13.00		13.00	9918		
									9.00	0.00				
NT7\ N/T= •	7 T 77 C C 7	штр т шш			. [20000172440	MID NT •								
NAME •		07014118			.: 530000173440		041224	1 585 73	999.53		586.20	0 00	0.00	927.53
	20211	07011110	1101071	SERVICE DATES	RENDERING	011221	011221		ALLOWED		300.20	0.00	0.00	727.55
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87481	59	4.00	041224 041224	220224			168.00	112.00	0.00	112.00	9918		
									56.00	0.00	00.00	0.01.0		
81	87640	59	1.00	041224 041224	220224			37.07			22.00	9918		
81	87653	59	1 00	041224 041224	220224			37.07	15.07 22.00	0.00	22 00	9918		
0 ±	07033		1.00	011771 041774	220221			37.07	15.07	0.00	22.00	J J ± U		
81	87798		11.00	041224 041224	220224			462.00	308.00	0.00	308.00	9918		
									154.00	0.00				
81	87798	59	9.00	041224 041224	220224			378.00	252.00	0.00	252.00	9918		
									126.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

583

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU				BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	EOBS	
81	87481	59	2.00 041224 041224				84.00	56.00 28.00	0.00		9918	1025	
81	87491	59	1.00 041224 041224	220224			49.86	28.00 21.86	0.00	0.00	5490		
81	87511	59	1.00 041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87529	59	2.00 041224 041224	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00 041224 041224				42.00	28.00 14.00	0.00	28.00			
81	87653	59	2.00 041224 041224				74.14	44.00 30.14	0.00		5900		
81	87661	59	1.00 041224 041224				32.30	21.53 10.77	0.00	21.53			
81	87563		1.00 041224 041224				42.50	0.00 42.50	0.00		4021		
81	87640	59	1.00 041224 041224	220224			37.07	22.00 15.07	0.00	22.00	9918		
NAME:	: HANNAH 20241	THROWER .07014135	RECIPIENT II	D.: 530001111635	MRN: 041224	041224	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	TPL	PAID	DETAIL	EOBS	
	87798	59	9.00 041224 041224				378.00	252.00 126.00	0.00	252.00			
	87481	59	2.00 041224 041224					56.00 28.00	0.00	56.00			
81		59	1.00 041224 041224				49.86	28.00 21.86	0.00		5490		
81		59	1.00 041224 041224				42.00	28.00 14.00	0.00	28.00			
81	87529	59	2.00 041224 041224				99.72	56.00 43.72	0.00	56.00			
81	87591	59	1.00 041224 041224				42.00	14.00	0.00		9918		
81	87653	59	2.00 041224 041224				74.14	44.00 30.14	0.00		5900		
81	87661	59	1.00 041224 041224				32.30	21.53 10.77	0.00		9918		
81	87563		1.00 041224 041224	220224			42.50	0.00 42.50	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO. SERVICE DATES	RENDERING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87640	MODIFIERS 59	UNITS FROM THRU 1.00 041224 041224	PROVIDER 220224			AMOUNT 37.07	NON-Allowed 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAIL : 9918	EOBS	
NAME:	: EMILIE			.: 530002232137	MRN:								
	20241	103026827	I1607341	DENDEDING	041024	041024	899.12	586.03		313.09	0.00	0.00	586.03
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL :	FORG	
81	87486	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00		EODS	
01	0,100		1.00 011021 011021				12.00	14.00	0.00	20.00	3310		
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87640	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	E O	1 00 041024 041024	220224			42.00	15.07	0.00	20 00	0010		
81	87581	59	1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9910		
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
				-				106.02	0.00				
81	87641	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 041024 041024	220224			49.86	28.00	0.00	28.00	9918		
81	87798		8.00 041024 041024	220224			336.00	21.86 224.00	0.00	224.00	9919		
01	01170		0.00 041024 041024	220221			330.00	112.00	0.00	224.00	JJ10		
NAME:	OWEN T			.: 530001452488	MRN:								
	20241	103026840	I1607342		041024	041024	899.12	586.03		313.09	0.00	0.00	586.03
DOG	DDOG GD	MODIETEDC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		EODC	
	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041024 041024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL :	FODD	
01	07100	37	1.00 011021 011021	220221			12.00	14.00	0.00	20.00	JJ10		
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87640	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
0.1	05501	F.0	1 00 041004 041004	000004			40.00	15.07	0.00	00.00	0010		
81	87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
81	87633		1.00 041024 041024	220224			318.05	14.00 212.03	0.00	212.03	9918		
01	0,055		1.00 011021 011024	22021			310.03	106.02	0.00	212.05	J J ± U		
81	87641	59	1.00 041024 041024	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

585

	ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
POS PROC CD 81 87651	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 041024 041024	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87798		8.00 041024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: TRINITY			.: 530001061611	MRN:								
20241	03026848	I1607345		121123	121123	899.12	586.03		313.09	0.00	0.00	586.03
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATE			
POS PROC CD 81 87486	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87486	59	1.00 121123 121123	220224			42.00	28.00 14.00	0.00	28.00	9910		
81 87498	59	1.00 121123 121123	220224			37.07	22.00	0.00	22.00	9918		
01 07130	3,5	1.00 101123 101123				37.07	15.07	0.00	22.00	3310		
81 87581	59	1.00 121123 121123	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 121123 121123	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 121123 121123	220224			37.07	22.00	0.00	22.00	9918		
01 07641	ΕO	1 00 101100 101100	220224			27 07	15.07	0.00	22.00	0010		
81 87641	59	1.00 121123 121123	220224			37.07	22.00 15.07	0.00	22.00	9910		
81 87651	59	1.00 121123 121123	220224			49.86	28.00	0.00	28.00	9918		
01 07001							21.86	0.00		,, <u> </u>		
81 87798		8.00 121123 121123	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: ANTHONY	TIODD	DECIDIENT ID	• 520001004712	MIDAT •								
	02041066	I1603682	.: 530001004713	MRN: 040424	040424	13.50	4.00		9.50	0.00	0.00	4.00
20211	02011000	SERVICE DATES	RENDERING	010121	010121	BILLED	ALLOWED	COPAY	J. 50	0.00	0.00	1.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 36415		1.00 040424 040424				4.50	0.00 4.50	0.00		3323		
81 85049		1.00 040424 040424	220224			9.00	4.00	0.00	4.00	9918		
	_											
NAME: AVA TODI	D 02041060	RECIPIENT ID	.: 530001004712	MRN:	040404	12 50	4 00		0 50	0 00	0 00	4 00
202410	02041069	I1603683 SERVICE DATES	DEMINED T MA	040424	040424		4.00 ALLOWED		9.50	0.00	0.00	4.00
POS PROC CD	PGTTTTOM	UNITS FROM THRU					NON-AllowED		DATD	DETAIL EOBS		
81 36415		1.00 040424 040424				4.50			0.00			
						50	4.50	0.00		3		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD 81 85049	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040424 040424	RENDERING PROVIDER 220224			BILLED AMOUNT 9.00	ALLOWED NON-AllOWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID 4.00	DETAIL		
NAME: CAIN TOD	D 3026860	RECIPIENT ID	.: 530000849452	MRN: 040924	040924	115.69	82.93		32.76	0.00	0.0	82.93
		SERVICE DATES	RENDERING	0 - 0 /	0 10 2 1	BILLED	ALLOWED	COPAY				02170
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 80053		1.00 040924 040924	220224			15.84	12.00 3.84	0.00	12.00	9918		
81 83036		1.00 040924 040924	220224			14.00	12.00	0.00	12.00	9918		
							2.00	0.00				
81 80061		1.00 040924 040924	220224			20.00	14.00	0.00	14.00	9918		
01 04442		1 00 040024 040024	220224			25 20	6.00	0.00	22.02	0010		
81 84443		1.00 040924 040924	220224			25.20	22.93 2.27	0.00	22.93	9918		
81 84436	59	1.00 040924 040924	220224			10.00	7.00	0.00	7.00	9918		
							3.00	0.00				
81 83525		1.00 040924 040924	220224			17.15	11.00	0.00	11.00	9918		
81 36415		1.00 040924 040924	220224			4.50	6.15 0.00	0.00	0 00	3323		
01 30413		1.00 040924 040924	220224			4.50	4.50	0.00	0.00	3323		
81 85049		1.00 040924 040924	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
NIAME · KINCOWON		RECIPIENT ID	· F20001002040	MDNT•								
NAME: KINGSTON 202410	2041079	I1603684	.: 530001902949	MRN: 022124	022124	1.049.12	629.64		419.48	0.00	0.0	00 629.64
_0_1_0		SERVICE DATES	RENDERING	5	V	BILLED	ALLOWED	COPAY				0_5.01
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID		EOBS	
81 87635		1.00 022124 022124	220224			150.00	43.61	0.00	43.61	9918		
81 87486	50	1.00 022124 022124	220224			42.00	106.39 28.00	0.00	28 00	9918		
01 0/400	39	1.00 022124 022124	220224			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 022124 022124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 022124 022124	220224			42.00	28.00	0.00	28.00	9918		
81 87633		1.00 022124 022124	220224			318.05	14.00 212.03	0.00	212.03	9918		
01 07033		1.00 022121 022121				310.03	106.02	0.00	212.03	,,10		
81 87640		1.00 022124 022124	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOU		PAID AMOUNT
DOG		MODIETEDC	TINTETIC	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חז דה		EODC		
81	PROC CD 87641	MODIFIERS 59	UNITS 1.00	FROM THRU 022124	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00 15.07	TPL 0.00 0.00	PAID 22.00	DETAII 9918	I FORS		
81	87651	59	1.00	022124 022124	220224			49.86	28.00 21.86	0.00		9918			
81	87798		8.00	022124 022124	220224			336.00	224.00 112.00	0.00		9918			
NAME:	ZION TO	LBERT		RECIPIENT ID	.: 530000023305	MRN:									
	20241	.02041096	I160368	5		022024	022024	150.00			106.39	0.00		0.00	43.61
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS	UNITS					AMOUNT	NON-AllowED	TPL			LEOBS		
81	87635		1.00	022024 022024	220224			150.00	43.61 106.39	0.00		9918			
NAME:	LILLIAN	I TOMAS		RECIPIENT ID	.: 530002268994	MRN:									
		.07014147	I160936	8		040124	040124	1,049.12	629.64	<u>l</u>	419.48	0.00		0.00	629.64
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
		MODIFIERS	UNITS					AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAII	EOBS		
81	87486	59	1.00	040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00	040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00	040124 040124	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00	040124 040124	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00	040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	040124 040124	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040124 040124	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	040124 040124	220224			336.00		0.00	224.00	9918			
81	87635		1.00	040124 040124	220224			150.00	43.61 106.39	0.00	43.61	9918			
NAME:	JORGE I	ORRES		RECIPIENT ID	.: 530001058114	MRN:									
		.03026873	I160735			040324	040324	304.25 BILLED	225.00 ALLOWED		79.25	0.00		0.00	87.00
	PROC CD 86003	MODIFIERS	UNITS 12.00		PROVIDER			AMOUNT 93.00	NON-Allowed 72.00 21.00		72.00		I 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO! ALL		COPAY TE	PL DUNT	PAID AMOUNT
POS PROC CD 81 86003	MODIFIERS	SERVICE DATES UNITS FROM THRU 23.00 040324 040324	RENDERING PROVIDER 220224	111011	111110	BILLED AMOUNT 178.25	ALLOWED NON-AlloWED 138.00 40.25	COPAY TPL 0.00 0.00		DETAIL EOBS	, 01.11	11100111
81 82785	LC	1.00 040324 040324	220224			33.00	15.00 18.00	0.00	15.00	9918		
NAME: PRISCII 2024	LA TORRES 099023747	RECIPIENT ID		MRN: 010824	010824	28.84	19.00		9.84	0.00	0.00	19.00
POS PROC CD 81 80053	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 010824 010824	RENDERING PROVIDER 220224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00 3.84	COPAY TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 85652		1.00 010824 010824	220224			4.00	3.00 1.00	0.00	3.00	9918		
81 85049		1.00 010824 010824	220224			9.00	4.00	0.00	4.00	9918		
NAME: PRISCII 20240	LA TORRES 099023757	RECIPIENT II I1602764 SERVICE DATES		MRN: 010824	010824	100.00 BILLED	62.00 ALLOWED	COPAY	38.00	0.00	0.00	62.00
POS PROC CD 81 86665	MODIFIERS	UNITS FROM THRU 2.00 010824 010824	PROVIDER 220224			AMOUNT 70.00	NON-Allowed 44.00 26.00		PAID 44.00	DETAIL EOBS 9918		
81 86664		1.00 010824 010824	220224			30.00	18.00 12.00	0.00	18.00	9918		
NAME: SARAH 3	TORRES 102048095	RECIPIENT II	0.: 530002254985	MRN:	040824	150 04	110.93		39.11	0.00	0.00	110.93
2021	102010005	SERVICE DATES	RENDERING	010021	010021	BILLED	ALLOWED	COPAY	37.11	0.00	0.00	110.73
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOBS		
81 80053		1.00 040824 040824	220224			15.84	12.00 3.84	0.00	12.00	9918		
81 82607		1.00 040824 040824	220224			22.00	17.00 5.00	0.00 0.00	17.00	9918		
81 82306		1.00 040824 040824	220224			44.00	29.00 15.00	0.00	29.00	9918		
81 83036		1.00 040824 040824	220224			14.00	12.00	0.00	12.00	9918		
81 80061		1.00 040824 040824	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 040824 040824	220224			25.20	22.93 2.27	0.00	22.93	9918		

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

589

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLC			PL OUNT	PAID AMOUNT
POS PROC CD 81 85049	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 9.00	ALLOWED NON-AlloWED 4.00 5.00	COPAY TPL 0.00 0.00	PAID			
NAME: BRANDON	TORRES-SAND		.: 530001181678	MRN:	022024	1 040 12	620 64	,	10 40	0.00	0 00	620 64
202 4 1	02041107	I1603687 SERVICE DATES	RENDERING	022024	022024	1,049.12 BILLED	629.64 ALLOWED	COPAY	19.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87635	HODITIERO	1.00 022024 022024	220224			150.00	43.61	0.00	43.61			
0_ 0/000							106.39	0.00	13.01	,,,,		
81 87486	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87498	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 022024 022024	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1.00 022024 022024	220224			318.05	14.00	0.00	212.03	0010		
81 87633		1.00 022024 022024	220224			310.03	212.03 106.02	0.00 0.00	212.03	9910		
81 87640		1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
01 07010		1.00 022021 022021	220221			37.07	15.07	0.00	22.00	JJ 10		
81 87641	59	1.00 022024 022024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 022024 022024	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 022024 022024	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
37334E - C334EF T T	a morancear			MONTA								
NAME: CAMELLI		RECIPIENT ID	.: 530000786316	MRN: 022924	022024	22.82	17 00		5.82	0.00	0.00	17.00
20241	03026878	SERVICE DATES	RENDERING	022924	022924	BILLED	17.00 ALLOWED	COPAY	3.04	0.00	0.00	17.00
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 83540	nobii iino	1.00 022924 022924	220224			9.71	7.00	0.00		9918		
							2.71	0.00				
81 83550		1.00 022924 022924	220224			13.11	10.00	0.00	10.00	9918		
							3.11	0.00				
NAME: CAMELLI	A TOWNSEND	RECIPIENT ID	.: 530000786316	MRN:								
	03026887			022924	022924	8.00	5.00		3.00	0.00	0.00	5.00
		SERVICE DATES	RENDERING				ALLOWED					
POS PROC CD			PROVIDER			AMOUNT	NON-AllOWED	TPL		DETAIL EOBS		
81 85045		1.00 022924 022924	220224			8.00	5.00		5.00	9918		
							3.00	0.00				

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

3524808

CRA-PRPD-R

1930 EDWARDS LAKE ROAD SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: JACOB TRANTHAM 2024107014159 POS PROC CD MODIFIERS 81 87507	RECIPIENT ID.: 530000361652 I1610916 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	MRN: 040424	040424	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 EC	0.00 DBS	213.03
NAME: JACOB TRANTHAM 2024109081656 POS PROC CD MODIFIERS 81 86255 81 83516 81 82784 81 86003	RECIPIENT ID.: 530000361652 I1612178 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224 1.00 040924 040924 220224 12.00 040924 040924 220224	MRN: 040924	040924	183.00 BILLED AMOUNT 35.00 36.00 19.00 93.00	112.00 ALLOWED NON-AllOWED 14.00 21.00 14.00 22.00 12.00 7.00 72.00 21.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00	71.00 PAID 14.00 14.00 12.00 72.00	9918 9918	0.00 DBS	112.00
NAME: HEAVEN TRENIER 2024107014169 POS PROC CD MODIFIERS 81 80053 81 82306 81 83036 81 80061 81 84443 81 84443 81 84436 59 81 85049 NAME: LAYLA TRIPP	RECIPIENT ID.: 530001249018 11610917 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 RECIPIENT ID.: 530001674612	MRN: 041124 MRN:	041124	138.04 BILLED AMOUNT 15.84 44.00 14.00 20.00 25.20 10.00 9.00	100.93 ALLOWED NON-AllOWED 12.00 3.84 29.00 15.00 12.00 2.00 14.00 6.00 22.93 2.27 7.00 3.00 4.00 5.00	COPAY TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAID 12.00 29.00 12.00 14.00 22.93 7.00	9918 9918 9918	0.00 DBS	100.93
NAME: LAYLA TRIPP 2024107014179	RECIPIENT ID.: 530001674612 I1609376	MRN: 040324	040324	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

591

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			~	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	5	
81 87635		1.00 040324 040324	220224			150.00	43.61	0.00	43.61	9918		
01 07406	59	1 00 040324 040324	220224			40.00	106.39	0.00	20.00	0010		
81 87486	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9910		
81 87498	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	0010		
O1 0/490	59	1.00 040324 040324	220224			37.07	15.07	0.00	22.00	9910		
81 87581	59	1.00 040324 040324	220224			42.00	28.00	0.00	28.00	9918		
01 07301	57	1.00 010321 010321	220221			12.00	14.00	0.00	20.00	JJ10		
81 87633		1.00 040324 040324	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 10		
81 87640		1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040324 040324	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 040324 040324	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: ZA RYAN			.: 530000886131	MRN:								
20241	L07014192	I1610920		040424	040424	319.55	213.03		106.52	0.00	0.00	213.03
		SERVICE DATES				BILLED	ALLOWED	COPAY			~	
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOB	5	
81 87507		1.00 040424 040424	220224			319.55	213.03	0.00	213.03	9918		
							106.52	0.00				
NAME: SUMMER	י זוזמיי	DECIDIENT ID	.: 530001082701	MRN:								
	099023763	I1602776	530001002701		010324	839.09	535.53		303.56	0.00	0.00	463.53
20210	00000000	SERVICE DATES	RENDERING	010324	010324	BILLED	ALLOWED	COPAY	303.30	0.00	0.00	403.33
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	5	
81 87798	59	9.00 010324 010324	220224			378.00	252.00	0.00				
0_ 00		2.00 020021 020021				373133	126.00	0.00		J J _ G		
81 87481	59	2.00 010324 010324	220224			84.00	56.00	0.00	56.00	9918		
							28.00	0.00				
81 87491	59	1.00 010324 010324	220224			49.86	28.00	0.00	0.00	5490		
							21.86	0.00				
81 87511	59	1.00 010324 010324	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87529	59	2.00 010324 010324	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	083131776
ISSUE DATE	04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(PL DUNT	PAID AMOUNT
	MODIFIERS 59	UNITS FROM THRU PRO	NDERING OVIDER 0224	IRO	AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00		DETAIL EOBS	JOIN I	AMOUNT
81 87653	59	2.00 010324 010324 220	0224		74.14	14.00 44.00 30.14	0.00 0.00 0.00	0.00	5900		
81 87661	59	1.00 010324 010324 220)224		32.30	21.53 10.77	0.00	21.53	9918		
81 87640	59	1.00 010324 010324 220	0224		37.07	22.00 15.07	0.00	22.00	9918		
	JCKER)9081688	RECIPIENT ID.: 5		041624	44.00	29.00		15.00	0.00	0.00	29.00
POS PROC CD 81 82306	MODIFIERS	SERVICE DATES REN UNITS FROM THRU PRO	NDERING OVIDER 0224		BILLED AMOUNT 44.00	ALLOWED NON-AllOWED 29.00	COPAY TPL		DETAIL EOBS		
	TULLY)7014208	RECIPIENT ID.: 5 11609380 SERVICE DATES REN	040424	040424	74.04 BILLED		COPAY	16.11	0.00	0.00	57.93
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU PRO	DERING DVIDER D224 D224		AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID 12.00	DETAIL EOBS 9918		
81 80061		1.00 040424 040424 220)224		20.00	14.00 6.00	0.00	14.00	9918		
81 84443		1.00 040424 040424 220	0224		25.20	22.93 2.27	0.00	22.93	9918		
81 84439		1.00 040424 040424 220	0224		13.00	9.00 4.00	0.00 0.00	9.00	9918		
NAME: JULION T	TURLEY 09081703	RECIPIENT ID.: 5	040324	040324		586.03		313.09	0.00	0.00	586.03
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES REN UNITS FROM THRU PRO 1.00 040324 040324 220	OVIDER		BILLED AMOUNT 42.00	NON-AllOWED 28.00	COPAY TPL 0.00	PAID 28.00	DETAIL EOBS 9918		
81 87498	59	1.00 040324 040324 220	0224		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 040324 040324 220	0224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040324 040324 220)224		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

593

		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 E	OBS	
81	87640	HODII IIKO	1.00 040324 040324	220224			37.07	22.00	0.00		9918	ЮВВ	
01	0,010		1.00 010321 010321	220221			37.07	15.07	0.00	22.00	3310		
81	87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
0_	0.01						37.07	15.07	0.00		,,,,		
81	87651	59	1.00 040324 040324	220224			49.86	28.00	0.00	28.00	9918		
0_	0.00=							21.86	0.00		,,,,		
81	87798		8.00 040324 040324	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	AUBRIE			.: 530000638367	MRN:								
	20241	.07014234	I1609384		040424	040424	881.59	535.53		346.06	0.00	0.00	463.53
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	COBS	
81	87798	59	9.00 040424 040424	220224			378.00	252.00	0.00	252.00	9918		
								126.00	0.00				
81	87481	59	2.00 040424 040424	220224			84.00	56.00	0.00	56.00	9918		
0.1	00401	F.0	1 00 040404 040404	000004			40.06	28.00	0.00	0.00	E 400		
81	87491	59	1.00 040424 040424	220224			49.86	28.00	0.00	0.00	5490		
0.1	07511	Γ0	1 00 040404 040404	220224			40.00	21.86	0.00	20.00	0010		
81	87511	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
01	87529	ΕO	2 00 040424 040424	220224			00 72	14.00	0.00	E6 00	0010		
81	0/529	59	2.00 040424 040424	220224			99.72	56.00 43.72	0.00	56.00	9918		
81	87591	59	1.00 040424 040424	220224			42.00	28.00	0.00 0.00	20 00	9918		
OΤ	0/391	39	1.00 040424 040424	220224			42.00	14.00	0.00	20.00	9910		
81	87653	59	2.00 040424 040424	220224			74.14	44.00	0.00	0 00	5900		
01	07033		2.00 010121 010121	220221			71.11	30.14	0.00	0.00	3700		
81	87661	59	1.00 040424 040424	220224			32.30	21.53	0.00	21.53	9918		
01	0,001		1.00 010121 010121	220221			32.30	10.77	0.00	21.33	3310		
81	87563		1.00 040424 040424	220224			42.50	0.00	0.00	0.00	4021		
_				-				42.50	0.00		-		
81	87640	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
NAMF:	: AYSIA T	TIRNER	RECIPIENT ID	: 530001257602	MRN:								
TAC-71.117.		.02048110	I1604916	• • JJ000±ZJ70JJ	040924	040924	899 12	586.03		313 09	0 00	0.00	586.03
	202 1 1	.02010110	SERVICE DATES	RENDERING	0 10 7 2 4	010724		ALLOWED		J±J•UJ	0.00	0.00	500.05
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT			PATD	DETATI. F	OBS	
	87486		1.00 040924 040924				42.00		0.00	28.00			
J <u> </u>	0.100			= 			12.00		0.00	20.00			
									-				

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC		_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG		MODIFIED	TINTE	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY			ODG	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	87498	59	1.00	040924 040924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1 00	040924 040924	220224			37.07	22.00	0.00	22 00	9918		
01	07010	5,7	1.00	0 10021 010021	220221			37.07	15.07	0.00	22.00	JJ±0		
81	87581	59	1.00	040924 040924	220224			42.00	28.00	0.00	28.00	9918		
0_	0.00=		_,,,	010711 010711					14.00	0.00		77_0		
81	87633		1.00	040924 040924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87641	59	1.00	040924 040924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	040924 040924	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	040924 040924	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
						14737								
NAME	: AYSIA T		T160727).: 530001257693	MRN:	040004	00 54	67.01	n	20 61	0 00	0 00	67.02
	20241	03026902	I160737		DENDEDING	040924	040924	98.54			30.61	0.00	0.00	67.93
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	PAID	DETAIL E	ODC	
81	80053	MODIFIERS		040924 040924	220224			15.84	12.00	TPL 0.00	12.00		OBS	
0.1	00055		1.00	010921 010921	220224			13.01	3.84	0.00	12.00	9910		
81	82306		1 00	040924 040924	220224			44.00	29.00	0.00	29 00	9918		
0 ±	02300		1.00	, 010021 010021	220221			11.00	15.00	0.00	25.00	JJ±0		
81	84443		1.00	040924 040924	220224			25.20	22.93	0.00	22.93	9918		
-									2.27	0.00				
81	36415		1.00	040924 040924	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
81	85049		1.00	040924 040924	220224			9.00	4.00	0.00	4.00	9918		
									5.00	0.00				
NAME	: AYSIA T		-160000).: 530001257693	MRN:	0.40004	100.00	60.04	_	20.00	0 00	2 22	60.00
	20241	07014246	I160938		D = 110 = D = 110	040924	040924	100.00	62.00		38.00	0.00	0.00	62.00
DOG	DDOG GD	MODIFIED	TINTE	SERVICE DATES				BILLED	ALLOWED	COPAY	D 7 T D		ODG	
	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81	86665		2.00	0 040924 040924	220224			70.00	44.00 26.00	0.00	44.00	9918		
81	86664		1 00	040924 040924	220224			30.00	18.00	0.00	10 00	9918		
0.1	00004		1.00	, 040924 040324 	77077			30.00	12.00	0.00	10.00	9910		
									12.00	0.00				
NAMF.	: MAYCIE	TURNER		RECIPTENT II).: 530001071365	MRN:								
1,111111		03026912	I160737		. 2300010,1303	041024	041024	547.12	305.64	4	241.48	0.00	0.00	305.64
	_0_11		,,,,,	•		0 0 - 1	, ,	J 1 / • 1 L	303.0	=	=	3.00	0.00	303.01

REPORT: CRA-PRPD-R RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DENDEDING	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	DС	
81 87498	MODIFIERS 59	1.00 041024 041024	220224			37.07	22.00	0.00		9918	DO	
01 07470		1.00 041024 041024	220224			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
01 07301	5,5	1.00 011021 011021	220221			12.00	14.00	0.00	20.00	JJ10		
81 87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 011021 011021	220221			310.03	106.02	0.00	222.03	J J I O		
81 87635		1.00 041024 041024	220224			150.00	43.61	0.00	43.61	9918		
0_ 0.000							106.39	0.00	10.01	2223		
NAME: PYPER TU		RECIPIENT ID	.: 530001071364	MRN:								
202410	03026916	I1607378		041024	041024	547.12	305.64		241.48	0.00	0.00	305.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID		BS	
81 87498	59	1.00 041024 041024	220224			37.07	22.00	0.00		9918		
01 00501	F.0	1 00 041004 041004	000004			40.00	15.07	0.00		0010		
81 87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
01 07622		1 00 041024 041024	220224			210 05	14.00	0.00	212 02	0010		
81 87633		1.00 041024 041024	220224			318.05	212.03	0.00		9918		
81 87635		1.00 041024 041024	220224			150.00	106.02 43.61	0.00		0010		
01 0/033		1.00 041024 041024	220224			130.00	106.39	0.00	43.01	9910		
							100.39	0.00				
NAME: SAMANTHA	A TURNER	RECIPIENT ID	.: 530000751081	MRN:								
	02048125	I1604920			040924	49.86	28.00		21.86	0.00	0.00	28.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EO	BS	
81 87651		1.00 040924 040924	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
			= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
NAME: SENTERO			.: 530000943939	MRN:	000004	000 00	100 00		100 04	0.00	0.00	1.00 0.0
202410	07014259	I1609388		032624	032624	299.33			127.24	0.00	0.00	172.09
		SERVICE DATES				BILLED	ALLOWED	COPAY			_ ~	
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EO	BS	
81 80307		1.00 032624 032624	220224			125.00	55.87	0.00	55.87	9918		
01 00400		1 00 022624 022624	220224			174 22	69.13	0.00	116 00	0010		
81 G0482		1.00 032624 032624	220224			174.33	116.22	0.00	116.22	9918		
							58.11	0.00				
NAME: TALASIA	THRNER	PECIDIENT IN	.: 530000591696	MRN:								
	07014265	I1609389	. 5 550000551050		041124	1,049.12	629.64		419.48	0.00	0.00	629.64
20211	0.011200			V 11121	V	-,01012	020.01			3.00	3.00	327.01

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALL			TPL MOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOE	BS	
81 87486	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
01 07400	F.0	1 00 041104 041104	000004			27 07	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
81 87581	59	1.00 041124 041124	220224			42.00	15.07 28.00	0.00	20 00	9918		
81 87581	39	1.00 041124 041124	220224			42.00	14.00	0.00	20.00	9910		
81 87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
01 07033		1.00 011121 011121	220221			310.03	106.02	0.00	212.05	JJ±0		
81 87640		1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
0_ 0.010		_,,,,					15.07	0.00		,,,,		
81 87641	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041124 041124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
81 87635		1.00 041124 041124	220224			150.00	43.61	0.00	43.61	9918		
							106.39	0.00				
NIAME · VAITTE	מונטיים ה			MIDAT •								
NAME: KALLIE	03026924	RECIPIENT II	0.: 530001135731	MRN:	020924	71.69	49.93		21.76	0.00	0.00	49.93
20241	03020924	SERVICE DATES	RENDERING	020924	020924	BILLED	ALLOWED	COPAY	21.70	0.00	0.00	49.93
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOE	RS	
81 80053	HODII ILKO	1.00 020924 020924	220224			15.84	12.00	0.00		9918		
01 00033		1.00 020921 020921				10.01	3.84	0.00	12.00	,,,,		
81 84443		1.00 020924 020924	220224			25.20	22.93	0.00	22.93	9918		
							2.27	0.00				
81 83525		1.00 020924 020924	220224			17.15	11.00	0.00	11.00	9918		
							6.15	0.00				
81 36415		1.00 020924 020924	220224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
81 85049		1.00 020924 020924	220224			9.00	4.00	0.00	4.00	9918		
							5.00	0.00				
	TAD E E	RECIPIENT II		MIDAT •								
NAME: BRIANNA	07014279	RECIPIENT II I1609393	0 530002155607	MRN:	041124	1 0/0 12	629.64		110 10	0.00	0.00	629.64
20241	0/0144/3	SERVICE DATES	P F N D F P T N C	041124	041124	•	ALLOWED		ユエク・ せひ	0.00	0.00	049.04
POS PROC CD	MODIFIERS		PROVIDER				NON-Allowed	TPL	PATD	DETAIL EOE	SS	
81 87635	110011 11110	1.00 041124 041124				150.00		0.00			-	
			-				106.39	0.00	-			

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ה א ד ה ה			
POS PROC CD 81 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL EOBS		
01 0/400	59	1.00 041124 041124	220224			42.00	14.00	0.00	20.00	9910		
81 87498	59	1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581	59	1.00 041124 041124	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 041124 041124	220224			318.05	212.03	0.00	212.03	9918		
01 05640		1 00 041104 041104	000004			25 25	106.02	0.00	00.00	0010		
81 87640		1.00 041124 041124	220224			37.07	22.00	0.00	22.00	9918		
81 87641	59	1.00 041124 041124	220224			37.07	15.07 22.00	0.00 0.00	22.00	0010		
01 0/041	39	1.00 041124 041124	220224			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 041124 041124	220224			49.86	28.00	0.00	28.00	9918		
01 07001		1.00 011121 011121				19.00	21.86	0.00	20.00	JJ 10		
81 87798		8.00 041124 041124	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: ELIZA UI			.: 530000326323	MRN:	0.411.04	40.06	00.00		01 06	0 00	0.00	00.00
202410	07014290	I1610925	DENDEDING	041124	041124	49.86			21.86	0.00	0.00	28.00
POS PROC CD	MODIETEDO	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87651	MODIFIERS	1.00 041124 041124	220224			49.86	28.00	0.00	28.00			
01 07031		1.00 011121 011121	220221			17.00	21.86	0.00	20.00	JJ±0		
							22.00	0.00				
NAME: JAMES UN	NDERWOOD	RECIPIENT ID	.: 530001476074	MRN:								
202409	99023781	I1602811		031424	031424		4.74		45.12	0.00	14.20	4.74
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU 1.00 031424 031424	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 87651		1.00 031424 031424	220224			49.86	4.74	0.00	4.74	9918 9936		
							45.12	0.00				
NAME: CAMILA U	JROZA	RECIPIENT ID	.: 530001301615	MRN:								
	02048134	I1604922			040924	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 040924 040924	220224			150.00	43.61	0.00	43.61	9918		
01 05406	F.0	1 00 040004 040004	000004			40.00	106.39	0.00	00.00	0.01.0		
81 87486	59	1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
81 87498	59	1.00 040924 040924	220224			37.07	14.00 22.00	0.00 0.00	22.00	0010		
01 0/430	JJ	1.00 040924 040924	∠∠∪∠∠ †			37.07	15.07	0.00	22.00	J J I O		
							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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC				SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUN	T	PAID AMOUNT
POS	PROC CD	MODIFIERS	UNITS	SERVICE D. FROM	ATES THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS		
81	87581	59	1.00	040924 04		220224			42.00	28.00 14.00	0.00		9918			
81	87633		1.00	040924 04	0924	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00	040924 04	0924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	040924 04	0924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040924 04	0924	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	040924 04	0924	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME	DAMIAN 20241	USREY 02048143	I160492		NT ID	.: 530001386207	MRN: 040924	040924	899.12	586.03		313.09	0.00		0.00	586.03
DOG	DDOG GD	MODITION	INITEG	SERVICE D		RENDERING			BILLED	ALLOWED	COPAY	ת את ה		HODG		
81	PROC CD 87486	MODIFIERS 59	UNITS	FROM 040924 04	THRU ng24	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 9918	EOBS		
01	07100	3,5	1.00	010021 01	0,21	220221			12.00	14.00	0.00	20.00	JJ±0			
81	87498	59	1.00	040924 04	0924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87581	59	1.00	040924 04	0924	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00	040924 04	0924	220224			318.05	212.03 106.02	0.00	212.03	9918			
81	87640		1.00	040924 04	0924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87641	59	1.00	040924 04	0924	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00	040924 04	0924	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87798		8.00	040924 04	0924	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME			I160738		NT ID	.: 530002355136	MRN: 031224	031224	397 12	262.03		135.09	0.00		0.00	50.00
	20211	00000000	1100/00		ATES	RENDERING	J J T Z Z I	J J Z Z Z I		ALLOWED		±33.07	3.00			30.00
	PROC CD 87498	MODIFIERS 59	UNITS 1.00		THRU	PROVIDER				NON-AllOWED 22.00	\mathtt{TPL}	22.00		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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		LOWED	AMOUNT AM	PL DUNT	PAID AMOUNT
POS 81	PROC CD 87581	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 031224 031224	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
81	87633		1.00	031224 031224	220224			318.05	212.03 106.02	0.00	0.00	5000		
NAME:		OS VALLE 02048155	I160492	4	.: 530000962155	MRN: 040924	040924	565.12	374.03		191.09	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 040924 040924	RENDERING PROVIDER 220224 220224 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07	COPAY TPL 0.00 0.00				
81	87581	59	1.00	040924 040924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633			040924 040924					212.03 106.02	0.00	212.03			
81	87798		4.00	040924 040924	220224			168.00	112.00 56.00	0.00		9918		
NAME:		VANDIVER 02045016	I160444		.: 500002897757	MRN: 031924	031924	13.50	4.00		9.50	0.00	0.00	4.00
POS		MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID			
	36415			031924 031924	220224			4.50	0.00 4.50	0.00	0.00	3323		
81	85049		1.00	031924 031924	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAME:		ON VANDIVER 02045037	I160444		.: 530002339202	MRN: 040824	040824	565.12	374.03		191.09	0.00	0.00	374.03
	PROC CD 87498	MODIFIERS 59	UNITS 1.00	SERVICE DATES FROM THRU 040824 040824	RENDERING PROVIDER 220224			BILLED AMOUNT 37.07	ALLOWED NON-AllOWED 22.00 15.07		22.00	DETAIL EOBS 9918		
81	87581	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00		9918		
81	87633		1.00	040824 040824	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00	040824 040824	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		VANDIVER 99023789	I160281		.: 530001527933	MRN: 121823	121823	635.32	423.17		212.15	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	FORC	
81	87498	59	1.00 121823 121823	220224			37.07	22.00	0.00		9918	EODO	
01	0,100	33	1.00 121023 121023	220221			37.07	15.07	0.00	22.00	J J ± 0		
81	87581	59	1.00 121823 121823	220224			42.00	28.00	0.00	28.00	9918		
0_	0,00=							14.00	0.00		2220		
81	87633		1.00 121823 121823	220224			318.05	212.03	0.00	212.03	9918		
				-				106.02	0.00				
81	87634		1.00 121823 121823	220224			70.20	49.14	0.00	0.00	5910		
								21.06	0.00				
81	87798		4.00 121823 121823	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME:	DIEGO V	/EGA	RECIPIENT ID	.: 530001405627	MRN:								
	20241	109081722	I1612199		040124	040124	31.19	23.00)	8.19	0.00	0.0	23.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	83036		1.00 040124 040124	220224			14.00	12.00	0.00	12.00	9918		
								2.00	0.00				
81	80048		1.00 040124 040124	220224			12.69	11.00	0.00	11.00	9918		
								1.69	0.00				
81	36415		1.00 040124 040124	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
3733477.	TD0110 11	TE CA			NATIONAL A								
NAME:	JESUS V			.: 530001066397	MRN:	040224	176 26	200 41		167 05	0 00	0 (200 41
	20241	107014298	I1609401	DENDEDING	040324	040324	476.36			167.95	0.00	0.0	280.41
DOG	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL	FODC	
81	80053	MODIFIERS	1.00 040324 040324	220224			15.84	12.00	0.00		9918	FODS	
01	00033		1.00 040324 040324	220224			13.04	3.84	0.00	12.00	9910		
81	82306		1.00 040324 040324	220224			44.00	29.00	0.00	29 00	9918		
01	02300		1.00 010321 010321	220221			11.00	15.00	0.00	27.00	JJ±0		
81	87389		1.00 040324 040324	220224			36.00	23.88	0.00	23.88	9918		
01	0,000		1.00 010321 010321	220221			30.00	12.12	0.00	23.00	3310		
81	83036		1.00 040324 040324	220224			14.00	12.00	0.00	12.00	9918		
				-				2.00	0.00				
81	80061		1.00 040324 040324	220224			20.00	14.00	0.00	14.00	9918		
	-							6.00	0.00		-		
81	36415		1.00 040324 040324	220224			4.50	0.00	0.00	0.00	3323		
								4.50	0.00				
81	87798		3.00 040324 040324	220224			126.00	84.00	0.00	84.00	9918		
								42.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

601

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY AMOUNT	TPL AMOUNT	Г	PAID AMOUNT
POS 81	PROC CD 87491	MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 5490	EOBS		
81	87511	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87529	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00	28.00	9918			
81	87591	59	1.00 040324 040324	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87661	59	1.00 040324 040324	220224			32.30	21.53 10.77	0.00 0.00	21.53	9918			
NAME:	: JESUS V	/EGA L07014319	RECIPIENT ID.	: 530001066397	MRN:	040224	7 00	E 00		2 00	0 00	(2 00	F 00
	20241	10/014319	SERVICE DATES	RENDERING	040324	040324	7.00 BILLED	5.00 ALLOWED	COPAY	2.00	0.00	(0.00	5.00
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	86592		1.00 040324 040324	220224			7.00	5.00 2.00	0.00 0.00	5.00	9918			
NAME	: PHOENTX	K VELASQUEZ-	TORRE RECIPIENT ID.	: 530002287948	MRN:									
		L07014321	I1609403	00000=07710	040224	040224	899.12	586.03	3	313.09	0.00	(0.00	586.03
				RENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87486	59	1.00 040224 040224	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918			
81	87498	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918			
01	07190	5,5	1.00 010221 010221	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87581	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 040224 040224	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
81	87640		1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918			
81	87641	59	1.00 040224 040224	220224			37.07	15.07 22.00	0.00 0.00	22.00	0010			
0.1	0/041	39	1.00 040224 040224	220224			37.07	15.07	0.00	22.00	9910			
81	87651	59	1.00 040224 040224	220224			49.86	28.00	0.00	28.00	9918			
0 ±	2.331			_ _			17.00	21.86	0.00	20.00				
81	87798		8.00 040224 040224	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME :		A VENTURA TO: L02041122	LENTI RECIPIENT ID. 11603697	: 530001720968	MRN: 031424	031424	825.21	542.00	2	283.21	0.00	(0.00	486.00

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

602

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 168.00	ALLOWED NON-AlloWED 112.00	COPAY TPL 0.00	PAID 112.00	DETAIL E		
81 87640	59	1.00 031424 031424	220224			37.07	56.00 22.00	0.00	22.00	9918		
81 87653	59	1.00 031424 031424	220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87798		11.00 031424 031424	220224			462.00	308.00 154.00	0.00	308.00	9918		
81 87641	59	1.00 031424 031424	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87798		2.00 031424 031424	220224			84.00	56.00 28.00	0.00	0.00	5000		
NAME: LANDON V			: 530000018212	MRN:	120622	1 004 42	625 17		260 25	0.00	0 00	625 17
202409	9023800	I1602830 SERVICE DATES	RENDERING	120623	120623	1,004.42 BILLED	635.17 ALLOWED	COPAY	369.25	0.00	0.00	635.17
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
	59		220224			42.00	28.00 14.00	0.00		9918		
81 87498	59	1.00 120623 120623	220224			37.07	22.00 15.07	0.00	22.00	9918		
81 87640	59		220224			37.07	22.00 15.07	0.00 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 0.00	212.03			
	59		220224			105.30	49.14 56.16	0.00 0.00		9918		
	59		220224			37.07	22.00 15.07	0.00		9918		
81 87651	59	1.00 120623 120623	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 120623 120623	220224			336.00	224.00 112.00		224.00	9918		
NAME: ELI VICK 202410	TERS 19081734	RECIPIENT ID.		MRN: 041524	041524		417.64		297.48	0.00	0.00	417.64
POS PROC CD 81 87635		SERVICE DATES UNITS FROM THRU 1.00 041524 041524	PROVIDER			BILLED AMOUNT 150.00	NON-AllOWED		PAID 43.61		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
200			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D. T. T. D.	D = = = = = = = = = = = = = = = = = = =	707 <i>0</i>	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
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	0.00	28.00	9919		
01	0/301	39	1.00 041324 041324	220224			12.00	14.00	0.00	20.00	9910		
81	87633		1.00 041524 041524	220224			318.05	212.03	0.00	212.03	9918		
0 ±	07033		1.00 011321 011321	220221			310.03	106.02	0.00	212.03	J J I O		
81	87798		4.00 041524 041524	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
NAME:		VIDAL MIGUI).: 530002182040	MRN:								
	20241	.09081743	I1612201	D E11D ED T110	041524	041524	881.59	535.53		346.06	0.00	0.0	0 463.53
DOG	DD00 0D	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	D 3 T D		HODG	
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00 041524 041524	220224			378.00	252.00	0.00	252.00	9918		
0.1	07401	ΕO	2 00 041524 041524	220224			0.4 0.0	126.00	0.00	F6 00	0010		
81	87481	59	2.00 041524 041524	220224			84.00	56.00	0.00	56.00	9918		
81	87491	59	1.00 041524 041524	220224			49.86	28.00 28.00	0.00	0 00	5490		
0.1	0/491	39	1.00 041524 041524	220224			49.00	21.86	0.00	0.00	3490		
81	87511	59	1.00 041524 041524	220224			42.00	28.00	0.00	28 00	9918		
01	0/311	39	1.00 041324 041324	220224			12.00	14.00	0.00	20.00	9910		
81	87529	59	2.00 041524 041524	220224			99.72	56.00	0.00	56 00	9918		
01	07323	3,7	2.00 011321 011321	220221			22.12	43.72	0.00	30.00	JJ10		
81	87591	59	1.00 041524 041524	220224			42.00	28.00	0.00	28 00	9918		
01	0,351	3,5	1.00 011321 011321	220221			12.00	14.00	0.00	20.00	3310		
81	87653	59	2.00 041524 041524	220224			74.14	44.00	0.00	0.00	5900		
								30.14	0.00				
81	87661	59	1.00 041524 041524	220224			32.30	21.53	0.00	21.53	9918		
								10.77	0.00				
81	87563		1.00 041524 041524	220224			42.50	0.00	0.00	0.00	4021		
								42.50	0.00				
81	87640	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
37336			D-0-1		MDM								
NAME:			RECIPIENT II).: 530001182691	MRN:	010004	1 040 10			410 40	0 00	0 0	0 600 64
	20241	.03026960	I1607404		012924	012924	•	629.64		419.48	0.00	0.0	0 629.64
DOG	DDOG GD	MODIFIED	SERVICE DATES					ALLOWED	COPAY	חזידי	DEMATT	EODC	
	87635	MODIFIERS	UNITS FROM THRU 1.00 012924 012924	PROVIDER			150.00	NON-AllOWED 43.61	TPL 0.00	PAID 43.61		FORD	
QΤ	0/035		1.00 012924 012924	∠∠∪∠∠ 1			150.00	106.39	0.00	43.01	ヲヲ⊥ၓ		
								100.39	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU P	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 012924 012924 2	220224			37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81	87581	59	1.00 012924 012924 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 012924 012924 2	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 012924 012924 2	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87641	59		220224			37.07	22.00 15.07	0.00 0.00		9918		
81	87651	59	1.00 012924 012924 2				49.86	28.00 21.86	0.00		9918		
81	87798		8.00 012924 012924 2	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	RYLEIGH 20241	I VINES .07014333	RECIPIENT ID.: 11610929		MRN:	041224	1,049.12	629.64		119.48	0.00	0.00	629.64
	20211	10,011333		RENDERING	011221	011221	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	023.01
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87486	59		220224			42.00	28.00 14.00	0.00		9918		
81	87498	59	1.00 041224 041224 2	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81	87581	59	1.00 041224 041224 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041224 041224 2	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 041224 041224 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 041224 041224 2	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041224 041224 2	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041224 041224 2	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041224 041224 2	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	GARYONA 20241	A VINSON .03026973	RECIPIENT ID.: 11607406		MRN: 040924	040924	16.50	6.00		10.50	0.00	0.00	6.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

CRA-PRPD-R

3524808

SUITE 138

REPORT:

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

605

DOS 1	PROC CD	ICN MODIFIERS	PAT ACCT NO. SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT	ALLOWED AMOUNT ALLOWED NON-AllOWED	NC ALI COPAY TPL	N OWED PAID	COPAY AMOUNT DETAIL E	TPL AMOUNT	PAID AMOUNT
81	85014	PIODII IIIRO	1.00 040924 040924	220224			6.00	3.00 3.00	0.00		00 9918	ODD	
81	85018		1.00 040924 040924	220224			6.00	3.00 3.00	0.00	3.0	00 9918		
81	36415		1.00 040924 040924	220224			4.50	0.00 4.50	0.00	0.0	00 3323		
NAME:	GARYONA 20241	VINSON 07014346	I1610930	.: 530000971200	MRN: 040924	040924		8.00		7.17	0.00	0.00	8.00
	PROC CD 87081	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 040924 040924	PROVIDER			BILLED AMOUNT 15.17	ALLOWED NON-AllOWED 8.00 7.17	COPAY TPL 0.00 0.00	PAID 8.0	DETAIL E 00 9918	OBS	
		INSON 99023819 9003	I1602845	.: 530001177063	MRN: 091323	091323		0.00		818.42	0.00	368.68	0.00
DOC 1		MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DAID		ODC	
	PROC CD 87635	MODIFIERS	UNITS FROM THRU 1.00 091323	PROVIDER 220224			AMOUNT 150.00	NON-AllOWED 0.00	TPL 0.00	PAID 0.0	DETAIL E 00 9918 993		
0 -	0,000		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					150.00	0.00				
81	87486	59	1.00 091323 091323	220224			42.00	0.00 42.00	0.00	0.0	00 9918 993	6	
81	87498	59	1.00 091323 091323	220224			37.07	0.00 37.07	0.00	0.0	00 9918 993	6	
81	87581	59	1.00 091323 091323	220224			42.00	0.00	0.00	0.0	00 9918 993	6	
81	87633		1.00 091323 091323	220224			318.05	42.00	0.00	0.0	00 9918 993	6	
81	87634	59	1.00 091323 091323	220224			105.30	318.05 0.00	0.00	0.0	00 9918 993	6	
81	87640		1.00 091323 091323	220224			37.07	105.30 0.00	0.00	0.0	00 9918 993	6	
81	87641	59	1.00 091323 091323	220224			37.07	37.07 0.00	0.00	0.0	00 9918 993	6	
81	87651	59	1.00 091323 091323	220224			49.86	37.07 0.00 49.86	0.00 0.00 0.00	0.0	00 9918 993	6	
NAME:	GLENDA 20241	VINSON 09081758	RECIPIENT ID	.: 530002025892	MRN: 041124	041124	174.33	116.22		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

606

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NO ALL			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 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: LILLY VINSON	RECIPIENT ID.: 500002502924		0.7. 0.4			21 24	0.00	0.00	
2024099023836	I1602846 SERVICE DATES RENDERING	031824 031824		66.00 ALLOWED) COPAY	31.34	0.00	0.00	66.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 80053	1.00 031824 031824 220224		15.84		0.00		9918		
				3.84	0.00				
81 83036	1.00 031824 031824 220224		14.00	12.00	0.00	12.00	9918		
				2.00	0.00				
81 80061	1.00 031824 031824 220224		20.00	14.00	0.00	14.00	9918		
81 36415	1.00 031824 031824 220224		4.50	6.00 0.00	0.00	0 00	3323		
01 30413	1.00 031024 031024 220224		4.50	4.50	0.00	0.00	3323		
81 85049	1.00 031824 031824 220224		9.00	4.00	0.00	4.00	9918		
				5.00	0.00				
81 84439	1.00 031824 031824 220224		13.00	9.00	0.00	9.00	9918		
01 06086	1 00 001004 001004 000004		01 00	4.00	0.00	15.00	0.01.0		
81 86376	1.00 031824 031824 220224		21.00	15.00 6.00	0.00	15.00	9918		
NAME: MICHAEL VINSON	RECIPIENT ID.: 530000545389	MRN:							
2024103026981	I1607407	031524 031524	49.86	28.00)	21.86	0.00	0.00	28.00
	SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllowED	\mathtt{TPL}				
81 87651	1.00 031524 031524 220224		49.86	28.00 21.86	0.00	28.00	9918		
				21.00	0.00				
NAME: TANISHA VINSON	RECIPIENT ID.: 530002043440								
2024109081777	I1612204	040524 040524		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		PAID	DETAIL EOBS 9918		
81 87486 59	1.00 040524 040524 220224		42.00	28.00 14.00	0.00	28.00	9910		
81 87498 59	1.00 040524 040524 220224		37.07	22.00	0.00	22.00	9918		
-			2	15.07	0.00				
81 87581 59	1.00 040524 040524 220224		42.00	28.00	0.00	28.00	9918		
				14.00	0.00				
81 87633	1.00 040524 040524 220224		318.05	212.03	0.00	212.03	9918		
				106.02	0.00				

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

607

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

		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				
POS PRO	OC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
	7640			040524 040524	220224			37.07	22.00	0.00		9918		
									15.07	0.00				
81 8'	7641	59	1.00	040524 040524	220224			37.07	22.00	0.00	22.00	9918		
	-				-				15.07	0.00				
81 8'	7651	59	1.00	040524 040524	220224			49.86	28.00	0.00	28.00	9918		
0_ 0				010011 010011				27.00	21.86	0.00		2220		
81 8'	7798		8.00	040524 040524	220224			336.00	224.00	0.00	224.00	9918		
01 0	, , , , ,		0.00	010021 010021	220221			230.00	112.00	0.00	221.00	7710		
									112.00	0.00				
NAME: WI	EYLTN :	VINSON		RECIPIENT IT	0.: 530000901042	MRN:								
141111111111111111111111111111111111111		09081797	I161220		330000301012		041524	101.54	73.93		27.61	0.00	0.0	73.93
	20211	0001707	1101220	SERVICE DATES	RENDERING	011321	011521	BILLED	ALLOWED	COPAY	27.01	0.00	0.	73.73
POS PRO	0C CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EORS	
	0053	MODITIEND		041524 041524	220224			15.84	12.00	0.00		9918	подр	
01 01	0033		1.00	011321 011321	220221			13.01	3.84	0.00	12.00	JJ±0		
81 83	3036		1 00	041524 041524	220224			14.00	12.00	0.00	12 00	9918		
01 0.	3030		1.00	0 0 1 1 3 2 1 0 1 1 3 2 1	220224			14.00	2.00	0.00	12.00	J J ± 0		
81 80	0061		1 00	041524 041524	220224			20.00	14.00	0.00	1/ 00	9918		
01 00	0001		1.00	0 041324 041324	220224			20.00	6.00	0.00	14.00	9910		
81 84	4443		1 00	041524 041524	220224			25.20	22.93	0.00	22 02	9918		
01 0.	4443		1.00	041524 041524	220224			23.20	2.27	0.00	22.93	9910		
81 84	4439		1 00	041524 041524	220224			13.00	9.00	0.00	0 00	9918		
01 0.	4433		1.00	0 041524 041524	220224			13.00	4.00	0.00	9.00	9910		
81 36	6415		1 00	041524 041524	220224			4.50	0.00	0.00	0 00	3323		
01 3	0413		1.00	0 041524 041524	220224			4.30	4.50	0.00	0.00	3343		
81 85	5049		1 00	041524 041524	220224			9.00	4.00	0.00	4 00	9918		
01 0:	3043		1.00	041524 041524	220224			9.00	5.00	0.00	4.00	9910		
									3.00	0.00				
NAME: KA	7\ T \\Z\ T\\T\ \\T\ \\T\ \\T\ \\T\ \\T\	מא טבי		DECIDIENT IL	530000904785	MRN:								
IVAIVIL • IVA		02041134	I160369		7 330000904783		040424	899.12	586.03		313.09	0.00	0.0	586.03
	ZUZ I I	02011131	1100309	SERVICE DATES	RENDERING	040424	040424	BILLED	ALLOWED	COPAY	313.09	0.00	0.0	380.03
POS PRO	0C CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	FODC	
81 8'					220224			42.00		0.00		9918	FODS	
01 0	7400	39	1.00	040424 040424	220224			42.00	20.00	0.00	20.00	9910		
01 0'	7400	ΕO	1 00	040424 040424	220224			27 07	14.00	0.00	22 00	0010		
81 8'	7498	59	1.00	040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01 0'	7501	EO	1 00	040424 040424	220224			42.00	15.07	0.00	20 00	0010		
81 8'	7581	59	1.00	040424 040424	22U22 1			42.00	28.00 14.00	0.00	∠0.00	9918		
01 0'	7622		1 00	0.0000000000000000000000000000000000000	220224			210 05		0.00	212 02	0010		
81 8'	7633		1.00	040424 040424	22U2Z 4			318.05	212.03	0.00	212.03	9910		
									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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

608

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ח ז ד ה		ODG	
POS PROC CI 81 87640) MODIFIERS	UNITS FROM THRU 1.00 040424 040424	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL E 9918	OBS	
01 07040		1.00 040424 040424	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81 87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 040404 040404	22224			226 00	21.86	0.00	224 00	0.01.0		
81 87798		8.00 040424 040424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME: RAVEN	WADE	RECIPTENT ID	.: 530000406907	MRN:								
	107014358	I1609408			040224	744.26	491.09		253.17	0.00	0.00	491.09
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CI		UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87481	59	4.00 040224 040224	220224			168.00	112.00	0.00	112.00	9918		
81 87640	59	1.00 040224 040224	220224			37.07	56.00 22.00	0.00	22.00	0010		
01 07040	39	1.00 040224 040224	22022 1			37.07	15.07	0.00	22.00	9910		
81 87653	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87798		11.00 040224 040224	220224			462.00	308.00	0.00	308.00	9918		
81 87086		1.00 040224 040224	220224			18.53	154.00	0.00	10.00	0010		
01 07000		1.00 040224 040224	220224			10.55	10.00 8.53	0.00	10.00	9910		
81 87186		1.00 040224 040224	220224			13.50	9.00	0.00	9.00	9918		
							4.50	0.00				
81 87088		1.00 040224 040224	220224			8.09	8.09	0.00	8.09			
							0.00	0.00				
NAME: RAVEN	WADE	RECIPIENT ID	.: 530000406907	MRN:								
	107014376	I1610935			041024	40.12	27.09		13.03	0.00	0.00	27.09
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
) MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL E	OBS	
81 87186		1.00 041024 041024	220224			13.50	9.00	0.00	9.00	9918		
81 87088		1.00 041024 041024	220224			8.09	4.50 8.09	0.00	8.09			
01 07000		1.00 011021 011021				0.00	0.00	0.00	0.00			
81 87086		1.00 041024 041024	220224			18.53	10.00	0.00	10.00	9918		
							8.53	0.00				
NAME: CTETT	WADKINS-BISH	אר שער סבר באיי דר (OD	.: 530002117136	MRN:								
	109081818	I1612211	33000211/130		041224	72.16	47.00		25.16	0.00	0.00	47.00
_32.						, _ , _ ,	2.100					

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

609

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

	-ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY	JOWED		TPL MOUNT	PAID AMOUNT
POS PROC CD MO 81 80053	ODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	RENDERING PROVIDER 220224			AMOUNT 15.84	NON-Allowed 12.00 3.84	TPL 0.00 0.00	PAID	DETAIL EOBS 9918	5	
81 80061		1.00 041224 041224	220224			20.00	14.00 6.00	0.00	14.00	9918		
81 36415		1.00 041224 041224	220224			4.50	0.00 4.50	0.00	0.00	3323		
81 85049		1.00 041224 041224	220224			9.00	4.00 5.00	0.00 0.00	4.00	9918		
81 83540		1.00 041224 041224				9.71	7.00 2.71	0.00		9918		
81 83550		1.00 041224 041224	220224			13.11	10.00 3.11	0.00	10.00	9918		
NAME: STELLA WAI		I1613117	.: 530002117136	MRN: 041224	041224		14.00		18.00	0.00	0.00	14.00
POS PROC CD MC 81 82150 59	ODIFIERS 9	SERVICE DATES UNITS FROM THRU 1.00 041224 041224	PROVIDER 220224			BILLED AMOUNT 18.00	ALLOWED NON-AllOWED 7.00 11.00	COPAY TPL 0.00 0.00	PAID 7.00	DETAIL EOBS 9918	5	
81 83690		1.00 041224 041224	220224			14.00	7.00 7.00	0.00	7.00	9918		
NAME: HEAVENLY W 20241030 POS PROC CD MO 81 87507	026988	I1607411 SERVICE DATES	: 530001694793 RENDERING PROVIDER 220224	MRN: 040924	040924	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 EOBS 9918	0.00	213.03
NAME: AIDEN WAIT		RECIPIENT ID I1607414 SERVICE DATES	.: 530001874222	MRN: 041024	041024	49.86 BILLED	28.00		21.86	0.00	0.00	28.00
POS PROC CD MO 81 87651			PROVIDER			AMOUNT 49.86	NON-AllOWED 28.00 21.86		PAID 28.00	DETAIL EOBS 9918	5	
NAME: BRYSON WAI 20241090		RECIPIENT ID I1612214 SERVICE DATES		MRN: 041524	041524	BILLED	15.00 ALLOWED	COPAY		0.00		15.00
POS PROC CD MO 81 83655		UNITS FROM THRU 1.00 041524 041524	PROVIDER 220224			AMOUNT 18.00		TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO		COPAY TE	PL DUNT	PAID AMOUNT
NAME: CRYSTAL WALKER 2024107014379	RECIPIENT ID.: 530000570717 I1610936 SERVICE DATES RENDERING	MRN: 041224 041224	881.59 BILLED	535.53 ALLOWED	3. COPAY	46.06	0.00	0.00	463.53
POS PROC CD MODIFIE 81 87798 59			AMOUNT 378.00	NON-Allowed 252.00 126.00	TPL 0.00 0.00	PAID 252.00	DETAIL EOBS 9918		
81 87481 59	2.00 041224 041224 220224		84.00	56.00 28.00	0.00	56.00	9918		
81 87491 59	1.00 041224 041224 220224		49.86	28.00 21.86	0.00	0.00	5490		
81 87511 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87529 59	2.00 041224 041224 220224		99.72	56.00 43.72	0.00	56.00	9918		
81 87591 59	1.00 041224 041224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87653 59	2.00 041224 041224 220224		74.14	44.00 30.14	0.00	0.00	5900		
81 87661 59	1.00 041224 041224 220224		32.30	21.53 10.77	0.00	21.53	9918		
81 87563	1.00 041224 041224 220224		42.50	0.00 42.50	0.00	0.00	4021		
81 87640 59	1.00 041224 041224 220224		37.07	22.00 15.07	0.00	22.00	9918		
NAME: LAYLA WALKER 2024099023853 HEADER EOBS: 9003	RECIPIENT ID.: 530001578253 I1602867	MRN: 030424 030424	49.86	0.00		49.86	0.00	18.94	0.00
POS PROC CD MODIFIE 81 87651	SERVICE DATES RENDERING RS UNITS FROM THRU PROVIDER 1.00 030424 030424 220224		BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 0.00 49.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL EOBS 9918 9936		
NAME: MORGAN WALLACE 2024103026999	RECIPIENT ID.: 530001201633	MRN: 040924 040924	120.54	84.93	:	35.61	0.00	0.00	84.93
POS PROC CD MODIFIE 81 80053	SERVICE DATES RENDERING			ALLOWED	COPAY TPL 0.00 0.00		DETAIL EOBS	2.00	32133
81 82607	1.00 040924 040924 220224		22.00	17.00 5.00	0.00	17.00	9918		

REPORT: CRA-PRPD-R RA#: 3524808

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID DATE: 04/19/2024 PAGE: 611

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138 BIRMINGHAM, AL 35235-2718 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

ICN POS PROC CD MODIFIE 81 82306 81 84443 81 36415	SERVICE DATES	220224	SERVICE FROM	DATES THRU	BILLED AMOUNT BILLED AMOUNT 44.00 25.20 4.50	ALLOWED AMOUNT ALLOWED NON-AllOWED 29.00 15.00 22.93 2.27 0.00 4.50	O.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 29.00 22.93		TPL AMOUNT 3S	PAID AMOUNT
81 85049	1.00 040924 040924	220224			9.00	4.00	0.00	4.00	9918		
NAME: RILEY WALLACE 2024103027012 POS PROC CD MODIFIE 81 87481 59 81 87640 59 81 87653 59 81 87798	SERVICE DATES	RENDERING PROVIDER 220224 220224 220224	MRN: 040924		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 0.00	112.00 22.00	DETAIL EON 9918 9918 9918	0.00 3S	464.00
NAME: RILEY WALLACE 2024107014406 POS PROC CD MODIFIE 81 87086	SERVICE DATES ERS UNITS FROM THRU	RENDERING PROVIDER	MRN: 040924		18.53 BILLED AMOUNT 18.53	10.00 ALLOWED NON-AllOWED 10.00 8.53	COPAY TPL	PAID 10.00	0.00 DETAIL EOF 9918	0.00 BS	10.00
NAME: COHEN WALTERS 202410908184 POS PROC CD MODIFIE 81 87651	SERVICE DATES	RENDERING PROVIDER	MRN: 041624	041624	BILLED	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY	PAID	0.00 DETAIL EOF 9918	0.00 3S	28.00
NAME: CRIMSON WALTON 2024099023873 POS PROC CD MODIFIE 81 87498 59	SERVICE DATES	RENDERING PROVIDER	MRN: 122023	122023			COPAY	PAID 22.00	0.00 DETAIL EOF 9918		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	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 CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87581	59	1.00 122023 122023 220224		42.00	28.00	0.00	28.00	9918		
					14.00	0.00				
81 87633		1.00 122023 122023 220224		318.05	212.03	0.00	212.03	9918		
					106.02	0.00				
81 87634		1.00 122023 122023 220224		70.20	49.14	0.00	0.00	5910		
0.1				1.50.00	21.06	0.00	440.00	0010		
81 87798		4.00 122023 122023 220224		168.00	112.00	0.00	112.00	9918		
					56.00	0.00				
37734T - FF777777	* D.D.	DEGIDIENT ID . 52000145021	O MEDATA							
NAME: TAIYA W.		RECIPIENT ID.: 53000145931		1 040 10	620 64		110 10	0 00	0 00	620 64
20241	09081862	I1612220 SERVICE DATES RENDERING	041524 041524	1,049.12		: COPAY	419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	TPL	PAID	DETAIL	₽∩DC	
81 87635	MODIFIERS	1.00 041524 041524 220224		150.00	43.61	0.00	43.61		FODS	
01 07033		1.00 041324 041324 220224		130.00	106.39	0.00	43.01	9910		
81 87486	59	1.00 041524 041524 220224		42.00	28.00	0.00	28.00	9918		
01 07100	33	1.00 011321 011321 220221		12.00	14.00	0.00	20.00	JJ±0		
81 87498	59	1.00 041524 041524 220224		37.07	22.00	0.00	22.00	9918		
01 07190	33	1.00 011321 011321 220221		37.07	15.07	0.00	22.00	J J I O		
81 87581	59	1.00 041524 041524 220224		42.00	28.00	0.00	28.00	9918		
01 07001					14.00	0.00		,,,,		
81 87633		1.00 041524 041524 220224		318.05	212.03	0.00	212.03	9918		
					106.02	0.00				
81 87640		1.00 041524 041524 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87641	59	1.00 041524 041524 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87651	59	1.00 041524 041524 220224		49.86	28.00	0.00	28.00	9918		
					21.86	0.00				
81 87798		8.00 041524 041524 220224		336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
NAME: GREYSON		RECIPIENT ID.: 53000221909								
20241	03027023	I1607429	020624 020624	•	635.17		369.25	0.00	0.00	177.14
		SERVICE DATES RENDERING			ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU PROVIDER		AMOUNT		TPL	PAID		EOBS	
81 87486	59	1.00 020624 020624 220224		42.00	28.00	0.00	28.00	9918		
01 07400	Γ0	1 00 000004 000004 000004		20 00	14.00	0.00	00.00	0.01.0		
81 87498	59	1.00 020624 020624 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

613

		ICN	PAT ACC			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DBOG GD	MODIFIEDC	TINTETTO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חאדה		EODC	
81	PROC CD 87581	MODIFIERS 59	UNITS	FROM THRU 020624	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28 00	DETAIL 9918	FORS	
01	07301	3,7	1.00	020024 020024	220224			42.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	020624 020624	220224			318.05	212.03	0.00	0.00	5000		
									106.02	0.00				
81	87634	59	1.00	020624 020624	220224			105.30	49.14	0.00	49.14	9918		
									56.16	0.00				
81	87640		1.00	020624 020624	220224			37.07	22.00	0.00	0.00	5000		
0.1	0=-44				000001				15.07	0.00		2212		
81	87641	59	1.00	020624 020624	220224			37.07	22.00	0.00	22.00	9918		
0.1	07651	E O	1 00	000604 000604	220224			40.06	15.07	0.00	20 00	0010		
81	87651	59	1.00	020624 020624	220224			49.86	28.00 21.86	0.00	20.00	9918		
81	87798		8 00	020624 020624	220224			336.00	224.00	0.00	0 00	5000		
01	07750		0.00	020021 020021	220221			330.00	112.00	0.00	0.00	3000		
NAME	: AVA WAR	RREN		RECIPIENT ID	.: 530001868502	MRN:								
	20241	.07014415	I160942			032924	032924	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	PAID	DETAIL	EOBS	
81	87486	59	1.00	032924 032924	220224			42.00	28.00	0.00	28.00	9918		
0.1	07400	E O	1 00	022024 022024	220224			27 07	14.00	0.00	22.00	0010		
81	87498	59	1.00	032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1 00	032924 032924	220224			42.00	28.00	0.00	28 00	9918		
01	07301	3,5	1.00	052521 052521	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	032924 032924	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	032924 032924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	032924 032924	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	032924 032924	220224			49.86	28.00	0.00	28.00	9918		
0.1	07700		0 00	022024 022024	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	032924 032924	220224			336.00	224.00 112.00		224.00	9918		
									112.00	0.00				
NAMF.	: BRAYLEF	WARREN		RECIPTENT ID	.: 530001581688	MRN:								
		.02048161					040824	33.34	19.00)	14.34	0.00	0.00	19.00
		-		SERVICE DATES	RENDERING		•		ALLOWED			-		-
POS	PROC CD	MODIFIERS	UNITS		PROVIDER			AMOUNT			PAID	DETAIL	EOBS	
81	80053			040824 040824	220224			15.84		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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY MOUNT	TPL AMOUNT		PAID AMOUNT
ח פחם	PROC CD	MODIFIERS		ENDERING ROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	רבייז א דד	ropg		
	85652	MODIFIERS		20224			4.00	3.00	0.00		9918	EOD5		
0.1	26415		1 00 040004 040004 020	00004			4 50	1.00	0.00	0.00	2202			
81	36415		1.00 040824 040824 22	20224			4.50	0.00 4.50	0.00	0.00	3323			
81	85049		1.00 040824 040824 22	20224			9.00	4.00 5.00	0.00	4.00	9918			
NIA MIZ •		MADDEN	RECIPIENT ID.:	E20001E01600	MDM•									
NAME •		WARREN 03027029	I1607431		MRN: 040824	040824	105.00	45.00		60.00	0.00	0	.00	45.00
				ENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	TPL	PAID		EOBS		
81	86140		1.00 040824 040824 22	20224			15.00	5.00 10.00	0.00	5.00	9918			
81	86255		1.00 040824 040824 22	20224			35.00	14.00	0.00	14.00	9918			
								21.00	0.00					
81	83516		1.00 040824 040824 22	20224			36.00	14.00 22.00	0.00	14.00	9918			
81	82784		1.00 040824 040824 22	20224			19.00	12.00	0.00	12.00	9918			
								7.00	0.00					
NAME:	RILEY W	ARREN	RECIPIENT ID.:	530002371790	MRN:									
14111111		07014433	I1610940		041124	041124	941.12	614.03		327.09	0.00	0	.00	586.03
				ENDERING			BILLED	ALLOWED	COPAY					
	PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL I	EOBS		
81	87486	59	1.00 041124 041124 22	20224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 041124 041124 22	20224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87581	59	1.00 041124 041124 22	20224			42.00	28.00 14.00	0.00	28.00	9918			
81	87633		1.00 041124 041124 22	20224			318.05	212.03	0.00	212.03	9918			
01	0,000		1.00 011121 011121 22	.0221			310.03	106.02	0.00	212.03	J J I G			
81	87640		1.00 041124 041124 22	20224			37.07	22.00	0.00	22.00	9918			
0.1	07641	F.O.	1 00 041104 041104 00	00004			27 07	15.07	0.00	22.00	0.01.0			
81	87641	59	1.00 041124 041124 22	4U			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59	1.00 041124 041124 22	20224			49.86	28.00	0.00	28.00	9918			
								21.86	0.00					
81	87798		8.00 041124 041124 22	20224			336.00	224.00	0.00	224.00	9918			
								112.00	0.00					

REPORT: CRA-PRPD-R RA#: 3524808

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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT	NON ALLOW		OPAY TPI MOUNT AMOU		PAID AMOUNT
POS PROC CD MODIFIE 81 87798	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	B A		ALLOWED NON-AlloWED 28.00	COPAY	PAID	DETAIL EOBS		
NAME: ZOEY WARRICK 2024103027044 POS PROC CD MODIFIE 81 87635 81 87498 59 81 87581 59 81 87633 81 87798	RECIPIENT ID.: 530002306753 11607433 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040324 040324 220224 1.00 040324 040324 220224 1.00 040324 040324 220224 4.00 040324 040324 220224	040324 040324 B	BILLED	417.64 ALLOWED NON-AllOWED 43.61 106.39 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 0.		DETAIL EOBS 9918 9918 9918 9918	0.00	417.64
NAME: ZOEY WARRICK 2024103027047 POS PROC CD MODIFIE 81 86003	RECIPIENT ID.: 530002306753 11607434 SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 040324 040324 220224	040324 040324	BILLED	ALLOWED NON-AlloWED	COPAY TPL 0.00	PAID		0.00	6.00
NAME: COURTNEY WASHBU 2024109081878 POS PROC CD MODIFIE 81 80307 81 G0482	SERVICE DATES RENDERING	040924 040924 B A	299.33 BILLED AMOUNT 125.00	172.09 ALLOWED NON-AlloWED 55.87 69.13 116.22 58.11	COPAY TPL 0.00 0.00	PAID	DETAIL EOBS 9918	0.00	172.09
NAME: ADONIS WASHINGT 2024107014442 POS PROC CD MODIFIE 81 87486 59	N RECIPIENT ID.: 530002312303 11609427 SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 040224 040224 220224	040224 040224 B	BILLED	629.64 ALLOWED NON-AllOWED 28.00 14.00	COPAY	PAID	DETAIL 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALI COPAY			TPL MOUNT	PAID AMOUNT
POS PROC CD MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
81 87498 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00		9918		
81 87581 59	1.00 040224 040224 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 040224 040224 220224		318.05	212.03 106.02	0.00	212.03	9918		
81 87640	1.00 040224 040224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87641 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87651 59	1.00 040224 040224 220224		49.86	28.00 21.86	0.00	28.00	9918		
81 87798	8.00 040224 040224 220224		336.00	224.00 112.00	0.00	224.00	9918		
81 87635	1.00 040224 040224 220224		150.00	43.61 106.39	0.00	43.61	9918		
NAME: CHI WATKINS	RECIPIENT ID.: 53000149566	3 MRN:							
2024103027048	I1607438	022024 022024	118.00	20.00		98.00	0.00	0.00	20.00
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER		BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	DETAIL EOB	Q	
81 87075	1.00 022024 022024 220224		100.00	9.00 91.00	0.00	9.00	9918	S	
81 87070	1.00 022024 022024 220224		18.00	11.00	0.00		9918		
NAME: JENNIFER WATSON	RECIPIENT ID.: 53000168309'	7 MRN:							
2024102045062	I1604450	022024 022024	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 022024 022024 220224		150.00	43.61 106.39	0.00		9918		
81 87486 59	1.00 022024 022024 220224		42.00	28.00 14.00	0.00		9918		
81 87498 59	1.00 022024 022024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87640 59	1.00 022024 022024 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 022024 022024 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזיד		EODC	
	PROC CD 87633	MODIFIERS	UNITS FROM THRU 1.00 022024 022024	PROVIDER 220224			AMOUNT 318.05	NON-AllOWED 212.03	TPL 0.00	PAID 212.03	DETAIL	FORS	
81	07033		1.00 022024 022024	220224			310.03	106.02	0.00	212.03	9910		
81	87641	59	1.00 022024 022024	220224			37.07	22.00	0.00	22 00	9918		
01	07011		1.00 022021 022021	220221			57.07	15.07	0.00	22.00	JJ±0		
81	87651	59	1.00 022024 022024	220224			49.86	28.00	0.00	28 00	9918		
0 ±	0,031	3,5	1.00 022021 022021	220221			19.00	21.86	0.00	20.00	JJ 10		
81	87798		8.00 022024 022024	220224			336.00	224.00	0.00	224.00	9918		
0_	07.70		0000 011011 011011					112.00	0.00		,,,		
NAME:	BLAKELY	Т ЖАТТС	RECIPTENT ID	.: 530001455566	MRN:								
147 11-1111 -		.07014456	I1609438	. 550001155500	040224	040224	881.59	535.53		346.06	0.00	0.00	463.53
	20211	.0,011130	SERVICE DATES	RENDERING	010221	010221	BILLED	ALLOWED	COPAY	310.00	0.00	0.00	100.00
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81	87798	59	9.00 040224 040224	220224			378.00	252.00	0.00	252.00			
								126.00	0.00				
81	87481	59	2.00 040224 040224	220224			84.00	56.00	0.00	56.00	9918		
								28.00	0.00				
81	87491	59	1.00 040224 040224	220224			49.86	28.00	0.00	0.00	5490		
								21.86	0.00				
81	87511	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87529	59	2.00 040224 040224	220224			99.72	56.00	0.00	56.00	9918		
0.1	0.5501	5 0	1 00 040004 040004	000004			40.00	43.72	0.00	00.00	0010		
81	87591	59	1.00 040224 040224	220224			42.00	28.00	0.00	28.00	9918		
0.1	07653	го	2 00 040224 040224	220224			7/1/	14.00	0.00	0 00	F000		
81	87653	59	2.00 040224 040224	220224			74.14	44.00 30.14	0.00	0.00	5900		
81	87661	59	1.00 040224 040224	220224			32.30	21.53	0.00	21 52	9918		
01	07001		1.00 040224 040224	220224			32.30	10.77	0.00	21.55	J J ± 0		
81	87563		1.00 040224 040224	220224			42.50	0.00	0.00	0 00	4021		
01	0,303		1.00 010221 010221	220221			12.00	42.50	0.00	0.00	1021		
81	87640	59	1.00 040224 040224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
3.7.7.7. 7.		UDD T GUT	DDGTDTD1		MD37 -								
NAME:	LOVE WA		RECIPIENT ID	.: 530002311385	MRN:	040104	FCF 10	274 22		101 00	0 00	0.00	274 02
	20241	07014465	I1609439	DEMDEDING	040124	040124		374.03		191.09	0.00	0.00	374.03
DOG	מסט מד	MODIFIERS	SERVICE DATES UNITS FROM THRU					ALLOWED NON-AlloWED		מדגם	רביייא דד	FODC	
	87498		1.00 040124 040124	PROVIDER			37.07	22.00		22.00		正しむり	
OΤ	0/470	JJ	1.00 040124 040124	44U44			31.07	15.07	0.00		シシエ 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87581	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040124 040124	RENDERING PROVIDER 220224			BILLED AMOUNT 42.00	ALLOWED NON-AllOWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL E 9918	EOBS	
81	87633		1.00 040124 040124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87798		4.00 040124 040124	220224			168.00	112.00 56.00	0.00	112.00	9918		
NAME:		WEATHERSPOON 09081891	I1612233		MRN: 040924	040924		172.09		86.05	0.00	0.0	0 172.09
DOG 1	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ZODC	
	80307	MODIFIERS	1.00 040924 040924	220224			83.81	55.87 27.94	0.00		9918	SGOS	
81	G0482		1.00 040924 040924	220224			174.33	116.22 58.11	0.00	116.22	9918		
NAME:	CALEE W 20241	EAVER 07014474	RECIPIENT ID		MRN: 032924	032924		586.03		313.09	0.00	0.0	0 586.03
DOC 1	PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	הבייא דו ב	ZODC	
	87486	MODIFIERS 59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00		9918	FOBS	
81	87498	59	1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 032924 032924	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 032924 032924	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00 032924 032924	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 032924 032924	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 032924 032924	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		EAVER .07014485	RECIPIENT ID 11609440		MRN: 032924	032924		586.03		313.09	0.00	0.0	0 586.03
	PROC CD 87486	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 032924 032924	PROVIDER			BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00 14.00	COPAY TPL 0.00 0.00	PAID 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

3524808

SUITE 138

RA#:

BIRMINGHAM, AL 35235-2718

REPORT: CRA-PRPD-R

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDE			BILLED	ALLOWED	COPAY				
POS PROC	CD MODIFIERS	UNITS FROM THRU PROVI	DER		AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 874	98 59	1.00 032924 032924 22022	4		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 8758	81 59	1.00 032924 032924 22022	4		42.00	28.00	0.00	28.00	9918		
						14.00	0.00				
81 8763	33	1.00 032924 032924 22022	4		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 876	40	1.00 032924 032924 22022	4		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 876	41 59	1.00 032924 032924 22022	4		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 876	51 59	1.00 032924 032924 22022	4		49.86	28.00	0.00	28.00	9918		
0.1					225	21.86	0.00	004.00	0010		
81 877	98	8.00 032924 032924 22022	4		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NIANTE CITO		DEGIDIENTE ID . F20	000711216 MDM.								
	ISTOPHER WEAVER 024103027056	RECIPIENT ID.: 530		021024	1 040 10	620 64		110 10	0 00	0 00	620 64
۷.	JZ41U3UZ/U30	I1607451		021024	1,049.12			419.48	0.00	0.00	629.64
POS PROC	CD MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI			BILLED AMOUNT	ALLOWED NON-AllowED	COPAY TPL	PAID	DETAIL	FODC	
81 876:		1.00 021024 021024 22022			150.00	43.61	0.00		9918	I EODS	
01 070.	55	1.00 021024 021024 22022	-		130.00	106.39	0.00	43.01	J J ± 0		
81 8748	36 59	1.00 021024 021024 22022	4		42.00	28.00	0.00	28 00	9918		
01 0710		1.00 021021 021021 22022	1		12.00	14.00	0.00	20.00	JJ±0		
81 8749	98 59	1.00 021024 021024 22022	4		37.07	22.00	0.00	22 00	9918		
01 071.		1.00 021021 021021 22022	-		37.07	15.07	0.00	22.00	7710		
81 8758	31 59	1.00 021024 021024 22022	4		42.00	28.00	0.00	28.00	9918		
	_	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			14.00	0.00				
81 876	33	1.00 021024 021024 22022	4		318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 876	40	1.00 021024 021024 22022	4		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 876	41 59	1.00 021024 021024 22022	4		37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 876	51 59	1.00 021024 021024 22022	4		49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 8779	98	8.00 021024 021024 22022	4		336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
37334E - 07		DEGETETE TO 1 500	00106000								
NAME: SHI		RECIPIENT ID.: 530		040004	050 14	116 00		141 00	0 00	0 00	116 00
۷.	024109081906	11612235	040924	040924	258.14	116.22		141.92	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

620

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			PL OUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 80307	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040924 040924 220224		BILLED AMOUNT	ALLOWED NON-AlloweD	COPAY TPL	PAID 0.00	DETAIL EOBS		
81 G0482	1.00 040924 040924 220224		174.33	116.22 58.11	0.00		9918		
NAME: RAVEN WEBBER 2024107014495	I1610947	041024 041024				3.00	0.00	0.00	15.00
POS PROC CD MODIFIERS 81 83655	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224		BILLED AMOUNT 18.00	NON-AllOWED	COPAY TPL 0.00 0.00	PAID 15.00	DETAIL EOBS 9918		
NAME: LARRY WEBSTER 2024103027082	RECIPIENT ID.: 530002076053		85.69	61.93	3	23.76	0.00	0.00	61.93
POS PROC CD MODIFIERS 81 80053	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032524 032524 220224	032524 032524	BILLED AMOUNT 15.84	ALLOWED NON-AlloWED	COPAY TPL 0.00 0.00	PAID			01.33
81 83036	1.00 032524 032524 220224		14.00	12.00 2.00	0.00	12.00	9918		
81 84443	1.00 032524 032524 220224		25.20	22.93 2.27	0.00	22.93	9918		
81 83525	1.00 032524 032524 220224		17.15	11.00 6.15	0.00	11.00	9918		
81 36415	1.00 032524 032524 220224		4.50	0.00 4.50	0.00	0.00	3323		
81 85049	1.00 032524 032524 220224		9.00	4.00 5.00	0.00	4.00	9918		
NAME: MADISON WELCH 2024103027087	RECIPIENT ID.: 530001517626	MRN: 122823 122823		678.78		475.64	0.00	0.00	177.14
POS PROC CD MODIFIERS 81 87635	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 122823 122823 220224		BILLED AMOUNT 150.00	ALLOWED NON-AlloWED 43.61 106.39	COPAY TPL 0.00 0.00		DETAIL EOBS 5000 5001		
81 87486 59	1.00 122823 122823 220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59	1.00 122823 122823 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 122823 122823 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD	MODIFFED		ENDERING ROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL E	ODC	
POS PROC CD 81 87633	MODIFIERS		20224			318.05	212.03	0.00		5000	OBS	
01 07033		1.00 122023 122023 22	20221			310.03	106.02	0.00	0.00	3000		
81 87634	59	1.00 122823 122823 22	20224			105.30	49.14	0.00	49.14	9918		
							56.16	0.00				
81 87640		1.00 122823 122823 22	20224			37.07	22.00	0.00	0.00	5000		
							15.07	0.00				
81 87641	59	1.00 122823 122823 22	20224			37.07	22.00	0.00	22.00	9918		
01 07651	ГО	1 00 100000 100000 00	20224			40.06	15.07	0.00	20.00	0010		
81 87651	59	1.00 122823 122823 22	20224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81 87798		8.00 122823 122823 22	20224			336.00	224.00	0.00	0 00	5000		
01 01170		0.00 122025 122025 22	20221			330.00	112.00	0.00	0.00	3000		
NAME: ADALINE	E WELLS	RECIPIENT ID.:	530000745035	MRN:								
20241	L09081927	I1613128		041624	041624	1,049.12	629.64		419.48	0.00	0.00	629.64
			ENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		ROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87486	59	1.00 041624 041624 22	20224			42.00	28.00	0.00	28.00	9918		
81 87498	59	1.00 041624 041624 22	20224			37.07	14.00 22.00	0.00 0.00	22.00	0010		
01 0/490	39	1.00 041024 041024 22	2022 1			37.07	15.07	0.00	22.00	9910		
81 87581	59	1.00 041624 041624 22	20224			42.00	28.00	0.00	28.00	9918		
01 07001		1.00 011021 011021 21				12.00	14.00	0.00	20.00	3310		
81 87633		1.00 041624 041624 22	20224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 041624 041624 22	20224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 041624 041624 22	20224			37.07	22.00	0.00	22.00	9918		
01 07651	E O	1 00 041624 041624 22	20224			10 06	15.07	0.00	20 00	9918		
81 87651	59	1.00 041624 041624 22	20224			49.86	28.00 21.86	0.00 0.00	20.00	9910		
81 87798		8.00 041624 041624 22	20224			336.00	224.00	0.00	224.00	9918		
01 01750		0.00 011021 011021 22	20221			330.00	112.00	0.00	221.00	J J ± 0		
81 87635		1.00 041624 041624 22	20224			150.00		0.00	43.61	9918		
							106.39					
NAME: ARIEL V	VELLS	RECIPIENT ID.: 11602920	530002164594	MRN:	0.4.0.4.5.1				24 25			
20240	199023906			040424	040424		28.00		21.86	0.00	0.00	28.00
DOG DDOG GD	MODITETED	SERVICE DATES RE							DATD		ODC	
POS PROC CD 81 87651		UNITS FROM THRU PF 1.00 040424 040424 22				AMOUNT 49.86	NON-AllOWED 28.00		PAID 28.00		OBS	
01 0/031		1.00 040424 040424 22	2022 1			47.00	21.86	0.00	20.00	99±0		
							21.00	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 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: MIKYLAH WELLS 2024107014513 POS PROC CD MODIFIERS 81 87389	RECIPIENT ID.: 530001171232 11609449 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224	MRN: 041124	041124	382.52 BILLED AMOUNT 36.00	241.41 ALLOWED NON-AllOWED 23.88	COPAY TPL 0.00	141.11 PAID 23.88	0.00 DETAIL 9918	0.00 EOBS	213.41
81 36415 81 87798	1.00 041124 041124 220224 3.00 041124 041124 220224			4.50	12.12 0.00 4.50 84.00	0.00 0.00 0.00 0.00	0.00	3323 9918		
81 87491 59 81 87511 59	1.00 041124 041124 220224 1.00 041124 041124 220224			49.86	42.00 28.00 21.86 28.00	0.00 0.00 0.00 0.00	0.00	5490 9918		
81 87529 59 81 87591 59	1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224			49.86	14.00 28.00 21.86 28.00	0.00 0.00 0.00 0.00	28.00	9918 9918		
81 87661 59	1.00 041124 041124 220224			32.30	14.00 21.53 10.77	0.00 0.00 0.00		9918		
NAME: RAEGAN WELLS 2024107014529	RECIPIENT ID.: 530001390566 I1610950 SERVICE DATES RENDERING	MRN: 040924	040924	40.12 BILLED	27.09 ALLOWED	COPAY	13.03	0.00	0.00	27.09
POS PROC CD MODIFIERS 81 87186 81 87088	UNITS FROM THRU PROVIDER 1.00 040924 040924 220224 1.00 040924 040924 220224			AMOUNT 13.50 8.09	NON-AllOWED 9.00 4.50 8.09	TPL 0.00 0.00 0.00	PAID 9.00 8.09	DETAIL 9918	EOBS	
81 87086	1.00 040924 040924 220224			18.53	0.00 10.00 8.53	0.00 0.00 0.00	10.00			
NAME: PATRICK WESLEY 2024109081942	RECIPIENT ID.: 530000913691 I1612237 SERVICE DATES RENDERING	MRN: 040324	040324	899.12 BILLED	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 040324 040324 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00		DETAIL 9918	EOBS	
81 87498 59 81 87581 59	1.00 040324 040324 220224 1.00 040324 040324 220224			37.07 42.00	22.00 15.07 28.00 14.00	0.00 0.00 0.00 0.00		9918 9918		

PROVIDER REMITTANCE ADVI CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC
1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC 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 EC	DC	
81 87633	MODIFIERS	1.00 040324 040324	220224			318.05	212.03	0.00	212.03		DO	
01 07033		1.00 010321 010321	220221			310.03	106.02	0.00	212.03	JJ ± 0		
81 87640		1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040324 040324	220224			37.07	22.00	0.00	22.00	9918		
01 05651	F.0	1 00 040204 040204	000004			40.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 040324 040324	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87798		8.00 040324 040324	220224			336.00	224.00	0.00	224.00	9918		
01 07790		0.00 010321 010321	220221			330.00	112.00	0.00	221.00	JJ10		
NAME: JAMES WE		RECIPIENT ID	.: 530001196675	MRN:								
202410	02048171	I1604932		040924	040924		23.88		16.62	0.00	0.00	23.88
	MODITIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזידה		Da	
POS PROC CD 81 87389	MODIFIERS	UNITS FROM THRU 1.00 040924 040924	PROVIDER			AMOUN.I.	NON-AllOWED	TPL			BS	
01 0/309		1.00 040924 040924	PROVIDER 220224 220224			36.00	23.88 12.12	0.00		9910		
81 36415		1.00 040924 040924	220224			4.50	0.00	0.00		3323		
							4.50	0.00				
NAME: JAMES WE	ZST	RECIPIENT ID	: 530001196675	MRN:								
	03023274	I1607467		040924	040924	7.00	5.00		2.00	0.00	0.00	5.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER 220224			AMOUNT		\mathtt{TPL}			BS	
81 86592		1.00 040924 040924	220224			7.00		0.00	5.00	9918		
							2.00	0.00				
NAME: JAMES WE	EST	RECIPIENT ID	.: 530001196675	MRN:								
202410	03027096	I1607466		040924	040924		245.53		146.35	0.00	0.00	217.53
		SERVICE DATES				BILLED	ALLOWED	COPAY		_		
POS PROC CD			PROVIDER			AMOUNT	NON-AllowED				BS	
81 87491	59	1.00 040924 040924	220224			49.86		0.00	0.00	5490		
81 87511		1.00 040924 040924	220224			42.00	21.86 28.00	0.00	28.00	0010		
01 0/311		1.00 040924 040924	22022 1			42.00	14.00	0.00	20.00	9910		
81 87529		2.00 040924 040924	220224			99.72	56.00	0.00	56.00	9918		
			-				43.72	0.00	23.00			
81 87591		1.00 040924 040924	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87661		1.00 040924 040924	220224			32.30	21.53	0.00	21.53	9918		
							10.77	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

624

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 040924 040924 220224		BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00 42.00	COPAY TPL 0.00 0.00	PAID	DETAIL E		
NAME: JULIAN WHATLEY 2024102041164 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530001527676 11603710 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224	MRN: 022024 022024	49.86 BILLED AMOUNT 49.86	28.00 ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL	PAID 28.00		0.00 OBS	28.00
NAME: PAISLEE WHEELER	RECIPIENT ID.: 530000245265 I1609455 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041124 041124 220224 1.00 041124 041124 220224	MRN: 041124 041124	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		DETAIL E 9918	0.00 OBS	586.03
81 87581 59 81 87633 81 87640 81 87641 59	1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224 1.00 041124 041124 220224		42.00 318.05 37.07 37.07	28.00 14.00 212.03 106.02 22.00 15.07 22.00 15.07	0.00 0.00 0.00 0.00 0.00 0.00	28.00 212.03 22.00 22.00	9918 9918 9918		
81 87651 59 81 87798	1.00 041124 041124 220224 8.00 041124 041124 220224		49.86	28.00 21.86 224.00 112.00	0.00 0.00 0.00 0.00	28.00			
NAME: ALESHA WHISENHUNT 2024107014547 POS PROC CD MODIFIERS 81 87798 81 87481 81 87491 59	RECIPIENT ID.: 530001583125 I1609457 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224 1.00 041024 041024 220224	MRN: 041024 041024	208.16 BILLED AMOUNT 42.00 42.00	133.53 ALLOWED NON-AlloWED 28.00 14.00 28.00 14.00 28.00 21.86	COPAY TPL 0.00 0.00 0.00 0.00 0.00	PAID 28.00 28.00		0.00 OBS	105.53

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

625

		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
POS 81	PROC CD 87591	MODIFIERS 59	UNITS 1.00	FROM THRU 041024	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL E	OBS	
81	87661		1.00	041024 041024	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME:	AYVAH W		-160510		.: 530000805718	MRN:								
	20241	03023302	I160748	1 SERVICE DATES	RENDERING	022024	022024	1,049.12	629.64 ALLOWED	COPAY	419.48	0.00	0.00	629.64
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			BILLED AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	87635	11001111110		022024 022024	220224			150.00	43.61	0.00		9918	020	
									106.39	0.00				
81	87486	59	1.00	022024 022024	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1 00	022024 022024	220224			37.07	14.00 22.00	0.00	22 00	9918		
01	07100	33	1.00	022021 022021	220221			37.07	15.07	0.00	22.00	JJ10		
81	87581	59	1.00	022024 022024	220224			42.00	28.00	0.00	28.00	9918		
0.1	0.000		1 00	000004 000004	000004			210 05	14.00	0.00	010 00	0.01.0		
81	87633		1.00	022024 022024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	022024 022024	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	022024 022024	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00	022024 022024	220224			49.86	15.07 28.00	0.00	28 00	9918		
01	0,031	33	1.00	022021 022021	220221			19.00	21.86	0.00	20.00	J J I O		
81	87798		8.00	022024 022024	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NAME:	DUSTY W	HTTE		RECIPIENT ID	.: 530001026387	MRN:								
		07014564	I161095			041224	041224	29.34	16.00)	13.34	0.00	0.00	16.00
					RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	80053		1.00	041224 041224	220224			15.84	12.00 3.84	0.00	12.00	9918		
81	36415		1.00	041224 041224	220224			4.50	0.00	0.00	0.00	3323		
			_,,,					_,	4.50	0.00				
81	85049		1.00	041224 041224	220224			9.00	4.00 5.00	0.00	4.00	9918		
NAMF:	DWAYNE	WHTTE		RECIPTENT IN	.: 530002345146	MRN:								
MAINE •		03023342	I160748		. 550002515140	030524	030524	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

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

PAGE:

DATE: 04/19/2024

626

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALLO			PL DUNT	PAID AMOUNT
POS PROC CD 81 87798	MODIFIERS	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 126.00	ALLOWED NON-AlloWED 84.00	COPAY TPL 0.00	PAID 84.00	DETAIL EOBS 9918		
81 87491	59	1.00 030524 030524 2	220224			49.86	42.00 28.00 21.86	0.00 0.00 0.00	0.00	5490		
81 87511	59	1.00 030524 030524 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87529	59	1.00 030524 030524 2	220224			49.86	28.00 21.86	0.00	28.00	9918		
81 87591	59	1.00 030524 030524 2	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87661	59	1.00 030524 030524 2	220224			32.30	21.53 10.77	0.00	21.53	9918		
NAME: EARNES 2024	TINE WHITE 102041170	RECIPIENT ID. 11603711 SERVICE DATES I			040324	18.53 BILLED	10.00 ALLOWED		8.53	0.00	0.00	10.00
POS PROC CD 81 87086	MODIFIERS		PROVIDER			AMOUNT 18.53	NON-AllOWED 10.00	TPL	PAID 10.00			
	WHITE 103023356	RECIPIENT ID. 11607489 SERVICE DATES I		MRN: 040924	040924	13.50 BILLED	4.00		9.50	0.00	0.00	4.00
POS PROC CD 81 36415	MODIFIERS		PROVIDER			AMOUNT 4.50	NON-Allowed 0.00 4.50	TPL 0.00 0.00	PAID 0.00			
81 85049		1.00 040924 040924 2	220224			9.00	4.00 5.00	0.00	4.00	9918		
	WHITE 103023364	RECIPIENT ID. 11607495 SERVICE DATES I		MRN: 040924	040924	85.34 BILLED	59.00 ALLOWED		26.34	0.00	0.00	59.00
POS PROC CD 81 80053	MODIFIERS	UNITS FROM THRU I 1.00 040924 040924	PROVIDER				NON-Allowed 12.00 3.84		PAID 12.00	DETAIL EOBS 9918		
81 82607		1.00 040924 040924 2	220224			22.00	17.00 5.00	0.00	17.00	9918		
81 83036		1.00 040924 040924 2	220224			14.00	12.00	0.00	12.00	9918		
81 80061		1.00 040924 040924 2	220224			20.00	14.00 6.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

627

		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 36415	MODIFIERS		SERVICE DATES FROM THRU 040924 040924	RENDERING PROVIDER 220224			BILLED AMOUNT 4.50	ALLOWED NON-AllOWED 0.00 4.50	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL E	EOBS	
81	85049		1.00	040924 040924	220224			9.00	4.00	0.00	4.00	9918		
NAME:		IAN WHITEHEAD .02048179	I160493		.: 530001276909	MRN: 040824	040824	899.12	586.03		313.09	0.00	0.00	586.03
		.0_0_7		SERVICE DATES	RENDERING	0 1 0 0 1 1	0 100 1	BILLED	ALLOWED	COPAY	0_0,00			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	EOBS	
81	87486	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	040824 040824	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040824 040824	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00	040824 040824	220224			37.07	106.02 22.00	0.00	22.00	9918		
81	87641	59	1.00	040824 040824	220224			37.07	15.07 22.00	0.00	22.00	9918		
0.1	0=4=4			0.4.0.0.4.0.4.0.0.4				40.06	15.07	0.00		0.01.0		
81	87651	59	1.00	040824 040824	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	040824 040824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	LONDON	WHITTINGTON		RECIPIENT ID	.: 530000966929	MRN:								
		.03023385	I160750				120423	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	PAID	DETAIL E	EOBS	
81	87486	59	1.00	120423 120423	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1.00	120423 120423	220224			37.07	22.00	0.00	22.00	9918		
81	87581	59	1.00	120423 120423	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00	120423 120423	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00	120423 120423	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	_	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS	
81	87641	59	1.00 120423 120423	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1 00 120422 120422	220224			49.86	15.07 28.00	0.00	20 00	9918		
0.1	0/031	39	1.00 120423 120423	22022 4			49.00	21.86	0.00	20.00	9910		
81	87798		8.00 120423 120423	220224			336.00	224.00	0.00	224.00	9918		
01	01150		0.00 120125 120125	220221			330.00	112.00	0.00	221.00	JJ±0		
NAME:	LUANN W	ICKLUND	RECIPIENT ID.	: 530002418244	MRN:								
	20241	.07014572	I1609474		030324	030324	829.71	542.00		287.71	0.00	0.00	178.00
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	87481	59	4.00 030324 030324	220224			168.00	112.00	0.00	112.00	9918		
0.1	07640	F.O.	1 00 020204 020204	000004			27 07	56.00	0.00	00.00	0.01.0		
81	87640	59	1.00 030324 030324	220224			37.07	22.00	0.00	22.00	9918		
81	87653	59	1.00 030324 030324	220224			37.07	15.07 22.00	0.00	22 00	9918		
01	07033	39	1.00 030324 030324	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81	87798		11.00 030324 030324	220224			462.00	308.00	0.00	0.00	5000		
								154.00	0.00				
81	87641	59	1.00 030324 030324	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798		2.00 030324 030324	220224			84.00	56.00	0.00	0.00	5000		
								28.00	0.00				
81	81015		1.00 030324 030324	220224			4.50	0.00	0.00	0.00	5000 54	84 6290	
								4.50	0.00				
MAME:	MCKEN7T	E WICKLUND	PECIDIENT ID	: 530002418249	MRN:								
14574177 •		.02041200	I1603713	• 330002410247		022224	121.07	78.00		43.07	0.00	0.00	22.00
	20211	.02011200		RENDERING	02221	V2221	BILLED	ALLOWED	COPAY	13.07	0.00	0.00	22.00
POS	PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81	87641	59		220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798		2.00 022224 022224	220224			84.00	56.00	0.00	0.00	5000		
								28.00	0.00				
373 B477 -				. 520000410040	NEDATA								
NAME:		E WICKLUND .09081979	RECIPIENT ID. 11612252	530002418249	MRN:	022224	667 07	442.00		225 07	0 00	0.00	124 00
	∠∪∠ 4 1	.∪೨∪О⊥೨/೨	SERVICE DATES	PENDEDING	022224	04444		ALLOWED		443.07	0.00	0.00	134.00
POS	PROC CD	MODIFIERS		PROVIDER						PAID	DETATI.	EOBS	
	87481		4.00 022224 022224				168.00			112.00		1000	
	3 ·							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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

629

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
POS PROC CD 81 87640	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 022224 022224	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		11.00 022224 022224	220224			462.00	308.00 154.00	0.00	0.00	5000		
NAME: KELLY W			.: 530000779830	MRN:								
20241	03023400	I1607512		031624	031624	1,049.12	629.64		419.48	0.00	0.00	629.64
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOBS		
81 87486	59	1.00 031624 031624	220224			42.00	28.00	0.00	28.00			
							14.00	0.00				
81 87498	59	1.00 031624 031624	220224			37.07	22.00	0.00	22.00	9918		
01 00501	F.0	1 00 021604 021604	000004			40.00	15.07	0.00	00.00	0010		
81 87581	59	1.00 031624 031624	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87633		1.00 031624 031624	220224			318.05	212.03	0.00	212.03	9918		
0_ 0/000						323733	106.02	0.00		J J _ G		
81 87640		1.00 031624 031624	220224			37.07	22.00	0.00	22.00	9918		
01 00641	5 0	1 00 001604 001604	000004			25 25	15.07	0.00	00.00	0010		
81 87641	59	1.00 031624 031624	220224			37.07	22.00 15.07	0.00 0.00	22.00	9918		
81 87651	59	1.00 031624 031624	220224			49.86	28.00	0.00	28.00	9918		
01 07031		1.00 031021 031021				13.00	21.86	0.00	20.00	J J I G		
81 87798		8.00 031624 031624	220224			336.00	224.00	0.00	224.00	9918		
0.1		1 00 001 501 001 501	000001			1=0 00	112.00	0.00	40.51	0010		
81 87635		1.00 031624 031624	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME: LAURA W	TGGTNS	RECIPTENT ID	.: 530001912730	MRN:								
	02041208	I1603714			022024	18.00	15.00		3.00	0.00	0.00	15.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOBS		
81 83655		1.00 022024 022024	220224			18.00	15.00 3.00	0.00	15.00	9918		
ΝΔΜΕ: ΨΕΤΟΝΙΛ	WICCINS	RECIPIENT ID	: 530000360102	MPM:								
		I1603715	550000500102		022024	28.50	8.00		20.50	0.00	0.00	8.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD		UNITS FROM THRU					NON-AllowED					
81 85652		1.00 022024 022024	220224			4.00			3.00	9918		
							1.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

630

ICN	PAT ACCT NO. SERVICE DATES RENDERING	SERVICE DATES FROM THRU	BILLED AMOUNT BILLED	ALLOWED AMOUNT ALLOWED	NC ALL COPAY		COPAY TE AMOUNT AMO	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 86431	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		AMOUNT 20.00	NON-Allowed 5.00 15.00	TPL 0.00 0.00		DETAIL EOBS 9918		
81 36415	1.00 022024 022024 220224		4.50	0.00 4.50	0.00	0.00	3323		
NAME: TEIONA WIGGINS 2024102041239	RECIPIENT ID.: 530000360102 I1603716	MRN: 022024 022024		20.00		35.00	0.00	0.00	20.00
POS PROC CD MODIFIERS 81 86140	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022024 022024 220224		BILLED AMOUNT 15.00	ALLOWED NON-AllOWED 5.00 10.00	COPAY TPL 0.00 0.00	5.00	DETAIL EOBS 9918		
81 86038	1.00 022024 022024 220224		40.00	15.00 25.00	0.00	15.00	9918		
NAME: BRENDA WIGGS 2024102041243	RECIPIENT ID.: 530000402544 I1603717 SERVICE DATES RENDERING	MRN: 022024 022024	899.12 BILLED	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 022024 022024 220224		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 022024 022024 220224		37.07	22.00 15.07	0.00	22.00			
81 87640 59	1.00 022024 022024 220224		37.07	22.00 15.07	0.00	22.00			
81 87581 59 81 87633	1.00 022024 022024 220224 1.00 022024 022024 220224		42.00 318.05	28.00 14.00 212.03	0.00 0.00 0.00	28.00 212.03			
81 87641 59	1.00 022021 022021 220221		37.07	106.02 22.00	0.00	22.00			
81 87651 59	1.00 022024 022024 220224		49.86	15.07 28.00	0.00	28.00	9918		
81 87798	8.00 022024 022024 220224		336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
	RECIPIENT ID.: 530002313259 I1607514	MRN: 020224 020224	397.12	262.03 ALLOWED	CODAY	135.09	0.00	0.00	262.03
POS PROC CD MODIFIERS 81 87498 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020224 020224 220224		AMOUNT 37.07	NON-AllOWED	\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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

631

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	Г	PAID AMOUNT
DOG		MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	DATD	רב עם יים	EODC		
81	PROC CD 87581	MODIFIERS 59	UNITS FROM THRU 1.00 020224 020224	PROVIDER 220224			42.00	28.00	TPL 0.00	PAID 28.00	DETAIL 9918	FORS		
								14.00	0.00					
81	87633		1.00 020224 020224	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
NAME:		WILBANKS	RECIPIENT ID	.: 530002337112	MRN:									
	20241	.07014586	I1610956		041224	041224		586.03		313.09	0.00	(0.00	586.03
DOG		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	חזדה		HODG		
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL	EOBS		
81	87486	59	1.00 041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87498	59	1.00 041224 041224	220224			37.07	22.00	0.00	22 00	9918			
01	07100	3,7	1.00 011221 011221	220221			37.07	15.07	0.00	22.00	JJ±0			
81	87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918			
								14.00	0.00					
81	87633		1.00 041224 041224	220224			318.05	212.03	0.00	212.03	9918			
								106.02	0.00					
81	87640		1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918			
								15.07	0.00					
81	87641	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918			
0.1	07651	F.O.	1 00 041004 041004	000004			40.06	15.07	0.00	00.00	0010			
81	87651	59	1.00 041224 041224	220224			49.86	28.00	0.00	28.00	9918			
81	87798		8.00 041224 041224	220224			336.00	21.86 224.00	0.00	224.00	9919			
OΤ	01190		0.00 041224 041224	220224			330.00	112.00	0.00	224.00	9910			
								112.00	0.00					
NAME:	ROSE WI	LBERT	RECIPIENT ID	.: 530002266205	MRN:									
	20241	.07014600	I1609481		040424	040424	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	\mathtt{TPL}	PAID	DETAIL	EOBS		
81	87486	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918			
0.1	0.11.00	5 0	1 00 040404 040404	000004			25 25	14.00	0.00	00.00	0010			
81	87498	59	1.00 040424 040424	220224			37.07		0.00	22.00	9918			
0.1	07501	ΕO	1 00 040424 040424	220224			42.00	15.07	0.00	20 00	0010			
81	87581	59	1.00 040424 040424	44U44			42.00	28.00 14.00	0.00	∠0.00	9918			
81	87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918			
0 ±	0,000		1.00 010121 010121				510.05	106.02	0.00	212.05	J J ± 0			
81	87640		1.00 040424 040424	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

632

		ICN	PAT ACC		DENDEDING	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				TPL MOUNT	PAID AMOUNT
DOG	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED	COPAY TPL	PAID	DETAIL EOB	C	
81	87641	59		FROM THRU 040424	220224			37.07	NON-AllOWED 22.00 15.07	0.00		9918	ס	
81	87651	59	1.00	040424 040424	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	040424 040424	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME		TH WILKERSON			.: 530001082685	MRN:	0.40004	000 10	506.00		212 00	0.00	0.00	506.03
	20241	.02048194	I160493		D = 110 = D = 110	040824	040824	899.12	586.03		313.09	0.00	0.00	586.03
DOG	DDOG GD	MODITION	TINTERO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	DATD		a	
	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOB	S	
81	87486	59	1.00	040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87498	59	1 00	040824 040824	220224			37.07	22.00	0.00	22.00	0010		
01	0/490	39	1.00	010021 010021	ZZUZZ I			37.07	15.07	0.00	22.00	9910		
81	87581	59	1 00	040824 040824	220224			42.00	28.00	0.00	28.00	9918		
01	07501	3,7	1.00	010021 010021	220221			12.00	14.00	0.00	20.00	JJ±0		
81	87633		1.00	040824 040824	220224			318.05	212.03	0.00	212.03	9918		
									106.02	0.00				
81	87640		1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87641	59	1.00	040824 040824	220224			37.07	22.00	0.00	22.00	9918		
									15.07	0.00				
81	87651	59	1.00	040824 040824	220224			49.86	28.00	0.00	28.00	9918		
									21.86	0.00				
81	87798		8.00	040824 040824	220224			336.00	224.00	0.00	224.00	9918		
									112.00	0.00				
NT 7\ N (T.)		T IZ TNICONI			. [200006[0611	MIDAT •								
NAME	MARY WI	.09081986	I161225		.: 530000650611	MRN: 041124	041124	258.14	172.09		86.05	0.00	0.00	172.09
	20241	.09061960	1101223	SERVICE DATES	RENDERING	041124	041124	BILLED	ALLOWED	COPAY	00.05	0.00	0.00	1/2.09
POS	PROC CD	MODIFIERS	UNITS	FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOB	S	
	80307	HODII IIKO		041124 041124				83.81	55.87	0.00			D	
01	00307		1.00	011121 011121	220221			03.01	27.94	0.00	33.07	JJ 10		
81	G0482		1.00	041124 041124	220224			174.33	116.22	0.00	116.22	9918		
									58.11	0.00				
NAME					.: 530001995957	MRN:					0.1 0.5			
	20241	.03023431	I160751			032624	032624		28.00		21.86	0.00	0.00	28.00
500	DD06 65	MODIFIE		SERVICE DATES				BILLED	ALLOWED	COPAY	D 3 T 5	DDM3		
		MODIFIERS			PROVIDER			AMOUNT	NON-AllOWED			DETAIL EOB	S	
81	87651		1.00	032624 032624	ZZUZZ 4			49.86	28.00	0.00		9918		
									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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL			TPL MOUNT	PAID AMOUNT
2024099023926	RECIPIENT ID.: 530001540746 I1602967 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224	MRN: 040124 040124	18.00 BILLED AMOUNT 18.00		COPAY TPL		0.00 DETAIL EOBS 9918		15.00
NAME: CIARA WILLIAMS 2024109082001 POS PROC CD MODIFIERS 81 87798 81 87491 59 81 87511 59 81 87529 59 81 87591 59 81 87661 59	RECIPIENT ID.: 530002360056 I1612259 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 3.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224 1.00 041524 041524 220224	MRN: 041524 041524	BILLED	217.53 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	DETAIL EOBS 9918 5490 9918 9918		189.53
NAME: DOLLIE WILLIAMS 2024107014610 POS PROC CD MODIFIERS 81 G0480	RECIPIENT ID.: 530001930145 I1610959 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224	040424 040424	125.00 BILLED AMOUNT 125.00	55.48 ALLOWED NON-AlloWED 55.48 69.52	COPAY TPL			0.00	55.48
2024107014620	RECIPIENT ID.: 530001394349 11609483 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040124 040124 220224 1.00 040124 040124 220224 1.00 040124 040124 220224	040124 040124	BILLED	ALLOWED NON-AlloweD		PAID	9918 9918	0.00	586.03

CMS 1500 CLAIMS PAID

DATE: 04/19/2024

634

220224

PAGE:

PAYEE ID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC At.t			TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERING	111011	11110	BILLED	ALLOWED	COPAY	.01122		1100111	11100111
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL EOR	3S	
81 87633		1.00 040124 040124 220224			318.05	212.03	0.00	212.03			
						106.02	0.00				
81 87640		1.00 040124 040124 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 040124 040124 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651	59	1.00 040124 040124 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 040124 040124 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
		DEGIDITE ID . 520000251602									
NAME: ISAIAH		RECIPIENT ID.: 530002351603		000004	1 040 10	COO C4		410 40	0 00	0 00	600 64
20241	L02041293	I1603722	022024	022024	1,049.12	629.64		419.48	0.00	0.00	629.64
DOG DDOG GD	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY	חדגם	טיייא דו הייי	o C	
POS PROC CD 81 87635	MODILIEKS	UNITS FROM THRU PROVIDER 1.00 022024 022024 220224			150.00	43.61	TPL 0.00	PAID	DETAIL EOF 9918	55	
01 07033		1.00 022024 022024 220224			150.00	106.39	0.00	43.01	9910		
81 87486	59	1.00 022024 022024 220224			42.00	28.00	0.00	28.00	9918		
01 07400	3,7	1.00 022021 022021 220221			42.00	14.00	0.00	20.00	JJ±0		
81 87498	59	1.00 022024 022024 220224			37.07	22.00	0.00	22 00	9918		
01 07190	33	1.00 022021 022021 220221			37.07	15.07	0.00	22.00	JJ 10		
81 87581	59	1.00 022024 022024 220224			42.00	28.00	0.00	28.00	9918		
01 07001						14.00	0.00		2220		
81 87633		1.00 022024 022024 220224			318.05	212.03	0.00	212.03	9918		
						106.02	0.00				
81 87640		1.00 022024 022024 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87641	59	1.00 022024 022024 220224			37.07	22.00	0.00	22.00	9918		
						15.07	0.00				
81 87651	59	1.00 022024 022024 220224			49.86	28.00	0.00	28.00	9918		
						21.86	0.00				
81 87798		8.00 022024 022024 220224			336.00	224.00	0.00	224.00	9918		
						112.00	0.00				
NTN N4T1 • TN TO N T.TT	T T T 7 N/O	DEGIDIENT ID . [20001470011	MID NT .								
		RECIPIENT ID.: 530001470011		040024	1 0/0 10	629.64		110 10	0 00	0.00	629.64
ZUZ41	L03023473	SERVICE DATES RENDERING	040924	040324				±17.40	0.00	0.00	049.04
POS PROC CD	MUDIEIEDG	UNITS FROM THRU PROVIDER				NON-AllowED		PAID	רבייאדו. בי∩י	20	
81 87635	MODILINO	1.00 040924 040924 220224			150.00			43.61			
01 07033		1.00 010/21 010/21 220221			130.00	106.39	0.00	40.01	J J ± U		
						100.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICI FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLO			PL OUNT	PAID AMOUNT
POS PROC CD 81 87486	MODIFIERS 59	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 040924 040924 22022	ZING DER		BILLED AMOUNT 42.00	ALLOWED NON-AlloWED 28.00	COPAY TPL 0.00	PAID	DETAIL EOBS 9918		
81 87498	59	1.00 040924 040924 22022	Į.		37.07	14.00 22.00 15.07	0.00 0.00 0.00	22.00	9918		
81 87581	59	1.00 040924 040924 22022	Ŀ		42.00	28.00 14.00	0.00	28.00	9918		
81 87633		1.00 040924 040924 22022	Į.		318.05	212.03 106.02	0.00	212.03	9918		
81 87640		1.00 040924 040924 22022	L		37.07	22.00 15.07	0.00	22.00	9918		
81 87641	59	1.00 040924 040924 22022	<u> </u>		37.07	22.00 15.07	0.00	22.00	9918		
81 87651	59	1.00 040924 040924 22022			49.86	28.00 21.86	0.00		9918		
81 87798		8.00 040924 040924 22022	ļ		336.00	224.00 112.00	0.00	224.00	9918		
NAME: JAKERRI 20241	ON WILLIAMS 07014637	RECIPIENT ID.: 530	040924	040924		172.09		86.05	0.00	0.00	172.09
POS PROC CD 81 80307	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 040924 040924 22022	ER		BILLED AMOUNT 83.81	ALLOWED NON-AlloWED 55.87 27.94	COPAY TPL 0.00 0.00	PAID 55.87	DETAIL EOBS 9918		
81 G0482		1.00 040924 040924 22022	<u> </u>		174.33	116.22 58.11	0.00	116.22	9918		
NAME: KARSON 20241	WILLIAMS 03023492	RECIPIENT ID.: 530 I1607531		040924	13.50	4.00		9.50	0.00	0.00	4.00
81 36415	MODIFIERS	SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 040924 040924 22022	DER E		BILLED AMOUNT 4.50	ALLOWED NON-AlloWED 0.00 4.50	COPAY TPL 0.00 0.00		DETAIL EOBS		
81 85049		1.00 040924 040924 22022	<u>l</u>		9.00	4.00 5.00	0.00	4.00	9918		
	99023933	RECIPIENT ID.: 530 11603001 SERVICE DATES RENDE UNITS FROM THRU PROVI 1.00 031524 031524 22022	031524 RING DER	031524	BILLED	7.50	COPAY TPL 0.00	PAID	0.00 DETAIL EOBS 9918 9936		60.00
						142.50	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		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	NDC	
81	87486	59	1.00 031524 031524	220224			42.00	7.50	0.00		9918 993		
01	0,100	33	1.00 031321 031321	220221			12.00	34.50	0.00	7.50	JJ10 JJ3		
81	87498	59	1.00 031524 031524	220224			37.07	7.50	0.00	7.50	9918 993	5	
								29.57	0.00				
81	87581	59	1.00 031524 031524	220224			42.00	7.50	0.00	7.50	9918 993	5	
								34.50	0.00				
81	87633		1.00 031524 031524	220224			318.05	7.50	0.00	7.50	9918 993	5	
								310.55	0.00				
81	87640		1.00 031524 031524	220224			37.07	7.50	0.00	7.50	9918 993	5	
								29.57	0.00				
81	87641	59	1.00 031524 031524	220224			37.07	7.50	0.00	7.50	9918 993	5	
								29.57	0.00				
81	87651	59	1.00 031524 031524	220224			49.86	7.50	0.00	7.50	9918 993	5	
								42.36	0.00				
3733477.	37777 3 577				MDATA								
NAME:	NYLA WI			.: 530000838410	MRN:	021024	210 55	7 50	\	212 05	0 00	177 67	7 50
	20240)99023951	I1603002	DENDEDING	031824	031824	319.55			312.05	0.00	177.67	7.50
DOG	DDOC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY	PAID	DETAIL E	AD C	
	87507	MODIFIERS	1.00 031824 031824				319.55	7.50	TPL 0.00		9918 993		
0.1	87307		1.00 031024 031024	220224			319.55	312.05	0.00	7.50	9910 993	5	
								312.03	0.00				
NAME:	OUTNTAV	7IOUS WILLIAM	MS RECTPIENT ID	.: 530001372256	MRN:								
		07014649	I1610963		041224	041224	1,049.12	629.64	Į	419.48	0.00	0.00	629.64
			SERVICE DATES	RENDERING	V	0	BILLED	ALLOWED	COPAY	117 7 10			0_,,0_
POS	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL E	OBS	
81	87635		1.00 041224 041224	220224			150.00	43.61	0.00		9918		
								106.39	0.00				
81	87486	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87498	59	1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041224 041224	220224			318.05	212.03	0.00	212.03	9918		
0 -	0.000			000004				106.02	0.00				
81	87640		1.00 041224 041224	220224			37.07	22.00	0.00	22.00	9918		
0.1	0.00	F.0	1 00 041004 041004	000004			25 25	15.07	0.00	00.00	0.01.0		
81	87641	59	1.00 041224 041224	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL		OPAY MOUNT	TPL AMOUN	1T	PAID AMOUNT
	ROC CD 87651	MODIFIERS 59	UNITS FROM THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AlloWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL 9918	EOBS		
81	87798		8.00 041224 041224	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: S		A WILLIAMS .07014663	RECIPIENT ID. 11610967		MRN: 041224	041224		77.53		46.63	0.00		0.00	49.53
	ROC CD 87491			PROVIDER 220224			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 0.00	DETAIL 5490	EOBS		
81	87591	59	1.00 041224 041224	220224			42.00	28.00 14.00	0.00	28.00	9918			
81	87661		1.00 041224 041224	220224			32.30	21.53 10.77	0.00	21.53	9918			
NAME: '		A WILLIAMS .09082011	RECIPIENT ID. 11612272		MRN: 032724	032724		166.22		230.69	0.00		0.00	5.00
ם פחם	ROC CD	MODIFIERS	SERVICE DATES I UNITS FROM THRU	PROVIDER			BILLED AMOUNT	ALLOWED NON-AllOWED	COPAY TPL	PAID	חבייא דו.	FORS		
81		HODII IIIIO		220224			8.00	4.00 4.00	0.00		5000	порр		
81	82570		1.00 032724 032724	220224			8.00	6.00 2.00	0.00	0.00	5000			
81	83069		1.00 032724 032724	220224			8.00	4.00 4.00	0.00	0.00	5000			
81	84311		2.00 032724 032724	220224			32.00	14.00 18.00	0.00	0.00	5000			
81	82010		1.00 032724 032724	220224			16.00	0.00 16.00	0.00	0.00	4524			
81	82945		1.00 032724 032724	220224			8.00	4.00	0.00	0.00	5000			
81	82247	59	1.00 032724 032724	220224			8.00	5.00 3.00	0.00	5.00	9918			
81	83986		1.00 032724 032724	220224			7.00	3.00 4.00	0.00	0.00	5000			
81	81007		2.00 032724 032724	220224			120.00	4.00 4.00 116.00	0.00	0.00	5900			
81	82043	QW	1.00 032724 032724	220224			7.58	6.00 1.58	0.00	0.00	5000			

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

638

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU		ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 G0482 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032724 032724 220224		BILLED AMOUNT	ALLOWED (NON-Allowed 116.22	COPAY	ID DETAIL E		
2024102041310 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002044245 11603721 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032824 032824 220224	032824 032824	125.00 BILLED AMOUNT 125.00	ALLOWED (NON-Allowed 55.48	COPAY	2 0.00 ID DETAIL E 55.48 9918		55.48
2024107014672 POS PROC CD MODIFIERS	RECIPIENT ID.: 530001661529 11610958 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030424 030424 220224	030424 030424	BILLED AMOUNT	ALLOWED (NON-Allowed 5.00	COPAY TPL PA]	6 0.00 ID DETAIL E 5.00 9918 993	OBS	5.00
2024107014681 POS PROC CD MODIFIERS 81 87075	RECIPIENT ID.: 530002289502 11609484 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032624 032624 220224 1.00 032624 032624 220224		118.00 BILLED AMOUNT 100.00	ALLOWED (NON-Allowed 9.00 91.00	COPAY TPL PAI 0.00 0.00	ID DETAIL E		20.00
2024103023499 POS PROC CD MODIFIERS 81 87635	RECIPIENT ID.: 530000531660 11607534 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224	031224 031224	BILLED	ALLOWED (NON-Allowed 43.61 106.39	COPAY TPL PAI 0.00 0.00	ID DETAIL E		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	083131776
TSSHE DATE	04/19/2024

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOW			PL DUNT	PAID AMOUNT
		SERVICE DATES RENDERING		BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS		
81 87633		1.00 031224 031224 220224		318.05	212.03	0.00	212.03	9918		
01 07641	ΕO	1 00 021224 021224 220224		37.07	106.02	0.00	22 00	0010		
81 87641	59	1.00 031224 031224 220224		37.07	22.00 15.07	0.00 0.00	22.00	9910		
81 87651	59	1.00 031224 031224 220224		49.86	28.00	0.00	28.00	0010		
01 07031	39	1.00 031224 031224 220224		49.00	21.86	0.00	20.00	9910		
81 87798		8.00 031224 031224 220224		336.00	224.00	0.00	224.00	9918		
01 01170		0.00 031224 031224 220224		330.00	112.00	0.00	224.00	J J I U		
					112.00	0.00				
NAME: ALEXIA	WILSON	RECIPIENT ID.: 53000139	3334 MRN:							
	107014690	I1609493	040424 040424	899.12	586.03	313	3.09	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 040424 040424 220224		42.00	28.00	0.00	28.00			
					14.00	0.00				
81 87498	59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
					15.07	0.00				
81 87581	59	1.00 040424 040424 220224		42.00	28.00	0.00	28.00	9918		
					14.00	0.00				
81 87633		1.00 040424 040424 220224		318.05	212.03	0.00	212.03	9918		
					106.02	0.00				
81 87640		1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
0.1	= 0				15.07	0.00		0010		
81 87641	59	1.00 040424 040424 220224		37.07	22.00	0.00	22.00	9918		
01 07651	F.O.	1 00 040404 040404 000004		40.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 040424 040424 220224		49.86	28.00	0.00	28.00	9918		
01 07700		0 00 040404 040404 000004		226 00	21.86	0.00	224 00	0010		
81 87798		8.00 040424 040424 220224		336.00	224.00	0.00	224.00	9918		
					112.00	0.00				
NAME: AVA WII	COM	RECIPIENT ID.: 53000212	0104 MRN:							
	102041322	I1603723	040224 040224	825.21	542.00	283	3.21	0.00	0.00	486.00
2021	102011322	SERVICE DATES RENDERING	010221 010221		ALLOWED) • <u>2</u> ±	0.00	0.00	100.00
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDER		AMOUNT	NON-Allowed	TPL	PAID	DETAIL EOBS		
81 87481	59	4.00 040224 040224 220224		168.00	112.00	0.00	112.00			
0,101				100.00	56.00	0.00		, , <u>, , , , , , , , , , , , , , , , , </u>		
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	0.00	22.00	9918		
					15.07	0.00				

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT				PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 11.00 040224 040224 220224		BILLED AMOUNT 462.00	ALLOWED NON-AllOWED 308.00 154.00	COPAY TPL 0.00 0.00	PAID 308.00			
81 87641 59	1.00 040224 040224 220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	2.00 040224 040224 220224		84.00	56.00 28.00	0.00	0.00	5000		
NAME: BRAILEE WILSON 2024102045086	RECIPIENT ID.: 530002371677 I1604452 SERVICE DATES RENDERING	MRN: 040524 040524	744.26 BILLED	491.09 ALLOWED	COPAY	253.17	0.00	0.00	491.09
POS PROC CD MODIFIERS 81 87481 59	UNITS FROM THRU PROVIDER 4.00 040524 040524 220224		AMOUNT 168.00	NON-AllOWED	TPL 0.00 0.00	PAID 112.00			
81 87640 59			37.07	22.00 15.07	0.00		9918		
81 87653 59	1.00 040524 040524 220224		37.07	22.00 15.07	0.00		9918		
81 87798 81 87086	11.00 040524 040524 220224 1.00 040524 040524 220224		462.00 18.53	308.00 154.00 10.00	0.00 0.00 0.00	308.00			
81 87186	1.00 040524 040524 220224		13.50	8.53 9.00	0.00		9918		
81 87088	1.00 040524 040524 220224		8.09	4.50 8.09 0.00	0.00 0.00 0.00	8.09			
NAME: JADYN WILSON 2024109082032	I1612278	MRN: 041524 041524		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 041524 041524 220224		BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00		DETAIL EOBS 9918		
NAME: JOSEPH WILSON 2024099023954 POS PROC CD MODIFIERS 81 87651	RECIPIENT ID.: 530000115926 11603017 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224	MRN: 022224 022224	49.86 BILLED AMOUNT 49.86		COPAY TPL	30.92 PAID 18.94	0.00 DETAIL EOBS 9918 9936	0.00	18.94
NAME: KELLIN WILSON 2024107014706	RECIPIENT ID.: 530001010858 I1609498	MRN: 040424 040424	899.12	30.92 586.03	0.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	DEMOCRATIVA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				IPL MOUNT	PAID AMOUNT
POS PROC CD	MODIFIERS	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL EOB	C	
81 87486	MODIFIERS 59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00		5	
01 07400	3,5	1.00 010121 010121	220224			42.00	14.00	0.00	20.00	JJ10		
81 87498	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01 07170						5 / • • ·	15.07	0.00		,,,,		
81 87581	59	1.00 040424 040424	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040424 040424	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040424 040424	220224			37.07	22.00	0.00	22.00	9918		
01 00651	F.0	1 00 040404 040404	000004			10.06	15.07	0.00	00.00	0010		
81 87651	59	1.00 040424 040424	220224			49.86	28.00	0.00	28.00	9918		
01 07700		0 00 040424 040424	220224			226 00	21.86	0.00	224.00	0010		
81 87798		8.00 040424 040424	220224			336.00	224.00 112.00	0.00 0.00	224.00	9918		
							112.00	0.00				
NAME: MIA WIL	SON	RECIPTENT ID	.: 530002240306	MRN:								
	.03023530	I1607544		040924	040924	285.07	196.14		88.93	0.00	0.00	140.14
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL EOB	S	
81 87529		2.00 040924 040924	220224			99.72	56.00	0.00	0.00	5910		
							43.72	0.00				
81 87640	59	1.00 040924 040924	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040924 040924	220224			37.07	22.00	0.00	22.00	9918		
0.1							15.07	0.00		0.01.0		
81 87653	59	1.00 040924 040924	220224			37.07	22.00	0.00	22.00	9918		
01 07001		0 00 040004 040004	000004			74 14	15.07	0.00	74 14			
81 87801		2.00 040924 040924	220224			74.14	74.14	0.00	74.14			
							0.00	0.00				
NAME: REY WIL	COM	ספירטדפאיי דו	.: 530000394305	MRN:								
	.03023540	I1607545	330000394303	021324	021324	899.12	586.03		313.09	0.00	0.00	586.03
20241	.03023340	SERVICE DATES	RENDERING	021324	021324	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 EOB	9	
81 87486	59	1.00 021324 021324	220224			42.00	28.00	0.00	28.00		_	
0_ 0,100			= 			12.00	14.00	0.00	20.00			
81 87498	59	1.00 021324 021324	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

642

		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	TPL	PAID		EOBS	
81	87581	59	1.00	021324 021324	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	021324 021324	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	021324 021324	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	021324 021324	220224			37.07	22.00	0.00	22.00	9918		
81	87651	59	1.00	021324 021324	220224			49.86	15.07 28.00	0.00	28.00	9918		
0.1	07700		0 00	001204 001204	220224			226 00	21.86	0.00	224 00	0010		
81	87798		8.00	021324 021324	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		WILSON			.: 530002199918	MRN:								
	20241	07014726	I160950		DENDEDING	041024	041024		130.93		61.61	0.00	0.0	0 130.93
חחפ ו	DDOC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
	80053	MODIFIERS		041024 041024				15.84		0.00		9918		
01	00033		1.00	011021 011021	220221			13.01	3.84	0.00	12.00	JJ 10		
81	36415		1.00	041024 041024	220224			4.50	0.00	0.00	0.00	3323		
									4.50	0.00				
81	82306		1.00	041024 041024	220224			44.00	29.00	0.00	29.00	9918		
									15.00	0.00				
81	83036		1.00	041024 041024	220224			14.00	12.00	0.00	12.00	9918		
0.1	01101		1 00	041004 041004	220224			24 00	2.00	0.00	16 00	0010		
81	84481		1.00	041024 041024	220224			24.00	16.00 8.00	0.00	16.00	9918		
81	80061		1.00	041024 041024	220224			20.00	14.00	0.00	14.00	9918		
-	0000			011011 011011					6.00	0.00		2220		
81	82977		1.00	041024 041024	220224			10.00	7.00	0.00	7.00	9918		
									3.00	0.00				
81	84443		1.00	041024 041024	220224			25.20	22.93	0.00	22.93	9918		
0.1	04420		1 00	041004 041004	000004			12.00	2.27	0.00	0 00	0.01.0		
81	84439		1.00	041024 041024	220224			13.00	9.00 4.00	0.00	9.00	9918		
81	82248		1 00	041024 041024	220224			15.00	5.00	0.00	5 00	9918		
01	02210		1.00	011021 011024				13.00	10.00	0.00	3.00	J J ± U		
81	84100		1.00	041024 041024	220224			7.00	4.00	0.00	4.00	9918		
									3.00	0.00				
NAME:	JANISHA	WINBORN		RECIPIENT ID	.: 530000423150	MRN:								
		09082039	I161228				030624	70.04	52.93		17.11	0.00	0.0	0 52.93

REPORT: CRA-PRPD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

643

-	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI			TPL MOUNT	PAID AMOUNT
POS PROC CD 181 80053	MODIFIERS	UNITS FROM THRU PI	ENDERING ROVIDER 20224			BILLED AMOUNT 15.84	ALLOWED NON-AlloWED 12.00	COPAY TPL 0.00	PAID 12.00	DETAIL EOE 9918	S	
81 80061		1.00 030624 030624 23	20224			20.00	3.84 14.00 6.00	0.00 0.00 0.00	14.00	9918		
81 84443		1.00 030624 030624 23	20224			25.20	22.93 2.27	0.00	22.93	9918		
81 85049		1.00 030624 030624 23	20224			9.00	4.00 5.00	0.00	4.00	9918		
NAME: TAMARA WI 2024109	INFIELD 9082051	RECIPIENT ID.: 11612283	530001310843	MRN: 041524	041524	290.66	185.41		105.25	0.00	0.00	157.41
		SERVICE DATES R	ENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS		ROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL EOE	S	
81 87389		1.00 041524 041524 2	20224			36.00	23.88	0.00	23.88	9918		
							12.12	0.00				
81 36415		1.00 041524 041524 2	20224			4.50	0.00	0.00	0.00	3323		
							4.50	0.00				
81 87798		1.00 041524 041524 2	20224			42.00	28.00	0.00	28.00	9918		
01 05401		1 00 041504 041504 0	00004			40.00	14.00	0.00	00 00	0.01.0		
81 87481		1.00 041524 041524 23	20224			42.00	28.00	0.00	28.00	9918		
0.1		1 00 041 504 044 504				40.05	14.00	0.00		- 400		
81 87491 5	59	1.00 041524 041524 2	20224			49.86	28.00	0.00	0.00	5490		
							21.86	0.00				
81 87511 5	59	1.00 041524 041524 2	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87591 5	59	1.00 041524 041524 2	20224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87661		1.00 041524 041524 2	20224			32.30	21.53 10.77	0.00	21.53	9918		
31334F - FF3343 F 3 14	TMETET 5		F20001210042	A (IDAT -								
NAME: TAMARA WI	INFIELD 9082067	RECIPIENT ID.: 11613146	530001310843	MRN: 041524	041524	7.00	5.00		2.00	0.00	0.00	5.00
		SERVICE DATES R	ENDERTNG			BILLED	ALLOWED	COPAY				
POS PROC CD I	MODIFIERS	UNITS FROM THRU PI					NON-Allowed	TPI.	PATD	DETAIL EOF	S	
81 86592	110211 12110	1.00 041524 041524 23	20224			7.00	5.00	0 00	5.00	9918		
01 00372		1.00 011321 011321 2	20221			7.00	2.00	0.00	3.00	JJ 10		
		RECIPIENT ID.:										
2024109	9082071	I1613147		041524	041524	71.00	45.00		26.00	0.00	0.00	45.00
		SERVICE DATES R	ENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD 1		UNITS FROM THRU PI				AMOUNT	NON-AllOWED	\mathtt{TPL}		DETAIL EOE	S	
81 80074		1.00 041524 041524 2	20224			71.00	45.00	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	202410 C CD	WINSLETT 7014752 MODIFIERS	RECIPIENT ID.: 530001433813 I1610974 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032624 032624 220224		032624	49.86 BILLED AMOUNT 49.86	18.94 ALLOWED NON-AllOWED 18.94 30.92	COPAY TPL 0.00 0.00	30.92 PAID 18.94	0.00 DETAIL 9918 99	EOBS	00 18.94
NAME: ALE 2		INSTON 3023579	RECIPIENT ID.: 530000484491 I1607551 SERVICE DATES RENDERING	MRN: 032024	032024	1,625.85 BILLED			599.23	0.00	0.	00 954.62
POS PROC 81 877		MODIFIERS 59	UNITS FROM THRU PROVIDER 9.00 032024 032024 220224			AMOUNT 378.00	NON-Allowed 252.00 126.00	TPL 0.00 0.00	PAID 252.00	DETAIL 9918	EOBS	
81 874 81 874		59 59	2.00 032024 032024 220224 1.00 032024 032024 220224			84.00 49.86	56.00 28.00 28.00	0.00	56.00	9918 5490		
81 875		59	1.00 032024 032024 220224			42.00	21.86 28.00 14.00	0.00		9918		
81 875 81 875		59 59	2.00 032024 032024 220224 1.00 032024 032024 220224			99.72 42.00	56.00 43.72 28.00	0.00		9918 9918		
81 876		59	2.00 032024 032024 220224			74.14	14.00 44.00 30.14	0.00 0.00 0.00		5900		
81 876 81 875		59	1.00 032024 032024 220224 1.00 032024 032024 220224			32.30 42.50	21.53 10.77 0.00	0.00 0.00 0.00		9918 4021		
81 876		59	1.00 032024 032024 220224			37.07	42.50 22.00 15.07	0.00 0.00 0.00	22.00			
81 874 81 876		59 59	4.00 032024 032024 220224 1.00 032024 032024 220224			168.00 37.07	112.00 56.00 22.00	0.00 0.00 0.00	112.00 22.00			
81 876		59	1.00 032024 032024 220224			37.07	15.07 22.00 15.07	0.00 0.00 0.00	22.00			
81 877 81 870			11.00 032024 032024 220224 1.00 032024 032024 220224			462.00 18.53	308.00 154.00 10.00	0.00 0.00 0.00	308.00			
- · ·						-	8.53	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

645

I	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 87186	DIFIERS	SERVICE DATES UNITS FROM THRU 1.00 032024 032024	RENDERING PROVIDER 220224			BILLED AMOUNT 13.50	ALLOWED NON-AlloWED 9.00 4.50	COPAY TPL 0.00 0.00	PAID 9.00	DETAIL E 9918	OBS	
81 87088		1.00 032024 032024	220224			8.09	8.09 0.00	0.00	8.09			
NAME: BRAYDEN WIN 202410302		RECIPIENT ID 11607552	.: 530002332572	MRN: 041024	041024	1,049.12	629.64		419.48	0.00	0.00	629.64
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81 87635		1.00 041024 041024	220224			150.00	43.61 106.39	0.00	43.61	9918		
81 87486 59		1.00 041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81 87498 59		1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87581 59		1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
0.1		1 00 041004 041004	000004			210.05	14.00	0.00	010 00	0010		
81 87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	9918		
81 87640		1.00 041024 041024	220224			37.07	106.02 22.00	0.00	22.00	0010		
81 87040		1.00 041024 041024	220224			37.07	15.07	0.00	22.00	9910		
81 87641 59		1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
0_ 0,01_ 0,						5 / • • ·	15.07	0.00		,,,,		
81 87651 59		1.00 041024 041024	220224			49.86	28.00	0.00	28.00	9918		
							21.86	0.00				
81 87798		8.00 041024 041024	220224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JAYANA WINS	oron	DECIDIENT ID	.: 530001705580	MRN:								
202410701		I1610975	330001703360		041224	1,049.12	629.64		419.48	0.00	0.00	629.64
202110701	11701	SERVICE DATES	RENDERING	011221	011221	BILLED	ALLOWED	COPAY	117.10	0.00	0.00	023.01
POS PROC CD MOD	DIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL E	OBS	
81 87635		1.00 041224 041224	220224			150.00	43.61	0.00	43.61			
							106.39	0.00				
81 87486 59		1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
01 07400 50		1 00 041004 041004	220224			20 00	14.00	0.00	00 00	0.01.0		
81 87498 59		1.00 041224 041224	220224			37.07	22.00 15.07	0.00	22.00	AATR		
81 87581 59		1.00 041224 041224	220224			42.00	28.00	0.00	28.00	9918		
01 07001 07		1.00 011221 011221				12.00	14.00	0.00	20.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

646

		ICN	PAT ACC	r NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUN	Т	PAID AMOUNT
POS 81	PROC CD 87633	MODIFIERS	UNITS 1.00	SERVICE FROM 041224	THRU	RENDERING PROVIDER 220224			BILLED AMOUNT 318.05	ALLOWED NON-AlloWED 212.03	COPAY TPL 0.00	PAID 212.03	DETAIL 9918	EOBS		
81	87640		1.00	041224	041224	220224			37.07	106.02 22.00 15.07	0.00 0.00 0.00	22.00	9918			
81	87641	59	1.00	041224	041224	220224			37.07	22.00 15.07	0.00	22.00	9918			
81	87651	59			041224				49.86	28.00 21.86	0.00		9918			
81	87798		8.00	041224	041224	220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME:		WITHERS .07014791	I160950'		PIENT ID	.: 530001278745	MRN: 032924	032924	881.59	535.53		346.06	0.00		0.00	463.53
	20241	.0 / 01 4 / 91	1100930		E DATES	RENDERING	032924	032924	BILLED	ALLOWED	COPAY	340.00	0.00		0.00	403.33
POS	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS		
81	87798	59			032924	220224			378.00	252.00 126.00	0.00	252.00				
81	87481	59	2.00	032924	032924	220224			84.00	56.00 28.00	0.00	56.00	9918			
81	87491	59			032924	220224			49.86	28.00 21.86	0.00		5490			
81	87511	59			032924	220224			42.00	28.00 14.00	0.00		9918			
81	87529	59			032924	220224			99.72	56.00 43.72	0.00		9918			
81	87591	59			032924	220224			42.00	28.00 14.00	0.00		9918			
81	87653	59			032924	220224			74.14	44.00 30.14	0.00		5900			
81	87661	59			032924				32.30	21.53 10.77	0.00		9918			
81	87563		1.00	032924	032924	220224			42.50	0.00 42.50	0.00	0.00	4021			
81	87640	59	1.00	032924	032924	220224			37.07	22.00 15.07	0.00	22.00	9918			
NAME:					PIENT ID	.: 530001631051										
	20241	.09082076	I1613148		E DATES	RENDERING	041624	041624		629.64 ALLOWED	COPAY	419.48	0.00		0.00	629.64
	PROC CD 87635	MODIFIERS	UNITS 1.00	FROM	THRU	PROVIDER			AMOUNT 150.00	NON-AllOWED 43.61 106.39	TPL 0.00 0.00	PAID 43.61	DETAIL 9918	EOBS		

CMS 1500 CLAIMS PAID

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

BIRMINGHAM, AL 35235-2718

NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAYEE ID

PAGE:

DATE: 04/19/2024

647

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY	TPL AMOUNT	PAID AMOUNT
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	\mathtt{TPL}	PAID	DETAIL E	OBS	
81	87486	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
81	87498	59	1 00 041624 041624	220224			37.07	14.00 22.00	0.00	22.00	9918		
0.1	0/490	39	1.00 041624 041624	220224			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 041624 041624	220224			42.00	28.00	0.00	28.00	9918		
								14.00	0.00				
81	87633		1.00 041624 041624	220224			318.05	212.03	0.00	212.03	9918		
								106.02	0.00				
81	87640		1.00 041624 041624	220224			37.07	22.00	0.00	22.00	9918		
0.1	07641	F.0	1 00 041604 041604	000004			27 07	15.07	0.00	00.00	0010		
81	87641	59	1.00 041624 041624	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041624 041624	220224			49.86	28.00	0.00	28 00	9918		
01	07031		1.00 041024 041024	220224			47.00	21.86	0.00	20.00	JJ10		
81	87798		8.00 041624 041624	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	DACODA		RECIPIENT ID	.: 530000512105	MRN:	0.401.04	40.06	10.04		20.00	0.00	0.00	10.04
	20241	L07014802	I1610982 SERVICE DATES		040124	040124	49.86	18.94		30.92	0.00	0.00	18.94
DOG							DILLID		CODAX				
P(1,1)	מסטט מה	MUDILIEDG		RENDERING			BILLED	ALLOWED	COPAY	מדעם	ים זדגייים ח	OBG.	
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID 18 94	DETAIL E		
	87651	MODIFIERS		PROVIDER				NON-AllOWED 18.94	TPL 0.00	PAID 18.94			
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL				
81	87651 HALLIE	WOMACK	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID	PROVIDER			AMOUNT 49.86	NON-AllOWED 18.94 30.92	TPL 0.00 0.00	18.94	9918 993	6	
81	87651 HALLIE		UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037	PROVIDER 220224 .: 530001324723	MRN: 040424	040424	AMOUNT 49.86 1,049.12	NON-AllOWED 18.94 30.92	TPL 0.00 0.00	18.94			629.64
81 NAME:	87651 HALLIE 20240	WOMACK)99023965	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES	PROVIDER 220224 .: 530001324723 RENDERING		040424	AMOUNT 49.86 1,049.12 BILLED	NON-AllOWED 18.94 30.92 629.64 ALLOWED	TPL 0.00 0.00	18.94 419.48	9918 993	0.00	629.64
81 NAME:	87651 HALLIE 20240 PROC CD	WOMACK	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU	PROVIDER 220224 .: 530001324723 RENDERING PROVIDER		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED	TPL 0.00 0.00 COPAY TPL	18.94 419.48 PAID	9918 993 0.00 DETAIL E	0.00	629.64
81 NAME:	87651 HALLIE 20240	WOMACK)99023965	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES	PROVIDER 220224 .: 530001324723 RENDERING		040424	AMOUNT 49.86 1,049.12 BILLED	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61	TPL 0.00 0.00 COPAY TPL 0.00	18.94 419.48 PAID	9918 993	0.00	629.64
81 NAME: POS 81	87651 HALLIE 20240 PROC CD 87635	WOMACK 099023965 MODIFIERS	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424	PROVIDER 220224 : 530001324723 RENDERING PROVIDER 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00	18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39	TPL 0.00 0.00 COPAY TPL 0.00 0.00	18.94 419.48 PAID 43.61	9918 993 0.00 DETAIL E 9918	0.00	629.64
81 NAME:	87651 HALLIE 20240 PROC CD	WOMACK)99023965	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU	PROVIDER 220224 : 530001324723 RENDERING PROVIDER 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00	TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00	18.94 419.48 PAID 43.61	9918 993 0.00 DETAIL E	0.00	629.64
81 NAME: POS 81 81	87651 HALLIE 20240 PROC CD 87635 87486	WOMACK 099023965 MODIFIERS	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 .: 530001324723 RENDERING PROVIDER 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00	TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00	18.94 419.48 PAID 43.61 28.00	9918 993 0.00 DETAIL E 9918 9918	0.00	629.64
81 NAME: POS 81 81	87651 HALLIE 20240 PROC CD 87635 87486 87498	WOMACK 099023965 MODIFIERS 59	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID 11603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00 37.07	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07	TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00	18.94 419.48 PAID 43.61 28.00 22.00	9918 993 0.00 DETAIL E 9918 9918 9918	0.00	629.64
81 NAME: POS 81 81	87651 HALLIE 20240 PROC CD 87635 87486	WOMACK 099023965 MODIFIERS	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00	TPL 0.00 0.00 COPAY TPL 0.00 0.00 0.00 0.00 0.00	18.94 419.48 PAID 43.61 28.00 22.00	9918 993 0.00 DETAIL E 9918 9918	0.00	629.64
81 NAME: POS 81 81 81	87651 HALLIE 20240 PROC CD 87635 87486 87498 87581	WOMACK 099023965 MODIFIERS 59	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID 11603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	18.94 419.48 PAID 43.61 28.00 22.00 28.00	9918 993 0.00 DETAIL E 9918 9918 9918 9918	0.00	629.64
81 NAME: POS 81 81	87651 HALLIE 20240 PROC CD 87635 87486 87498	WOMACK 099023965 MODIFIERS 59	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID 11603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00 37.07	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 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 0.00 0.	18.94 419.48 PAID 43.61 28.00 22.00	9918 993 0.00 DETAIL E 9918 9918 9918 9918	0.00	629.64
81 NAME: POS 81 81 81 81	87651 HALLIE 20240 PROC CD 87635 87486 87498 87581 87633	WOMACK 099023965 MODIFIERS 59	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID I1603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00 318.05	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 28.00 14.00 22.00 15.07 28.00 14.00 212.03 106.02	TPL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	18.94 419.48 PAID 43.61 28.00 22.00 28.00 212.03	9918 993 0.00 DETAIL E 9918 9918 9918 9918 9918	0.00	629.64
81 NAME: POS 81 81 81	87651 HALLIE 20240 PROC CD 87635 87486 87498 87581	WOMACK 099023965 MODIFIERS 59	UNITS FROM THRU 1.00 040124 040124 RECIPIENT ID 11603037 SERVICE DATES UNITS FROM THRU 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424 1.00 040424 040424	PROVIDER 220224 :: 530001324723 RENDERING PROVIDER 220224 220224 220224 220224 220224 220224		040424	AMOUNT 49.86 1,049.12 BILLED AMOUNT 150.00 42.00 37.07 42.00	NON-AllOWED 18.94 30.92 629.64 ALLOWED NON-AllOWED 43.61 106.39 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 0.00 0.	18.94 419.48 PAID 43.61 28.00 22.00 28.00 212.03	9918 993 0.00 DETAIL E 9918 9918 9918 9918	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 083131776

ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	N(ALI		COPAY AMOUNT	TPL AMOUNT		AID DUNT
POS PROC CD 81 87641	MODIFIERS 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 040424 040424 220224			BILLED AMOUNT 37.07	ALLOWED NON-AlloWED 22.00	COPAY TPL 0.00	PAID 22.00	DETAIL 9918	EOBS		
81 87651	59	1.00 040424 040424 220224			49.86	15.07 28.00	0.00	28.00	9918			
81 87798		8.00 040424 040424 220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918			
NAME: BRITTNE 20241	Y WOOD 07014826	RECIPIENT ID.: 530000453819 I1609511 SERVICE DATES RENDERING	MRN: 031824	031824	174.33 BILLED	116.22 ALLOWED	COPAY	58.11	0.00	C	.00	116.22
POS PROC CD 81 G0482	MODIFIERS	UNITS FROM THRU PROVIDER 1.00 031824 031824 220224			AMOUNT 174.33	NON-Allowed 116.22 58.11		PAID 116.22	DETAIL 9918	EOBS		
NAME: CARSON 20241	WOOD 09082090	RECIPIENT ID.: 530000759087 I1613149		041624		629.64		419.48	0.00	C	.00	629.64
POS PROC CD 81 87635	MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041624 041624 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 041624 041624 220224			42.00	106.39 28.00 14.00	0.00 0.00 0.00	28.00	9918			
81 87498	59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87581	59	1.00 041624 041624 220224			42.00	28.00 14.00	0.00	28.00	9918			
81 87633		1.00 041624 041624 220224			318.05	212.03 106.02	0.00	212.03	9918			
81 87640		1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87641	59	1.00 041624 041624 220224			37.07	22.00 15.07	0.00	22.00	9918			
81 87651	59	1.00 041624 041624 220224			49.86	28.00 21.86	0.00	28.00	9918			
81 87798		8.00 041624 041624 220224			336.00	224.00 112.00	0.00	224.00	9918			
NAME: MALACHI 20241	WOODALL 02045096	RECIPIENT ID.: 530000370612 I1604455		040824		464.00		240.14	0.00	C	.00	464.00
POS PROC CD 81 87481		SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 040824 040824 220224			BILLED AMOUNT 168.00	ALLOWED NON-AllOWED 112.00 56.00	COPAY 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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

ICN-		SERVICE FROM	DATES THRU	AMOUNT		NO: ALL	OWED A	OPAY TP		PAID AMOUNT
POS PROC CD MODIFI 81 87640 59	RS 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 EOBS 9918		
81 87653 59	1.00 040824 040824 2	220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87798	11.00 040824 040824 2	220224		462.00	308.00 154.00	0.00	308.00	9918		
NAME: MALACHI WOODAL 202410302363 POS PROC CD MODIFI 81 87086	i1607563 SERVICE DATES RI	040824 RENDERING		18.53 BILLED AMOUNT 18.53	NON-AllOWED 10.00	COPAY TPL 0.00		0.00 DETAIL EOBS 9918	0.00	10.00
NAME: TIFFANY WOODAR 202410908210		530000801440 MRN: 040924	040924	125.00	8.53 55.48	0.00	69.52	0.00	0.00	55.48
POS PROC CD MODIFI 81 G0480	SERVICE DATES R	RENDERING PROVIDER			ALLOWED NON-AlloWED	COPAY TPL		DETAIL EOBS	0.00	33.10
NAME: GINA WOODCOCK 202410908212 POS PROC CD MODIFI	RECIPIENT ID.: 11612292 SERVICE DATES RICKS UNITS FROM THRU PI	041524	041524	547.12 BILLED AMOUNT	305.64 ALLOWED NON-AllOWED	COPAY		0.00 DETAIL EOBS	0.00	305.64
81 87635	1.00 041524 041524 2	220224		150.00	43.61 106.39	0.00	43.61			
81 87498 59	1.00 041524 041524 2	220224		37.07	22.00 15.07	0.00	22.00	9918		
81 87581 59	1.00 041524 041524 23	220224		42.00	28.00 14.00	0.00	28.00	9918		
81 87633	1.00 041524 041524 2	220224		318.05	212.03 106.02	0.00	212.03	9918		
202410204134	SERVICE DATES R	022024 RENDERING	022024	BILLED		COPAY		0.00	0.00	78.00
POS PROC CD MODIFI 81 87641 59	RS UNITS FROM THRU PI 1.00 022024 022024 2	PROVIDER 220224		AMOUNT 37.07		TPL 0.00 0.00	PAID 22.00	DETAIL EOBS 9918		

REPORT: CRA-PRPD-R RA#: 3524808

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

DATE: 04/19/2024

PAGE: 650

 CORE DIAGNOSTIC LABORATORIES LLC
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT		NC ALI		COPAY TE	PL DUNT	PAID AMOUNT
POS PROC CD MODIFIERS 81 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 022024 022024 220224		BILLED AMOUNT 84.00	ALLOWED NON-AllOWED 56.00 28.00	COPAY TPL 0.00 0.00	56.00	DETAIL EOBS 9918		
NAME: BROOKLYN WOODS 2024109082130 POS PROC CD MODIFIERS 81 87481 59	RECIPIENT ID.: 530000271663 I1612293 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 022024 022024 220224	MRN: 022024 022024	704.14 BILLED AMOUNT 168.00	464.00 ALLOWED NON-AllOWED 112.00	COPAY TPL 0.00		DETAIL EOBS	0.00	156.00
81 87640 59 81 87653 59 81 87798	1.00 022024 022024 220224 1.00 022024 022024 220224 11.00 022024 022024 220224		37.07 37.07 462.00	56.00 22.00 15.07 22.00 15.07 308.00	0.00 0.00 0.00 0.00 0.00		9918 9918 5000		
	RECIPIENT ID.: 530001385608			154.00	0.00		3000		
2024103023653 POS PROC CD MODIFIERS 81 87498 59 81 87581 59 81 87633 81 87798	UNITS FROM THRU PROVIDER	040924 040924	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		0.00	374.03
2024102041351 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002402603 11603728 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021524 021524 220224	MRN: 021524 021524	BILLED	ALLOWED NON-AllOWED 15.00	COPAY TPL		0.00 DETAIL EOBS 9918	0.00	15.00
2024107014851 POS PROC CD MODIFIERS	RECIPIENT ID.: 530002237559 I1609517 SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 032124 032124 220224	MRN: 032124 032124		ALLOWED NON-AllOWED 2.84	COPAY TPL	PAID 2.84	DETAIL EOBS	16.10	2.84

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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

651

		ICN	PAT ACC	T NO.			SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME:	JENNY W 20241	OOTEN 03023676	I160757	4		.: 530000449123	MRN: 032624	032624	396.91	166.22		230.69	0.00	0.00	135.22
POS F	PROC CD	MODIFIERS	UNITS	SERVICE I	THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAII	, EOBS	
	84156	110211 11110		032624 03		220224			8.00	4.00	0.00		5910	1 1000	
										4.00	0.00				
81	82570		1.00	032624 03	32624	220224			8.00	6.00 2.00	0.00	0.00	5910		
81	83069		1.00	032624 03	32624	220224			8.00	4.00	0.00	4.00	9918		
0.1	0.4011		0.00	000004 00	20604	000004			20.00	4.00	0.00	0.00	E 0 1 0		
81	84311		2.00	032624 03	32624	220224			32.00	14.00 18.00	0.00	0.00	5910		
81	82010		1.00	032624 03	32624	220224			16.00	0.00	0.00	0.00	4524		
										16.00	0.00				
81	82945		1.00	032624 03	32624	220224			8.00	4.00	0.00	4.00	9918		
0.1	00047	F 0	1 00	020604 03	20604	22224			0.00	4.00	0.00	Г 00	0010		
81	82247	59	1.00	032624 03	32624	220224			8.00	5.00 3.00	0.00	5.00	9918		
81	83986		1.00	032624 03	32624	220224			7.00	3.00	0.00	0.00	5910		
_										4.00	0.00				
81	81007		2.00	032624 03	32624	220224			120.00	4.00	0.00	0.00	5900		
0.1	00040		1 00	000004 00	20604	000004			5 5 0	116.00	0.00	.	0010		
81	82043	QW	1.00	032624 03	32624	220224			7.58	6.00	0.00	6.00	9918		
81	G0482		1 00	032624 03	32624	220224			174.33	1.58 116.22	0.00	116.22	9918		
01	00102		1.00	032021 03	22021	220221			1,1,33	58.11	0.00	110.22	JJ 10		
NAME:	SIERRA		-161000		ENT ID	.: 530000415226	MRN:	000404	F10 10	40.00		682 10	0 00	000 40	40.00
	20241	07014856	I161098	SERVICE I	ר א יייני כי	RENDERING	022424	022424	713.12 BILLED	40.00 ALLOWED	COPAY	673.12	0.00	290.49	40.00
POS F	PROC CD	MODIFIERS	UNITS		THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAII	EOBS	
	87635			022424 02		220224			150.00	5.00	0.00			9918 9936	
										145.00	0.00				
81	87486	59	1.00	022424 02	22424	220224			42.00	5.00	0.00	5.00	9918 9	9936	
0.1	07400	E O	1 00	000404 00	22424	220224			37.07	37.00	0.00	E 00	0010 0	1026	
81	87498	59	1.00	022424 02	22 4 24	220224			31.07	5.00 32.07	0.00	5.00	9918 9	7930	
81	87640	59	1.00	022424 02	22424	220224			37.07	5.00	0.00	5.00	9918 9	9936	
										32.07	0.00				
81	87581	59	1.00	022424 02	22424	220224			42.00	5.00	0.00	5.00	9918 9	9936	
										37.00	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

652

	ICN	PAT ACCT NO.	DENDEDTNA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT		ON OWED	COP AMO		PL DUNT	PAID AMOUNT
POS PROC CD	MODIFFED	SERVICE DATES UNITS FROM THRU	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED	COPAY	חזים	7	המשבו הטסכ		
81 87633	MODIFIERS	UNITS FROM THRU 1.00 022424 022424	220224			318.05	NON-AllOWED 5.00	TPL 0.00	PAID 5		ETAIL EOBS 918 9936		
01 07033		1.00 022121 022121	220221			310.03	313.05	0.00	5		J10 JJ30		
81 87641	59	1.00 022424 022424	220224			37.07	5.00	0.00	5	00 9	918 9936		
							32.07	0.00	_	-			
81 87651	59	1.00 022424 022424	220224			49.86	5.00	0.00	5	00 9	918 9936		
							44.86	0.00					
NAME: KAMIYAH	WORTHEY	RECIPIENT ID	.: 530001579228	MRN:									
	02041356	I1603730		040424	040424	222.58	50.00		172.58	0.	00	0.00	46.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY					
	MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID		ETAIL EOBS		
81 84156		1.00 040424 040424	220224			8.00	4.00	0.00	4	00 9	918		
							4.00	0.00	_				
81 82570		1.00 040424 040424	220224			8.00	6.00	0.00	6	00 9	918		
01 02060		1 00 040424 040424	220224			0 00	2.00	0.00	4	00 0	010		
81 83069		1.00 040424 040424	220224			8.00	4.00 4.00	0.00	4	00 9	910		
81 84311		2.00 040424 040424	220224			32.00	14.00	0.00	14	00 9	918		
01 01511		2.00 010121 010121	220221			32.00	18.00	0.00			J10		
81 82010		1.00 040424 040424	220224			16.00	0.00	0.00	0	00 4	524		
			-				16.00	0.00					
81 82945		1.00 040424 040424	220224			8.00	4.00	0.00	4	00 9	918		
							4.00	0.00					
81 82247	59	1.00 040424 040424	220224			8.00	5.00	0.00	5	00 9	918		
							3.00	0.00	_				
81 83986		1.00 040424 040424	220224			7.00	3.00	0.00	3	00 9	918		
01 01007		2 00 040424 040424	220224			100 00	4.00	0.00	0	00 [0.00		
81 81007		2.00 040424 040424	220224			120.00	4.00 116.00	0.00	U	00 5	900		
81 82043	QW	1.00 040424 040424	220224			7.58	6.00	0.00	6	00 9	91 Q		
01 02043	QW	1.00 040424 040424	220224			7.30	1.58	0.00	O		J 1 0		
							1.33	0.00					
NAME: KAMIYAH		RECIPIENT ID	.: 530001579228	MRN:									
202410	07014872	I1610988		041124	041124	222.58	50.00		172.58	0.	00	0.00	46.00
		SERVICE DATES				BILLED		COPAY					
	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL			ETAIL EOBS		
81 84156		1.00 041124 041124	220224			8.00	4.00	0.00	4	00 9	918		
01 02570		1 00 041124 041124	220224			0 00	4.00 6.00	0.00	6	00 0	Ω10		
81 82570		1.00 041124 041124	∠∠∪∠∠ 1			8.00	2.00	0.00	0	00 9	シ エロ		
							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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	E DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
POS 81	PROC CD 83069	MODIFIERS	SERVICE DATES UNITS FROM THRU 1.00 041124 041124	RENDERING PROVIDER 220224			BILLED AMOUNT 8.00	ALLOWED NON-AlloWED 4.00	COPAY TPL 0.00	PAID	DETAIL 9918		
81	84311		2.00 041124 041124	220224			32.00	4.00 14.00 18.00	0.00 0.00 0.00	14.00	9918		
81	82010		1.00 041124 041124	220224			16.00	0.00 16.00	0.00	0.00	4524		
81	82945		1.00 041124 041124	220224			8.00	4.00	0.00	4.00	9918		
81	82247	59	1.00 041124 041124	220224			8.00	5.00 3.00	0.00	5.00	9918		
81	83986		1.00 041124 041124	220224			7.00	3.00 4.00	0.00	3.00	9918		
81	81007		2.00 041124 041124	220224			120.00	4.00 116.00	0.00	0.00	5900		
81	82043	QW	1.00 041124 041124	220224			7.58	6.00 1.58	0.00	6.00	9918		
NAME:	ALEXIS 20241	WRIGHT .07014886	I1609521	.: 530000255746	MRN: 041124	041124	1,049.12			419.48	0.00	0.00	629.64
DOC	מס מח	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY		די ביים אינים	EODC	
81	PROC CD 87486	MODIFIERS 59	UNITS FROM THRU 1.00 041124 041124	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00 14.00	TPL 0.00 0.00	PAID 28.00	DETAIL 9918	FOR2	
81	87498	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87640	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00 041124 041124	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 041124 041124	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87641	59	1.00 041124 041124	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00 041124 041124	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00 041124 041124	220224			336.00	224.00 112.00	0.00	224.00	9918		
81	87635		1.00 041124 041124	220224			150.00	43.61 106.39	0.00	43.61	9918		
NAME:	ANNA WR 20241	RIGHT .07014905	RECIPIENT ID	.: 530002323867	MRN: 041024	041024	91.54	65.93	3	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

654

		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	RENDERING PROVIDER			BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	EOBS	
81	80053			041024 041024	220224			15.84	12.00 3.84	0.00		9918		
81	83036		1.00	041024 041024	220224			14.00	12.00	0.00	12.00	9918		
81	80061		1.00	041024 041024	220224			20.00	14.00 6.00	0.00	14.00	9918		
81	84443		1.00	041024 041024	220224			25.20	22.93 2.27	0.00	22.93	9918		
81	85027		1.00	041024 041024	220224			12.00	5.00 7.00	0.00	5.00	9918		
81	36415		1.00	041024 041024	220224			4.50	0.00 4.50	0.00	0.00	3323		
NAME:	GRAYSON 20241	WRIGHT 03023714	I160757		.: 530001456364	MRN: 041024	041024	899.12	586.03		313.09	0.00	0.0	586.03
				SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	PROC CD 87486	MODIFIERS 59	UNITS	FROM THRU	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL	PAID	DETAIL 9918	EOBS	
81	0/400	39	1.00	041024 041024	22022 4			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00	041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	041024 041024	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	041024 041024	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87641	59	1.00	041024 041024	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87651	59	1.00	041024 041024	220224			49.86	28.00 21.86	0.00	28.00	9918		
81	87798		8.00	041024 041024	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:	GRAYSON 20241		I160952		.: 530002229592	MRN: 040724	040724	899 12	586.03		313.09	0.00	0.0	586.03
	20211	0,011010		SERVICE DATES	RENDERING	010/21	0 10 / 2 1		ALLOWED		J±J•07	J. 00	0.0	500.05
	PROC CD 87486	MODIFIERS 59	UNITS		PROVIDER				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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	AL]		COPAY AMOUNT A	TPL AMOUNT	PAID AMOUNT
DOG	DDOG GD	MODIETEDO	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY	ה א דר.		D.C.	
81	PROC CD 87498	MODIFIERS 59	UNITS FROM THRU 1.00 040724 040724	PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID 22.00	DETAIL EO	BS	
0.1	0/490	59	1.00 040/24 040/24	22022 4			37.07	15.07	0.00	22.00	9910		
81	87581	59	1.00 040724 040724	220224			42.00	28.00	0.00	28.00	9918		
01	07301	5,7	1.00 010721 010721	220221			12.00	14.00	0.00	20.00	JJ10		
81	87633		1.00 040724 040724	220224			318.05	212.03	0.00	212.03	9918		
01	0,000		1.00 010,21 010,21	220221			310.03	106.02	0.00	212.00	,,,,		
81	87640		1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
~	0,010							15.07	0.00		<i>77</i> - 0		
81	87641	59	1.00 040724 040724	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87651	59	1.00 040724 040724	220224			49.86	28.00	0.00	28.00	9918		
								21.86	0.00				
81	87798		8.00 040724 040724	220224			336.00	224.00	0.00	224.00	9918		
								112.00	0.00				
NAME:	KAYTTIE	E WRIGHT	RECIPIENT ID	0.: 500000820834	MRN:								
	20241	09082157	I1612300		041524	041524	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 EO	BS	
81	87481	59	4.00 041524 041524	220224			168.00	112.00	0.00	112.00	9918		
								56.00	0.00				
81	87640	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87653	59	1.00 041524 041524	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87798		11.00 041524 041524	220224			462.00	308.00	0.00	308.00	9918		
								154.00	0.00				
	_												
NAME:	RORI WR			530001456365	MRN:	0.4.1.0.0.4	222	=0.6.00		0.1.0			-06.00
	20241	03023732	I1607584		041024	041024	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	PAID	DETAIL EO	BS	
81	87486	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	9918		
0.1	05400	F.0	1 00 041004 041004	000004			25 05	14.00	0.00	00.00	0010		
81	87498	59	1.00 041024 041024	220224			37.07	22.00	0.00	22.00	9918		
0.1	07501	Γ0	1 00 041004 041004	220224			40.00	15.07	0.00	00 00	0010		
81	87581	59	1.00 041024 041024	220224			42.00	28.00	0.00	28.00	33TQ		
0.1	07622		1 00 041004 041004	220224			210 05	14.00	0.00	010 00	0010		
81	87633		1.00 041024 041024	220224			318.05	212.03	0.00	212.03	33TQ		
								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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

		ICN	PAT ACCT NO.	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NO ALL		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
				ERING		BILLED	ALLOWED	COPAY				
	PROC CD	MODIFIERS		IDER		AMOUNT	NON-AllowED	TPL	PAID	DETAIL	. EOBS	
81	87640		1.00 041024 041024 2202	24		37.07	22.00	0.00	22.00	9918		
0.1	07641	Γ0	1 00 041004 041004 0000	2.4		27 07	15.07	0.00	22.00	0010		
81	87641	59	1.00 041024 041024 2202	24		37.07	22.00	0.00	22.00	9918		
0.1	07651	ΕO	1 00 041024 041024 2202	2.4		40.06	15.07	0.00	20 00	0010		
81	87651	59	1.00 041024 041024 2202	24		49.86	28.00 21.86	0.00	20.00	9918		
81	87798		8.00 041024 041024 2202	24		336.00	224.00	0.00	224.00	9918		
01	01170		0.00 011021 011021 2202	21		330.00	112.00	0.00	221.00	JJ±0		
NAME:	TSHA WE	RIGHT BOYD	RECIPIENT ID.: 53	0000741767 MRN:								
		102041373	I1603731		021924	1,040.59	586.00		454.59	0.00	0.00	577.00
	-			ERING		BILLED	ALLOWED	COPAY				
POS	PROC CD	MODIFIERS		IDER		AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81	84156		1.00 021924 021924 2202			8.00	4.00	0.00		9918		
							4.00	0.00				
81	82570		1.00 021924 021924 2202	24		8.00	6.00	0.00	6.00	9918		
							2.00	0.00				
81	83069		1.00 021924 021924 2202	24		8.00	4.00	0.00	4.00	9918		
0.4	0.404.4						4.00	0.00		0010		
81	84311		2.00 021924 021924 2202	24		32.00	14.00	0.00	14.00	9918		
0.1	00010		1 00 021024 021024 2202	2.4		16.00	18.00	0.00	0 00	4504		
81	82010		1.00 021924 021924 2202	24		16.00	0.00	0.00	0.00	4524		
81	82945		1.00 021924 021924 2202	2.4		8.00	16.00 4.00	0.00	4 00	9918		
0.1	02343		1.00 021924 021924 2202	2 1		0.00	4.00	0.00	4.00	9910		
81	82247	59	1.00 021924 021924 2202	24		8.00	5.00	0.00	0 00	5472		
01	02217	3,5	1.00 021921 021921 2202	2.1		0.00	3.00	0.00	0.00	3172		
81	83986		1.00 021924 021924 2202	24		7.00	3.00	0.00	3.00	9918		
							4.00	0.00				
81	81007		2.00 021924 021924 2202	24		120.00	4.00	0.00	0.00	5900		
							116.00	0.00				
81	82043	QW	1.00 021924 021924 2202	24		7.58	6.00	0.00	6.00	9918		
							1.58	0.00				
81	80053		1.00 021924 021924 2202	24		15.84	12.00	0.00	12.00	9918		
							3.84	0.00				
81	82607		1.00 021924 021924 2202	24		22.00	17.00	0.00	17.00	9918		
0.1	00206		1 00 001004 001004 0000	0.4		4.4.00	5.00	0.00	00.00	0010		
81	82306		1.00 021924 021924 2202	24		44.00	29.00	0.00	29.00	9918		
0.1	26/15		1 00 001004 001004 0000	2.4		4 50	15.00	0.00	0 00	2202		
81	36415		1.00 021924 021924 2202	4		4.50	0.00 4.50	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

	-ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT			COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	ODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 85049		1.00 021924 021924	220224			9.00	4.00	0.00	4.00	9918		
01 07006		1 00 021024 021024	220224			10 52	5.00	0.00	10 00	0.01.0		
81 87086		1.00 021924 021924	220224			18.53	10.00 8.53	0.00	10.00	9918		
81 87481 59	Ω	4.00 021924 021924	220224			168.00	112.00	0.00	112.00	0010		
01 07401 33	9	4.00 021924 021924	220224			100.00	56.00	0.00	112.00	9910		
81 87640 59	9	1.00 021924 021924	220224			37.07	22.00	0.00	22 00	9918		
01 07010 33		1.00 021921 021921	220221			37.07	15.07	0.00	22.00	2210		
81 87653 59	9	1.00 021924 021924	220224			37.07	22.00	0.00	22.00	9918		
01 07000		1.00 021921 021921				37.07	15.07	0.00	22.00	3310		
81 87798		11.00 021924 021924	220224			462.00	308.00	0.00	308.00	9918		
							154.00	0.00				
NAME: JOHNATHAN	WYATT	RECIPIENT ID	.: 530000606549	MRN:								
20241070	014931	I1609528		032924	032924	704.14	464.00)	240.14	0.00	0.00	464.00
			RENDERING			BILLED	ALLOWED	COPAY				
	ODIFIERS		PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87481 59	9	4.00 032924 032924	220224			168.00	112.00	0.00	112.00	9918		
	_						56.00	0.00				
81 87640 59	9	1.00 032924 032924	220224			37.07	22.00	0.00	22.00	9918		
01 08650 50	2	1 00 020004 020004	000004			25 05	15.07	0.00	00.00	0010		
81 87653 59	9	1.00 032924 032924	220224			37.07	22.00	0.00		9918		
01 07700		11 00 032024 032024	220224			460.00	15.07	0.00		0.01.0		
81 87798		11.00 032924 032924	220224			462.00	308.00 154.00	0.00	308.00	9918		
							134.00	0.00				
NAME: DALLAS WYO	°∩ਜ਼ਸ਼	בהכוסובאת וח	.: 530001524648	MRN:								
20241070		I1609530	. 550001521010		040124	14.00	12.00)	2.00	0.00	0.00	12.00
20211076	011000		RENDERING	010111	010121	BILLED	ALLOWED	COPAY	2.00	0.00	0.0	12.00
POS PROC CD MC	ODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 83036		1.00 040124 040124				14.00	12.00	0.00				
			-				2.00	0.00				
NAME: KEELEY WYI	LIE	RECIPIENT ID	.: 530000378466	MRN:								
20241070	014955	I1609531		040324	040324	704.14	464.00)	240.14	0.00	0.00	464.00
		SERVICE DATES	RENDERING			BILLED	ALLOWED					
POS PROC CD MC	ODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllowED	\mathtt{TPL}	PAID	DETAIL	EOBS	
81 87481 59	9	4.00 040324 040324	220224			168.00	112.00	0.00	112.00	9918		
							56.00	0.00				
81 87640 59	9	1.00 040324 040324	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 083131776
ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

		ICN	PAT ACCT NO.	DENDEDTNA	SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT				'PL IOUNT	PAID AMOUNT
POS 1 81	PROC CD 87653	MODIFIERS 59	SERVICE DATES UNITS FROM THRU 1.00 040324 040324	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	87798		11.00 040324 040324	220224			462.00	308.00 154.00	0.00	308.00	9918		
NAME:	CAROL Y	ARBROUGH	RECIPIENT ID	.: 530000341874	MRN:								
	20241	07014974	I1610990		041224	041224	141.04	102.93		38.11	0.00	0.00	102.93
			SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
		MODIFIERS	UNITS FROM THRU	PROVIDER			AMOUNT	NON-AllOWED	TPL	PAID	DETAIL EOBS	3	
81	80053		1.00 041224 041224	220224			15.84	12.00 3.84	0.00 0.00	12.00	9918		
81	82306		1.00 041224 041224	220224			44.00	29.00 15.00	0.00	29.00	9918		
81	83036		1.00 041224 041224	220224			14.00	12.00	0.00	12.00	9918		
81	80061		1.00 041224 041224	220224			20.00	2.00 14.00	0.00	14.00	9918		
81	84443		1.00 041224 041224	220224			25.20	6.00 22.93	0.00	22.93	9918		
01	01115		1.00 011221 011221	220221			23.20	2.27	0.00	22.75	JJ 10		
81	84439		1.00 041224 041224	220224			13.00	9.00	0.00	9.00	9918		
81	85049		1.00 041224 041224	220224			9.00	4.00 4.00	0.00	4.00	9918		
								5.00	0.00				
NAME:	SOUTHER	N YEAGER	RECIPIENT ID	.: 530002209287	MRN:								
	20241	02048200	I1604945		040824	040824	899.12	586.03		313.09	0.00	0.00	586.03
D00		MODIFIED	SERVICE DATES	RENDERING			BILLED	ALLOWED	COPAY				
	87486	MODIFIERS 59	UNITS FROM THRU 1.00 040824 040824	PROVIDER 220224			AMOUNT 42.00	NON-AllOWED 28.00	TPL 0.00	PAID 28.00	DETAIL EOBS	•	
0.1	0/400	59	1.00 040024 040024	220224			42.00	14.00	0.00	20.00	9910		
81	87498	59	1.00 040824 040824	220224			37.07	22.00	0.00	22.00	9918		
								15.07	0.00				
81	87581	59	1.00 040824 040824	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00 040824 040824	220224			318.05	212.03	0.00	212.03	9918		
81	87640		1.00 040824 040824	220224			37.07	106.02 22.00	0.00	22.00	9918		
OΤ								15.07	0.00				
81	87641	59	1.00 040824 040824	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

659

		ICN	PAT ACC	T NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NC ALI		COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	PROC CD 87651	MODIFIERS 59		SERVICE DATES FROM THRU 040824 040824	PROVIDER			BILLED AMOUNT 49.86	ALLOWED NON-AllOWED 28.00 21.86	COPAY TPL 0.00 0.00	PAID 28.00	DETAIL		
81	87798		8.00	040824 040824	220224			336.00	224.00 112.00	0.00	224.00	9918		
NAME:		YORK 02041406	I160373		D.: 530002092523	MRN: 040524	040524	899.12	586.03		313.09	0.00	0.00	586.03
	PROC CD 87486	MODIFIERS 59		SERVICE DATES FROM THRU 040524 040524	PROVIDER			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	040524 040524	220224			37.07	22.00 15.07	0.00	22.00	9918		
81	87581	59	1.00	040524 040524	220224			42.00	28.00 14.00	0.00	28.00	9918		
81	87633		1.00	040524 040524	220224			318.05	212.03 106.02	0.00	212.03	9918		
81	87640		1.00	040524 040524	220224			37.07	22.00	0.00	22.00	9918		
81	87641	59	1.00	040524 040524	220224			37.07	15.07 22.00	0.00	22.00	9918		
81	87651	59	1.00	040524 040524	220224			49.86	15.07 28.00	0.00	28.00	9918		
81	87798		8.00	040524 040524	220224			336.00	21.86 224.00 112.00	0.00 0.00 0.00	224.00	9918		
NAME:	DAYLAN 20241	YOUNG 07014998	I160953	9	D.: 530002155858	MRN: 040624	040624	899.12			313.09	0.00	0.00	586.03
DOG E	מפתב כה	MODIFIERS	UNITS	SERVICE DATES FROM THRU				BILLED AMOUNT	ALLOWED NON-AlloWED	COPAY TPL	PAID	DETAIL	FODC	
	87486			040624 040624				42.00	28.00	0.00			EODO	
81	87498	59	1.00	040624 040624	220224			37.07	14.00 22.00	0.00	22.00	9918		
81	87581	59	1.00	040624 040624	220224			42.00	15.07 28.00	0.00	28.00	9918		
81	87633		1.00	040624 040624	220224			318.05	14.00 212.03	0.00	212.03	9918		
81	87640		1.00	040624 040624	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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

660

	ICN	PAT ACCT NO.		SERVICE FROM	DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	NOI ALL(COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
DOG DDOG GD	MODIFIEDC		RENDERING			BILLED	ALLOWED	COPAY	חזידה		EODC	
POS PROC CD 81 87641	MODIFIERS 59		PROVIDER 220224			AMOUNT 37.07	NON-AllOWED 22.00	TPL 0.00	PAID	DETAIL 9918	FORS	
01 0/041	39	1.00 040024 040024 22	120221			37.07	15.07	0.00	22.00	9910		
81 87651	59	1.00 040624 040624 22	20224			49.86	28.00	0.00	28.00	9918		
01 07001	3,5	1.00 010021 010021 2.				19.00	21.86	0.00	20.00	J J I U		
81 87798		8.00 040624 040624 22	20224			336.00	224.00	0.00	224.00	9918		
							112.00	0.00				
NAME: JAMEISH	IA YOUNG	RECIPIENT ID.:	530000705060	MRN:								
20241	107015013	I1609540		040324	040324	1,049.12	629.64	4	419.48	0.00	0.00	629.64
			RENDERING			BILLED	ALLOWED	COPAY				
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-AllowED	TPL	PAID	DETAIL	EOBS	
81 87635		1.00 040324 040324 22	20224			150.00	43.61	0.00	43.61	9918		
01 07406	ГО	1 00 040204 040204 04	100004			40.00	106.39	0.00	20.00	0010		
81 87486	59	1.00 040324 040324 22	220224			42.00	28.00 14.00	0.00 0.00	28.00	9918		
81 87498	59	1.00 040324 040324 22	20224			37.07	22.00	0.00	22 00	9918		
01 07470	3,7	1.00 040324 040324 22	120224			37.07	15.07	0.00	22.00	JJ±0		
81 87581	59	1.00 040324 040324 22	220224			42.00	28.00	0.00	28.00	9918		
							14.00	0.00				
81 87633		1.00 040324 040324 22	220224			318.05	212.03	0.00	212.03	9918		
							106.02	0.00				
81 87640		1.00 040324 040324 22	220224			37.07	22.00	0.00	22.00	9918		
							15.07	0.00				
81 87641	59	1.00 040324 040324 22	20224			37.07	22.00	0.00	22.00	9918		
01 07651	ГО	1 00 040204 040204 04	100004			40.06	15.07	0.00	20.00	0010		
81 87651	59	1.00 040324 040324 22	320224			49.86	28.00 21.86	0.00 0.00	28.00	9918		
81 87798		8.00 040324 040324 22	200224			336.00	224.00	0.00	224.00	9918		
01 07790		0.00 010321 010321 22	120221			330.00	112.00	0.00	221.00	JJ±0		
NTN NATIO - 12 N T T T O - 1	ZOTING		F20000000000000	MIDNI •								
NAME: KAIUS Y	OUNG L07015029	RECIPIENT ID.: 11609542		MRN: 040124	040124	10 00	15.00		3.00	0.00	0.00	15.00
20241	LO / OTOUZO	SERVICE DATES RI		OHULZH	040124	BILLED	ALLOWED	COPAY	3.00	0.00	0.00	15.00
POS PROC CD	MODIFIERS		PROVIDER			AMOUNT	NON-Allowed	TPL	PAID	DETAIL	EOBS	
81 83655	11001111110	1.00 040124 040124 22				18.00	15.00	0.00	15.00		2020	
3= 22300							3.00	0.00		- -		
TC	OTAL CMS 1500	CLAIMS PAID:				849,590.34			249.19	0.00	5,717.45	489,820.64

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 661

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

		ICN	PAT ACCT	NO.	SERVICE FROM		BILLED AMOUNT	COP	AY	TPL AMOUNT
	2024	ADAMS 4102042351 0513 9990	I1603281	RECIPIENT ID.: 530002214508	040524			.12	0.00	0.00
POS 81 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224	B A	BILLED MOUNT 150 42 37 42 318 37 49 336	COPAY .00 0.00 .00 0.00 .07 0.00 .05 0.00 .07 0.00 .07 0.00 .07 0.00 .086 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990		
NAME:	MIA NICO 2024 I16078		I1607873		040124			.16	0.00	0.00
POS 81 81 81 81 81			UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224	B A	BILLED MOUNT 15 44 9 13 40 12 4	COPAY .84 0.00 .00 0.00 .71 0.00 .11 0.00 .00 0.00 .00 0.00	DETAIL EOBS 4028 4028 4028 4028 4028 4028 4028 3323		
NAME:		4107014821	I1607874	RECIPIENT ID.: 530001331785	MRN: 040124	040124	23	.00	0.00	0.00
POS 81 81		MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224	B A	BILLED MOUNT 8 15	COPAY .00 0.00 .00 0.00	DETAIL EOBS 4028 4028		
NAME:		RA ALEXANDER 4103023893 209	I1605209	RECIPIENT ID.: 530001298276	MRN: 020924	020924	899	.12	0.00	0.00
POS 81		MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020924 020924 220224			COPAY .00 0.00	DETAIL EOBS 2504 4021 4244		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

SERVICE DATES BILLED

 \mathtt{TPL}

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

		1011	PAI ACCI	NO.		TE DAIES	DITITED	gor	7.37	T P LI
					FROM	THRU	AMOUNT	COP	'ΑΥ	AMOUNT
				SERVICE DATES RENDERING		BTTTED				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87498	59	1.00	020924 020924 220224		37	.07 0.00	2504 4021 4244	:	
81	87640	59	1.00	020924 020924 220224		37	.07 0.00	2504 4021 4244	:	
81	87581	59	1.00	020924 020924 220224		42	.00 0.00	2504 4021 4244	•	
81	87633		1.00	020924 020924 220224		318	.05 0.00	2504 4021 4244		
81	87641	59	1.00	020921 020921 220221		37	07 0 00	2504 4021 4244		
81	87651		1.00	020021 020021 220221		40	96 0 00	2501 1021 1211	•	
81	87798	39	2.00	020924 020924 220224		226		2504 4021 4244	•	
0.1	01190		8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224		330	.00 0.00	2504 4244		
373347	7 T T T T T T T T T T T T T T T T T T T									
NAME:				RECIPIENT ID.: 530001298276	MRN:		000	1.0	0 00	0.00
		109081977						.12		0.00
	I16127	793								
				SERVICE DATES RENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER		TRUOMA	COPAY	DETAIL EOBS		
81	87486	59 59 59 59	1.00	020924 020924 220224		42	.00 0.00	2504 4021 4244	:	
81	87498	59	1.00	020924 020924 220224		37	.07 0.00	2504 4021 4244	:	
81	87640	59	1.00	020924 020924 220224		37	.07 0.00	2504 4021 4244	:	
81	87581	59	1.00	020924 020924 220224		42	.00 0.00	2504 4021 4244	•	
81	87633		1 00	020921 020921 220221		318	05 0 00	2504 4021 4244		
81	87641	E 0	1 00	020021 020021 220221		27	0.05 0.00	2501 1021 1211	•	
		59	1.00	020924 020924 220224		3 /	.07 0.00	2504 4021 4244		
81	87651	59 59	1.00 1.00 1.00 8.00	020924 020924 220224		49	.86 0.00	2504 4021 4244	:	
81	87798		8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224 020924 020924 220224		336	.00 0.00	2504 4244		
373347	TT3T3T3 33	IDED COM		DEGEDERATE TD . F20000410000						
NAME:	JENNA AN	NDERSON		RECIPIENT ID.: 530002412220						
	2024	1103023951	11605235		040524	4 040524	: 15	.17	0.00	0.00
	I16052	235								
				SERVICE DATES RENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87081		1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224		15	.17 0.00	2504		
NAME:	J KEAL A	ARMSTEAD		RECIPIENT ID.: 530001232603	MRN:					
	2024	103023968	I1605250		040224	4 040224	304	.25	0.00	0.00
	I16052	250								
HEADEI		0513 9990								
111111111111111111111111111111111111111	it hobb.	0313 3330		SERVICE DATES RENDERING		BILLED				
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
		MODIFIERS								
81	86003		12.00				.00 0.00	9990		
81	86003		23.00	040224 040224 220224			.25 0.00	9990		
81	82785	LC	1.00	040224 040224 220224		33	.00 0.00	9990		
										
NAME:	J KEAL A			RECIPIENT ID.: 530001232603	MRN:					
		1103023974	I1605251		040224	4 040224	125	.51	0.00	0.00
	I16052									
HEADE	R EOBS:	0513 9990								

--ICN--

PAT ACCT NO.

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 663

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD SUITE 138

3524808

CRA-PRDN-R

BIRMINGHAM, AL 35235-2718

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

		ICN	PAT ACCT	NO.	SERVIC FROM	E DATES THRU	BILLED	COPA	١V	TPL AMOUNT
POS 81 81	86008	MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224 040224 040224 220224		BILLED AMOUNT	COPAY	DETAIL EOBS 9990 9990	7 I	AMOUNT
	2024 I16113	1109082019	I1611338	RECIPIENT ID.: 530001232603	MRN: 040224	040224	304	. 25	0.00	0.00
POS	PROC CD	MODIFIERS	UNITS 12.00 23.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224 040224 040224 220224 040224 040224 220224		AMOUNT	COPAY .00 0.00 .25 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990		
	2024 I16113	1109082026	I1611339	RECIPIENT ID.: 530001232603	MRN: 040224	040224	125	.51	0.00	0.00
POS 81 81	86008	MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 040224 040224 220224 040224 040224 220224		AMOUNT	COPAY .79 0.00 .72 0.00	DETAIL EOBS 9990 9990		
NAME:	SHANTEL 2024 I16052	BAILEY 1103024039 282	I1605282	RECIPIENT ID.: 530000719595		020524	391	.88	0.00	0.00
POS 81 81 81 81 81			UNITS 1.00 1.00 2.00 1.00 1.00 3.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224		BILLED AMOUNT 49 42 99 42 32 126	COPAY .86 0.00 .00 0.00 .72 0.00 .00 0.00 .30 0.00	DETAIL EOBS 2504 4244 4524 2504 4244 4524 2504 4244 4524 2504 4244 2504 4244	4580 4580	
NAME:		107015059	I1607922	RECIPIENT ID.: 530002062042	MRN: 032924	032924	124	.16	0.00	0.00
POS 81	PROC CD 87491	MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032924 032924 220224		BILLED AMOUNT 49	COPAY .86 0.00	DETAIL EOBS 2504		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

664

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

		ICN	PAT ACCT			CE DATES	S BILLED	CC)DAV	TPL AMOUNT
POS 81 81	PROC CD 87591 87661	MODIFIERS 59	UNITS 1.00 1.00	SERVICE DATES RENDERING	ricori	BILLED AMOUNT	COPAY 12.00 0.00 32.30 0.00	DETAIL EOBS 2504 2504) AI	APOUNT
NAME:	JORGE B 202 I1600	ARRON 4099021850 220	I1600220	RECIPIENT ID.: 530000935205				99.12	0.00	0.00
POS 81 81 81 81 81 81	87486 87498 87581 87633 87640 87641 87651	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	FROM THRU PROVIDER 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224		BILLED AMOUNT	COPAY 12.00 0.00 37.07 0.00 12.00 0.00 18.05 0.00 37.07 0.00 37.07 0.00 19.86 0.00 36.00 0.00	DETAIL EOBS 2003 2003 2003 2003 2003 2003 2003 200		
NAME:	LYNN BA 202 I1600	221		RECIPIENT ID.: 530001811049			24 1	74.33	0.00	33.09
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032524 032524 220224		BILLED AMOUNT 1	COPAY 74.33 0.00	DETAIL EOBS 2502 4021 424	14	
	LEGION 202 I1605	4103024157	I1605312	RECIPIENT ID.: 530001107761	02212	4 02212	24 2	22.58	0.00	0.00
POS 81 81 81 81 81 81 81 81	84156	MODIFIERS 59 QW BATES	UNITS 1.00 1.00 2.00 1.00 1.00 1.00 2.00 1.00	FROM THRU PROVIDER 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 RECIPIENT ID.: 500001251541	MRN:	AMOUNT	COPAY 8.00 0.00 8.00 0.00 8.00 0.00 32.00 0.00 8.00 0.00 8.00 0.00 7.00 0.00 7.58 0.00	4524 2504 2504 2504 2504		
147.31.117.		4102043577	I1604289	THE THE TOUR SUCCESSION		4 04052	24	18.50	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 665

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED	CO	DλV	TPL
POS PROC 81 8303 81 3641	CD MODIFIERS 6 5	UNITS 1.00 1.00	SERVICE DATES RENDERING	BILLED AMOUNT COPAY 14.00 0.00 4.50 0.00	DETAIL EOBS 2502 3323	PAI	AMOUNT
NAME: SHETI 2 I16	11381				0.00	0.00	0.00
POS PROC 81 8446	CD MODIFIERS 6 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224	BILLED AMOUNT COPAY 40.00 0.00	DETAIL EOBS 5930		
NAME: BILLI 2 I16	E BERNAL 024099021926 00272	I1600272	RECIPIENT ID.: 530002044802	MRN: 031924 031924 137	7.19	0.00	73.68
HEADER EOBS	: 1081 1091 9						
POS PROC 81 8005 81 8300 81 8303 81 8444 81 8443 81 3641 81 8504	CD MODIFIERS 3 2 1 6 3 9 5	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224 031924 031924 220224	BILLED AMOUNT COPAY 15.84 0.00 27.78 0.00 27.87 0.00 14.00 0.00 25.20 0.00 13.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 3323 9990		
NAME: BILLI 2 I16	E BERNAL 024099021941	I1600273	RECIPIENT ID.: 530002044802	MRN: 031924 031924 60		0.00	18.23
	: 1081 1091 9						
POS PROC 81 8267	CD MODIFIERS 2 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224	AMOUNT COPAY 60.00 0.00	DETAIL EOBS 3324		
2	LEE BLANTON 024103024209 05358	I1605358	RECIPIENT ID.: 530000904541		0.12	0.00	0.00
POS PROC 81 8748 81 8749	6 59	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040824 040824 220224 040824 040824 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00	DETAIL EOBS 2504 2504		

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 083131776 ISSUE DATE 04/19/2024

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL
POS 81 81 81 81 81	PROC CD 87581 87633 87640 87641 87651 87798	59	UNITS 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 2504 318.05 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 49.86 0.00 2504 336.00 0.00 2504	AMOUNI
	2024	BOLDEN 4103024222 367	I1605367	RECIPIENT ID.: 530000012091	MRN: 032624 032624 47.00	0.00
			UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021	
NAME:	TRENTON 2024 I16113	BOLDEN 4109082154 398	I1611398	RECIPIENT ID.: 530000012091	MRN: 032624 032624 47.00	0.00
POS 81	PROC CD 85060		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224	BILLED AMOUNT COPAY DETAIL EOBS 47.00 0.00 4021	
	2024	BONE 4103024249 373	I1605373		031124 031124 547.12	0.00
POS	PROC CD	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 2504 42.00 0.00 2504 318.05 0.00 2504 150.00 0.00 2504	
NAME:		1107015367		RECIPIENT ID.: 530000135880		0.00
POS 81		MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 5911	
NAME:	KEANNA 1 2024 116080	1107015443	I1608016	RECIPIENT ID.: 530000965104	MRN: 032824 032824 40.50	0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

220224

PAYEE ID

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	(COPAY	TPL AMOUNT
POS 81 81	PROC CD 87389 36415	MODIFIERS 59 59	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224	BILLED AMOUNT COPAY 36.00 0.00 4.50 0.00	DETAIL EOBS 4244 3323		
	2024 I16080	107015455)17	I1608017		032824 032824			0.00
POS 81	PROC CD 86592	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224	BILLED AMOUNT COPAY 7.00 0.00	DETAIL EOBS 4244 4524 45	580	
NAME:	KELSON E 2024 I16103	BROWN 107015478 189	I1610389	RECIPIENT ID.: 530000145229	MRN: 041224 041224 1,04	9.12	0.00	0.00
HEADE			990					
POS 81 81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641 87651 87798 87635 MADISON 2024	MODIFIERS 59 59 59 59 59 59 BROWN	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 041224 041224 220224 RECIPIENT ID.: 530000272787				0.00
POS 81 81 81 81 81 81 81	I16054	134		SERVICE DATES RENDERING				

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT C	OPAY	TPL AMOUNT
NAME:	RILEY BROWN 2024103024456	I1605436	RECIPIENT ID.: 530000628431 SERVICE DATES RENDERING		0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	FROM THRU PROVIDER 031524 031524 220224	031524 031524 49.86 BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504		
	I1605440		RECIPIENT ID.: 530001161926		0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 013024 013024 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504		
NAME:	KIMBERLY BRUCE 2024099022020 I1600414	I1600414	RECIPIENT ID.: 530000385247	MRN: 031824 031824 195.66	0.00	0.00
HEADE	R EOBS: 1081 1091 9	990	GEDVICE DAMES DENDEDING	DILLED		
81 81 81 81 81 81 81	PROC CD MODIFIERS 80053 85049 82607 82746 82306 83540 83550 82728 80061	1.00	031824 031824 220224 031824 031824 220224	20.00 0.00 9990		
NAME •	2024099022040 I1600415	I1600415	RECIPIENT ID.: 530000385247	031824 031824 29.70	0.00	0.00
HEADE!	R EOBS: 1081 1091 9	990	SERVICE DATES RENDERING	BILLED		
POS 81 81	PROC CD MODIFIERS 84443 36415	UNITS 1.00 1.00	FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224	AMOUNT COPAY DETAIL EOBS 25.20 0.00 9990 4.50 0.00 3323		
	IKERRIA BUTLER 2024102042650 I1603329 R EOBS: 0513 9990	I1603329	RECIPIENT ID.: 530000892294	MRN: 022124 022124 13.50	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 669

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

POS PROC CD MODIFIERS UNITS SERVICE DATES RENDERING SILLED SERVICE DATES RENDERING SILLED SERVICE DATES RENDERING SERVICE DATES			ICN	PAT ACCT		FROM	E DATES THRU	BILLED AMOUNT	(COPAY	TPL AMOUNT
Table Tabl	POS 81 81	PROC CD 36415 85049	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER	E P	BILLED AMOUNT	COPAY	DETAIL EOBS		
POS PROC CD MODIFIERS UNITS 1.00 022124 022124 220224 4.50 0.00 3323 323 323 324 324 320124 320124 4.50 0.00 3323 323 323 323 324 320124 320124 320124 4.50 0.00 3323 323		2024 I16114	109082276 46	I1611446	RECIPIENT ID.: 530000892294	MRN: 022124	022124		13.50	0.00	0.00
POS	HEADE	R EOBS:	0513 9990			_					
T1605492 SERVICE DATES RENDERING BILLED SERVICE DATES RENDERING BILLED COPAY DETAIL EOBS DETAIL EO					FROM THRU PROVIDER	P	TNUOMA	COPAY .50 0.00	DETAIL EOBS 3323 9990		
T1605492 SERVICE DATES RENDERING BILLED SERVICE DATES RENDERING BILLED COPAY DETAIL EOBS DETAIL EO	NAME:	T.AWSON C	$\nabla \Delta W \cap T \cdot T \Delta$		PECIDIENT ID : 530001020939	MRN:					
POS	NAME •			I1605492	RECITIENT ID 330001020333	012524	012524	8	99.12	0.00	0.00
81 87486 59 1.00 012524 012524 220224 42.00 0.00 2504 81 87498 59 1.00 012524 012524 220224 37.07 0.00 2504 81 87633 1.00 012524 012524 220224 42.00 0.00 2504 81 87633 1.00 012524 012524 220224 318.05 0.00 2504 81 87641 59 1.00 012524 012524 220224 37.07 0.00 2504 81 87651 59 1.00 012524 012524 220224 49.86 0.00 2504 81 87798 8.00 012524 012524 220224 49.86 0.00 2504 81 87798 8.00 012524 012524 220224 49.86 0.00 2504 81 87798 8.00 012524 012524 220224 37.07 0.00 2504 81 87798 8.00 012524 012524 220224 37.07 0.00 2504 81 87798 8.00 012524 012524 220224 37.07 0.00 2504 81 87481 59 4.00 012524 012524 220224 37.07 0.00 2504 81 87481 59 4.00 0131324 031324 220224 168.00 0.00 2504 81 87653 59 1.00 031324 031324 220224 168.00 0.00 2504 81 87653 59 1.00 031324 031324 220224 168.00 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87698 81 81605528 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 81					SERVICE DATES RENDERING	E	BILLED				
NAME: CHARLIE CAMPBELL			MODIFIERS	UNITS	FROM THRU PROVIDER	P	TUUOMA	COPAY	DETAIL EOBS		
NAME: CHARLIE CAMPBELL			59	1.00	012524 012524 220224		42	.00 0.00	2504		
NAME: CHARLIE CAMPBELL			59	1.00	012524 012524 220224		37	.07 0.00	2504		
NAME: CHARLIE CAMPBELL			59	1.00	012524 012524 220224		42	.00 0.00	2504		
NAME: CHARLIE CAMPBELL				1.00	012524 012524 220224		318	.05 0.00	2504		
NAME: CHARLIE CAMPBELL		87640	Γ0	1.00	012524 012524 220224		37	.07 0.00	2504		
NAME: CHARLIE CAMPBELL			59 50	1.00	012524 012524 220224		3 / 4 Q	.07 0.00	2504 2504		
NAME: CHARLIE CAMPBELL 2024103024594 11605506			59	2.00	012524 012524 220224		336	0.00	2504 2504		
2024103024594	01	07750		0.00	012324 012324 220224		330	.00 0.00	2504		
2024103024594	NAME:	CHARLIE	CAMPBELL		RECIPIENT ID.: 530001469553	MRN:					
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS 81 87481 59 4.00 031324 031324 220224 168.00 0.00 2504 81 87640 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 462.00 0.00 2504 81 87798 2024103024658 11605528 RECIPIENT ID.: 530001807535 MRN: 2024103024658 11605528 SERVICE DATES RENDERING BILLED POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS		2024	103024594	I1605506		031324	031324	7	04.14	0.00	0.00
81 87481 59 4.00 031324 031324 220224 168.00 0.00 2504 81 87640 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 462.00 0.00 2504 NAME: JEFFREY CARR RECIPIENT ID.: 530001807535 MRN:											
81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 462.00 0.00 2504 NAME: JEFFREY CARR RECIPIENT ID.: 530001807535 MRN:			MODIFIERS	UNITS	FROM THRU PROVIDER	P	TNUOMA	COPAY	DETAIL EOBS		
81 87653 59 1.00 031324 031324 220224 37.07 0.00 2504 81 87798 11.00 031324 031324 220224 462.00 0.00 2504 NAME: JEFFREY CARR RECIPIENT ID.: 530001807535 MRN:			59	4.00	031324 031324 220224		168	.00 0.00	2504		
81 87798 11.00 031324 031324 220224 462.00 0.00 2504 NAME: JEFFREY CARR RECIPIENT ID.: 530001807535 MRN:			59	1.00	031324 031324 220224		37	.07 0.00	2504		
NAME: JEFFREY CARR RECIPIENT ID.: 530001807535 MRN:			59								
2024103024658 I1605528 010924 010924 141.04 0.00 0.00 I1605528 SERVICE DATES RENDERING BILLED POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS	81	87798		11.00	031324 031324 220224		462	.00 0.00	2504		
POS PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS	NAME:	2024	103024658	I1605528			010924	1	41.04	0.00	0.00
			MODIFIERS		FROM THRU PROVIDER		TNUOMA				

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

1930 EDWARDS LAKE ROAD NPI ID 1598266	0224
	5421
SUITE 138 CHECK/EFT NUMBER 083131	L776
BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2	2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81	PROC CD MODIFIERS 80053 82306 80061 84443 85049	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010924 010924 220224 010924 010924 220224 010924 010924 220224 010924 010924 220224 010924 010924 220224	BILLED AMOUNT COPAY 15.84 0.00 44.00 0.00 20.00 0.00 25.20 0.00 9.00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244	AMOUNT
	11605540		RECIPIENT ID.: 530002075634			0.00
POS 81	PROC CD MODIFIERS 83655	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224	BILLED AMOUNT COPAY 18.00 0.00	DETAIL EOBS 5000	
NAME:	CHARLOTTE CHATHAM 2024103024792 I1605563	I1605563	RECIPIENT ID.: 530001818852	031224 031224 89	9.16 0.00	0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 80053 83540 83550 83036 80061 85027 36415		031224 031224 220224 031224 220224		DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 3323	
NAME:	CONNIE COOK 2024103024953 I1605638	I1605638	RECIPIENT ID.: 530001729127		7.36 0.00	0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 80053 83540 83550 80061 84443 36415 85049		SERVICE DATES RENDERING FROM THRU PROVIDER 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224	BILLED AMOUNT COPAY 15.84 0.00 9.71 0.00 13.11 0.00 20.00 0.00 25.20 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 2502 4021 4244 3323 2502 4021 4244	
	A JOURNII COOKS 2024103024976 I1605642 R EOBS: 0513 9990	I1605642	RECIPIENT ID.: 530001449147	MRN: 011224 011224 1,454	4.33 0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 671

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT: CRA-PRDN-R

HEADER EOBS: 0513 9990

RA#:

81 81 81 81 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798 87481 87640 87653 87798 87641	ICN MODIFIERS 59 59 59 59 59 59 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224	SERVICE DATE FROM THRU BILLED AMOUNT 1		DETAIL EC 9990 9990 9990 9990 9990 9990 9990 99		TPL AMOUNT
NAME: A	2024	109082465		RECIPIENT ID.: 530001449147	MRN: 011224 0112			0.00	0.00
מים ע אים נו	I16114	.96 0513 9990							
READER	FODS.	0513 9990		SERVICE DATES RENDERING	חק.ד.ד.				
POS I	PROC CD	MODIFIERS	UNITS	FROM THRII PROVIDER	AMOUNT	COPAY	DETAIL E	OBS	
	87635	110211 12118	1.00	011224 011224 220224	1	50.00 0.00	9990	325	
81	87486	59		011224 011224 220224		42.00 0.00	9990		
81	87498	59 59	1.00	011224 011224 220224		37.07 0.00	9990		
81	87581	59	1.00	011224 011224 220224		42.00 0.00	9990		
81	87633		1.00	011224 011224 220224	3	18.05 0.00	9990		
81	87640		1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224 011224 011224 220224		37.07 0.00	9990		
81	87641	59	1.00	011224 011224 220224		37.07 0.00	9990		
81	87651	59	1.00	011224 011224 220224		49.86 0.00	9990		
81	87798		8.00	011224 011224 220224	3	36.00 0.00	9990		
81	87481	59	1.00	011224 011224 220224		42.00 0.00	9990		
81	87640	59	1.00	011224 011224 220224		37.07 0.00	9990		
81	87653	59	1.00	011224 011224 220224		37.07 0.00	9990		
81	87798	59	6.00	0===== 0=====	_	0=:00 0:00			
81	87641	59	1.00	011224 011224 220224		37.07 0.00	9990		
NAME: A		I COPELAND 102042730	I1603348	RECIPIENT ID.: 530000672406	MRN: 020124 0201	24	19.86	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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

RA#:

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS PROC 81 8765	CD MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020124 020124 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 9990	
2 I16	024109082475	I1611499	RECIPIENT ID.: 530000672406	MRN: 020124 020124 49.	.86 0.00	0.00
		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020124 020124 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 9990	
NAME: KYLIE 2 I16		I1605652	RECIPIENT ID.: 530001563987	MRN: 020524 020524 881.	.59 0.00	0.00
POS PROC 81 8779 81 8748 81 8749 81 8751 81 8759 81 8765 81 8766 81 8766	CD MODIFIERS 8 59 1 59 1 59 1 59 9 59 1 59 3 59 1 59 3 59 1 59 3 59	9.00 2.00 1.00 2.00 1.00 2.00 1.00 1.00	020524 020524 220224 020524 020524 220224	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 2504 2504 2504 2504 2504 2504 2504 2504	
NAME: KYLIE 2 I16	024109082482	I1611500	RECIPIENT ID.: 530001563987	MRN: 020524 020524 881.	.59 0.00	0.00
	CD MODIFIERS 8 59 1 59 1 59 1 59 9 59 1 59 3 59 1 59	UNITS 9.00 2.00 1.00 1.00 2.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224	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	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

PAYEE ID

ISSUE DATE

CHECK/EFT NUMBER

NPI ID

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

				NO.	FROM	CE DATES THRU	BILLED AMOUNT		COPAY	TPL AMOUNT
	PROC CD MOD 87640 59	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224		BILLED AMOUNT 37	COPAY	DETAIL 2504	EOBS	
NAME:	MADDISON CRA 20241070 I1610430			RECIPIENT ID.: 530000481047	MRN: 01302	4 013024	. 104	4.04	0.00	0.00
POS 81 81 81 81	PROC CD MOD 80053 82306 84443 84436 59 85049	DIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 013024 013024 220224 013024 013024 220224 013024 013024 220224 013024 013024 220224 013024 013024 220224		TMITOMA	COPAY 0.84 0.00 0.00 0.00 0.20 0.00 0.00 0.00	DETAIL: 4028 4028 4028 4028 4028	EOBS	
	SUSAN CRAIG 20241030 I1605674	25080		RECIPIENT ID.: 500000921152			. 1!	5.84	0.00	0.00
	PROC CD MOD 80053	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012624 012624 220224		BILLED AMOUNT 15	COPAY 5.84 0.00	DETAIL :	EOBS	
NAME:	SUSAN CRAIG 20241030 I1605675	25104	I1605675		02052		: 32	2.84	0.00	0.00
POS 81 81 81	PROC CD MOD 80053 84100 82550	DIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224		TMITOMA	COPAY 5.84 0.00 5.00 0.00	DETAIL : 2502 2502	EOBS	
NAME:	SUSAN CRAIG 20241030 I1605676)25112	I1605676	RECIPIENT ID.: 500000921152	MRN: 03012	4 030124	. 22	2.50	0.00	0.00
POS 81 81 81		DIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030124 030124 220224 030124 030124 220224 030124 030124 220224		14	COPAY 00 0.00 00 0.00 50 0.00	DETAIL : 2502 2502 3323	EOBS	
NAME:	SUSAN CRAIG 20241030 11605677)25116	I1605677	RECIPIENT ID.: 500000921152	MRN: 03012	4 030124	: 88	3.00	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 674

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIERS 86140 84134	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030124 030124 220224 030124 030124 220224	BILLED AMOUNT COPAY 15.00 0.00 73.00 0.00	DETAIL EOBS 2502 2502	11100111
NAME:	SUSAN CRAIG 2024103025121 I1605678	I1605678	RECIPIENT ID.: 500000921152	MRN: 032824 032824 8	3.50 0.00	0.00
POS 81 81	PROC CD MODIFIERS 85652 36415	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224	AMOUNT COPAY	DETAIL EOBS 1831 3323	
NAME:	SUSAN CRAIG 2024103025126 I1605679	I1605679	RECIPIENT ID.: 500000921152	MRN: 032824 032824 88	3.00 0.00	0.00
POS 81 81		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224	BILLED AMOUNT COPAY 15.00 0.00 73.00 0.00	DETAIL EOBS 1831 1831	
NAME:	WILLIAM CREECH 2024103025128 I1605681	I1605681	RECIPIENT ID.: 500000554992	MRN: 120723 120723 18	3.53 0.00	0.00
POS 81	PROC CD MODIFIERS	UNTTS	SERVICE DATES RENDERING FROM THRU PROVIDER 120723 120723 220224	AMOUNT COPAY	DETAIL EOBS 2502	
NAME:	LANDON CRIDER 2024102042732 I1603354	I1603354	RECIPIENT ID.: 530000501491	MRN: 061223 061223 33	3.00 0.00	0.00
POS 81	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 061223 061223 220224	AMOUNT COPAY	DETAIL EOBS 2504	
NAME:	LANDON CRIDER 2024102049489 I1604725	I1604725	RECIPIENT ID.: 530000501491	MRN: 061223 061223 4	1.50 0.00	0.00
POS 81	PROC CD MODIFIERS 36415	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 061223 061223 220224	BILLED AMOUNT COPAY 4.50 0.00	DETAIL EOBS 3323	
NAME:	TONYA DAWSON 2024107012419 I1608257	I1608257	RECIPIENT ID.: 530001385647	MRN: 020124 020124 25	5.20 0.00	0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS LAKE ROAD

RA#:

PAYEE ID NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81	PROC CD MODIFIERS 84443	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020124 020124 220224	BILLED AMOUNT COPAY 25.20 0.00	DETAIL EOBS 2502 4021 4244	ANOUNT
NAME:	BRANDY DEKLE 2024102042842 I1603369	I1603369	RECIPIENT ID.: 530001151252		.97 0.00	0.00
POS 81 81 81 81 81 81 81	PROC CD MODIFIERS 80053 83540 83550 83036 83735 80061 84443 84439 85049	UNITS 1.00 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 040424 040424 220224 040424 040424 220224	BILLED AMOUNT COPAY 15.84 0.00 9.71 0.00 13.11 0.00 14.00 0.00 13.11 0.00 20.00 0.00 25.20 0.00 13.00 0.00 9.00 0.00	DETAIL EOBS 2003 2003 2003 2003 2003 2003 2003 200	
NAME:	JOHN DENTON 2024103025289 I1605761	I1605761	RECIPIENT ID.: 530002213842	MRN: 031124 031124 150	.00 0.00	0.00
			031124 031124 220224	AMOUNT COPAY 150.00 0.00	DETAIL EOBS 5000	
NAME:	KAYSON DENTON 2024103025291 I1605762	I1605762	RECIPIENT ID.: 530001674512		.00 0.00	0.00
POS 81	PROC CD MODIFIERS 87635	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224	BILLED AMOUNT COPAY 150.00 0.00	DETAIL EOBS 5000	
NAME:	ANGELA DESSELLE 2024103025359 I1605767	I1605767	RECIPIENT ID.: 500000929972	MRN: 031924 031924 12	.00 0.00	0.00
POS 81	PROC CD MODIFIERS 80076	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224	BILLED AMOUNT COPAY 12.00 0.00	DETAIL EOBS 2502	
NAME:	KIMBERLY DICKEY 2024109082547 I1611551	I1611551	RECIPIENT ID.: 530001050084	MRN: 031824 031824 40	.00 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 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

	ICN	PAT ACCT N		SERVICE DATES BILLED FROM THRU AMOUNT COE	PAY A	TPL MOUNT
POS 81	PROC CD MODIFIERS 86038 90	UNITS 1.00		BILLED AMOUNT COPAY DETAIL EOBS		
	JAKE DYAR 2024103025470 I1605812		RECIPIENT ID.: 530000436194		0.00	0.00
POS 81	PROC CD MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
	2024103025475 I1605814	I1605814		031224 031224 49.86	0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
NAME:	WATRAVIA EATON 2024103025482 I1605816	I1605816	RECIPIENT ID.: 530000828828	020624 020624 52.50	0.00	0.00
POS 81 81 81		UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020624 020624 220224 020624 020624 220224 020624 020624 220224	BILLED AMOUNT COPAY DETAIL EOBS 36.00 0.00 5000 12.00 0.00 5000 5488 4.50 0.00 3323		
		I1605817	RECIPIENT ID.: 530000828828	MRN: 020624 020624 258.14	0.00	0.00
POS 81 81		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020624 020624 220224 020624 020624 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 5930 174.33 0.00 5930		
NAME:	WATRAVIA EATON 2024107012792 I1610477	I1610477	RECIPIENT ID.: 530000828828	MRN: 020624 020624 16.50	0.00	0.00
POS 81 81	PROC CD MODIFIERS 85027 59 36415 59	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 020624 020624 220224 020624 020624 220224	BILLED AMOUNT COPAY DETAIL EOBS 12.00 0.00 5488 4.50 0.00 3323		

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

	ICN	PAT ACCT	NO.	SERVICE FROM	E DATES THRU	BILLED AMOUNT		COPAY	TPL AMOUNT
NAME:	WATRAVIA EATON 2024107012806	I1610478	RECIPIENT ID.: 530000828828	020624	020624	25	8.14	0.00	0.00
POS 81 81	PROC CD MODIFIERS 80307 59 G0482 59	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020624 020624 220224 020624 020624 220224	Į. Į	AMOUNT 83	COPAY .81 0.00 .33 0.00	DETAIL EOE 5930 5930	3S	
NAME:	JOHN ERWIN 2024107012860 I1608329	I1608329		041024	041024	2'	7.89	0.00	0.00
POS 81	PROC CD MODIFIERS 84443	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224	E <i>P</i>	BILLED AMOUNT 27	COPAY .89 0.00	DETAIL EOE 5000	3S	
NAME:	T1610489		RECIPIENT ID.: 530000594948		030924		9.00	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 86141 90 86665 90 86664 90	UNITS 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030924 030924 220224 030924 030924 220224 030924 030924 220224	E <i>P</i>	BILLED AMOUNT 19 70 30	COPAY .00 0.00 .00 0.00	DETAIL EOE 3324 3324 3324	3S	
NAME:	SAMUEL FAULK 2024099022462 I1600858			031424			9.86	0.00	18.94
	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224	E Z	BILLED AMOUNT 49	COPAY .86 0.00	DETAIL EOE 2003	3S	
	ELLIOT FERRIL 2024103025544 I1605859 R EOBS: 0513 9990	I1605859	RECIPIENT ID.: 530000664558	MRN: 021224	021224		7.50	0.00	0.00
	PROC CD MODIFIERS 36415 82247 59 82248	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224 021224 021224 220224 021224 021224 220224		4 8	COPAY .50 0.00 .00 0.00	DETAIL EOE 3323 9990 9990	3S	
	ELLIOT FERRIL 2024109082765 I1611602 R EOBS: 0513 9990	I1611602	RECIPIENT ID.: 530000664558	MRN: 021224	021224	21	7.50	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 678

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

CRA-PRDN-R

3524808

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

		ICN	PAT ACCT		SERVICE DATES BILLI FROM THRU AMOUN	JT COI	PAY	TPL AMOUNT
POS 81 81 81	PROC CD 36415 82247 82248		UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224 021224 021224 220224 021224 021224 220224	BILLED AMOUNT COI 4.50 0 8.00 0 15.00 0	PAY DETAIL EOBS .00 3323 .00 9990 .00 9990		71100111
NAME:	MYRIAH 1 2024 11611	FINLEY 4109082772	I1611604	RECIPIENT ID.: 530001462166	MRN: 032624 032624	1,023.87	0.00	0.00
POS 81 81 81 81 81 81 81 81 81		MODIFIERS 59 59 59 59 59	UNITS 3.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224 032624 032624 220224	BILLED AMOUNT COI 126.00 0 49.86 0 42.00 0 49.86 0 42.00 0 32.30 0 37.07 0 462.00 0 37.07 0 84.00 0 18.53 0 27.00 0 16.18 0	PAY DETAIL EOBS .00 4244 .00 4244 4524 4580 .00 4244 4524 4580 .00 4244 4524 4580 .00 4244 4524 4580 .00 4244 .00 4021 4244 .00 4021 4244 .00 4021 4244 .00 4021 4244 .00 4021 4244 .00 4021 4244 .00 4021 4244))	
NAME:	CHLOE F1 2024 116058	LORES 4103025595 372	I1605872	RECIPIENT ID.: 530001301692	MRN: 032224 032224		0.00	0.00
	PROC CD 84702	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032224 032224 220224	BILLED AMOUNT COI 22.00 0	PAY DETAIL EOBS		
NAME:	SARA FOI 2024 I16058	RTENBERRY 4103025639 386	I1605886		020524 020524	174.33	0.00	0.00
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224	BILLED AMOUNT COI 174.33 0	PAY DETAIL EOBS		
NAME:	EMMA FO: 2024 I1605	1103025653	I1605887	RECIPIENT ID.: 530000556035	MRN: 031224 031224	49.86	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

679

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL DPAY AMOUNT
	PROC CD MODIFIERS 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	AMOUNT
NAME:	TINA FOSTER 2024103025661 I1605889	RECIPIENT ID.: 530002065853		0.00 0.00
POS 81 81	PROC CD MODIFIERS 80307 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030724 030724 220224 1.00 030724 030724 220224	AMOUNT COPAY DETAIL EOBS 83.81 0.00 5000 6340 174.33 0.00 5000 6341	
NAME:	NATALIA FRANKLIN 2024103025677 I1605895		031224 031224 49.86	0.00 0.00
POS 81	PROC CD MODIFIERS 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
	2024109082928 I1612900		041024 041024 258.14	0.00 0.00
POS 81 81	PROC CD MODIFIERS 80307 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 041024 041024 220224 1.00 041024 041024 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 5000 6340 174.33 0.00 5000 6341	
	ARIYAH GARNER 2024109082955 I1611629 R EOBS: 0513 9990	RECIPIENT ID.: 530001934750 I1611629	MRN: 021624 021624 899.12	0.00 0.00
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798 HEAVEN GARTH	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 1.00 021624 021624 220224 8.00 021624 021624 220224 RECIPIENT ID.: 53000140046	AMOUNT COPAY DETAIL EOBS 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	
	2024103025844 I1605942	I1605942	022024 022024 565.12	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 PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81	PROC CD 87498 87581 87633 87798	59	1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022024 022024 220224 022024 022024 220224 022024 022024 220224 022024 022024 220224	37.07 0.00 2504 42.00 0.00 2504 318.05 0.00 2504		
NAME:	HEAVEN (202) 11605		I1605943	RECIPIENT ID.: 530001400467		0.00	0.00
POS 81 81 81 81 81 81 81	84156		1.00 1.00 2.00 1.00 1.00 1.00 2.00	032824 032824 220224 032824 032824 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 32.00 0.00 2504 16.00 0.00 4524 8.00 0.00 2504 8.00 0.00 2504 7.00 0.00 2504 120.00 0.00 2504 7.58 0.00 2504		
NAME:	JASLYN (2024 I1608	4107013281	I1608399	RECIPIENT ID.: 530002284547	MRN: 040324 040324 93.00	0.00	0.00
POS 81	PROC CD 86003		UNITS 12.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224	BILLED AMOUNT COPAY DETAIL EOBS 93.00 0.00 5000		
	ELIJAH (2024 I1600	4099022664	I1600971	RECIPIENT ID.: 530001259274	MRN: 010824 010824 49.86	0.00	0.00
	PROC CD 87651	MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 010824 010824 220224			
NAME:		GITANO 4107013462 428		RECIPIENT ID.: 530001640035	MRN: 030724 030724 80.54	0.00	0.00
	PROC CD 82044			SERVICE DATES RENDERING FROM THRU PROVIDER 030724 030724 220224	BILLED AMOUNT COPAY DETAIL EOBS 12.00 0.00 4021 4244		

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT CO	OPAY	TPL AMOUNT
POS 81 81 81 81	PROC CD MODIFIERS 80053 59 83036 59 84443 59 36415 59 85049 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 4021 4244 14.00 0.00 4021 4244 25.20 0.00 4021 4244 4.50 0.00 3323 9.00 0.00 4021 4244		
	11005964			MRN: 020524 020524 18.53	0.00	0.00
POS 81	PROC CD MODIFIERS 87086	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224	BILLED AMOUNT COPAY DETAIL EOBS 18.53 0.00 2504		
NAME:	HAZEL GLEASON 2024103025942 I1605970	I1605970	RECIPIENT ID.: 530001914440	MRN: 032024 032024 843.74	0.00	0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 87481 59 87640 59 87653 59 87798 87641 59 87798 87086	4.00 1.00	032024 032024 220224 032024 032024 220224 032024 032024 220224	BILLED AMOUNT COPAY DETAIL EOBS 168.00 0.00 2504 37.07 0.00 2504 37.07 0.00 2504 462.00 0.00 2504 37.07 0.00 2504 84.00 0.00 2504 18.53 0.00 2504		
NAME:	BENTLEY GOLDEN 2024103025953 I1605976	I1605976	RECIPIENT ID.: 530002043115		0.00	0.00
POS 81	PROC CD MODIFIERS 87651	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
NAME:	MARY GOLDEN 2024103025962 I1605977	I1605977	RECIPIENT ID.: 500001188386	MRN: 011024 011024 881.59	0.00	0.00
POS 81 81	PROC CD MODIFIERS 87798 59 87481 59	S UNITS 9.00 2.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011024 011024 220224 011024 011024 220224	BILLED AMOUNT COPAY DETAIL EOBS 378.00 0.00 2502 84.00 0.00 2502		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

	ICN	PAT ACCT		EDOM	E DATES	7 N/OTTNTI		COPAY	TPL AMOUNT
POS PROC C 81 87491 81 87511 81 87529 81 87591 81 87653 81 87661 81 87563	59 59 59 59 59	UNITS 1.00 1.00 2.00 1.00 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224	FROM	BILLED AMOUNT 49 42 99 42 74 32 42 37	COPAY .86 0.00 .00 0.00 .72 0.00 .00 0.00 .14 0.00 .30 0.00 .50 0.00	DETAIL 2502 2502 2502 2502 2502 2502 4021 2502		AMOUNT
NAME: MARY G 20 I161	24109082987	I1611649	RECIPIENT ID.: 500001188386	MRN: 011024	011024	881	.59	0.00	0.00
POS PROC C 81 87798 81 87481 81 87491 81 87511 81 87529 81 87591 81 87653 81 87661 81 87563 81 87661	D MODIFIERS 59 59 59 59 59 59 59	UNITS 9.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224 011024 011024 220224		BILLED AMOUNT 378 84 49 42 99 42 74 32 42 37	COPAY .00 0.00 .00 0.00 .86 0.00 .72 0.00 .00 0.00 .14 0.00 .30 0.00 .50 0.00 .07 0.00	DETAIL 2502 2502 2502 2502 2502 2502 2502 250	EOBS	
20 I160	24102043152 3414	I1603414	RECIPIENT ID.: 530001934469	MRN:		287	7.48	0.00	0.00
POS PROC C 81 80053 81 36415 81 85049 81 80307 81 G0482	D MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224		9 83	COPAY .84 0.00 .50 0.00 .00 0.00 .81 0.00 .33 0.00	DETAIL 9990 3323 9990 9990	EOBS	
NAME: TAYLOR 20 I160 HEADER EOBS:	24102043157 3415	I1603415 9990	RECIPIENT ID.: 530001934469	MRN: 021924	021924	42	2.00	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 683

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COE	TPL PAY AMOUNT
	PROC CD MODIFIERS 80164		SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224	BILLED AMOUNT COPAY DETAIL EOBS	
	TAYLOR GOOCH 2024109083001 11611651 R EOBS: 0513 9990	I1611651	RECIPIENT ID.: 530001934469	MRN: 021924 021924 287.48	0.00 0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 80053 36415 85049 80307	1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224	AMOUNT COPAY DETAIL EOBS 15.84 0.00 9990 4.50 0.00 3323 9.00 0.00 9990 83.81 0.00 9990	
	TAYLOR GOOCH 2024109083010 I1611652 R EOBS: 0513 9990	I1611652		021924 021924 42.00	0.00 0.00
	PROC CD MODIFIERS 80164	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	CARTER GOODWIN 2024103025986 I1605980	I1605980	RECIPIENT ID.: 530002254429	MRN: 031224 031224 49.86	0.00 0.00
	PROC CD MODIFIERS 87651		SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	CONNOR GREEN 2024103026037 I1606000	I1606000	RECIPIENT ID.: 530001723411	021424 021424 76.00	0.00 0.00
POS 81 81	PROC CD MODIFIERS 82010 59 81007 59	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021424 021424 220224 021424 021424 220224	BILLED AMOUNT COPAY DETAIL EOBS 16.00 0.00 4524 60.00 0.00 5930	
NAME:	PAMELA GREEN 2024103026076 I1606009	I1606009	RECIPIENT ID.: 500002612140	MRN: 040524 040524 17.19	0.00 0.00

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

PAYEE ID

ISSUE DATE

CHECK/EFT NUMBER

NPI ID

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

			PAT ACCT		SERVIC FROM	E DATES THRU	BILLED AMOUNT	(COPAY	TPL AMOUNT
POS 81 81	PROC CD 80048 36415	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224		BILLED AMOUNT 12 4	COPAY .69 0.00 .50 0.00	DETAIL EOBS 2502 3323		
NAME:				RECIPIENT ID.: 530001523268				32.38	0.00	0.00
POS 81 81 81 81 81 81	PROC CD 87491 87511 87529 87591 87661 87798 87389 36415	MODIFIERS 59 59 59 59 59 59 59	UNITS 1.00 1.00 2.00 1.00 1.00 3.00 1.00	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		BILLED AMOUNT 49 42 99 42 32 126 36 4	COPAY .86 0.00 .00 0.00 .72 0.00 .00 0.00 .30 0.00 .00 0.00 .00 0.00	DETAIL EOBS 4028 4028 4028 4028 4028 4028 4028 4028		
NAME:	VINCENT 2024 116084	GRIDER 1107013723	I1608472	RECIPIENT ID.: 530001523268	MRN: 031124	031124		7.00	0.00	0.00
			UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224		BILLED AMOUNT 7	COPAY .00 0.00	DETAIL EOBS 4028		
	2024 116116	1109083053 567	I1611667	RECIPIENT ID.: 530001507452	030224	030224	46	52.00		0.00
POS 81	PROC CD 87798	MODIFIERS	UNITS 11.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030224 030224 220224		BILLED AMOUNT 462	COPAY	DETAIL EOBS 2504		
NAME:	KAMIYAH 2024 I16034	1102043273	I1603431	RECIPIENT ID.: 530001125094	MRN: 020824		25	66.14	0.00	0.00
POS 81 81 81	PROC CD 87491 87511 87529 87591	MODIFIERS 59 59 59 59	UNITS 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		42 49	COPAY .86 0.00 .00 0.00 .86 0.00	DETAIL EOBS 2504 2504 2504 2504		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

685

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81	87086	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224	BILLED AMOUNT COPAY DETAIL EOE 32.30 0.00 2504 18.53 0.00 2504 13.50 0.00 2504 8.09 0.00 2504		
NAME:	KAMIYAH HALE 2024103026125 I1606041		022224 022224 29.34	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 80053 36415 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022224 022224 220224 1.00 022224 022224 220224 1.00 022224 022224 220224	BILLED AMOUNT COPAY DETAIL EOE 15.84 0.00 2504 4.50 0.00 3323 9.00 0.00 2504	3S	
NAME:	KAMIYAH HALE 2024103026137 I1606042		022724 022724 106.50	0.00	0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 84481 86376 84436 59 36415 86800 84432	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224 1.00 022724 022724 220224	BILLED AMOUNT COPAY DETAIL EOE 24.00 0.00 2504 21.00 0.00 2504 10.00 0.00 2504 4.50 0.00 3323 23.00 0.00 2504 24.00 0.00 2504	3S	
NAME:	KAMIYAH HALE 2024109083072 I1611679	RECIPIENT ID.: 530001125 I1611679	094 MRN: 020824 020824 256.14	0.00	0.00
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87491 59 87511 59 87529 59 87591 59 87661 59 87086 87186 87088	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224 1.00 020824 020824 220224	BILLED AMOUNT COPAY DETAIL EOE 49.86 0.00 2504 42.00 0.00 2504 49.86 0.00 2504 42.00 0.00 2504 32.30 0.00 2504 18.53 0.00 2504 13.50 0.00 2504 8.09 0.00 2504	3S	
NAME:	BRITTANY HARRIS 2024109083099 I1611687	RECIPIENT ID.: 530000966 I1611687	225 MRN: 032824 032824 865.33	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

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

			PAT ACCT		_	E DATES THRU	BILLED AMOUNT	COP	ΑΥ	TPL AMOUNT
POS 81 81 81 81 81 81	PROC CD 87481 87640 87653 87798 87641 87798 87086 87186 87088	MODIFIERS 59 59 59	UNITS 4.00 1.00 1.00 11.00 2.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224		BILLED AMOUNT 168 37 37 462 37 84 18	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .07 0.00 .00 0.00 .53 0.00 .50 0.00	DETAIL EOBS 4244 4524 4580 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244		
NAME:	LAKEISHA 2024 I16105	HARRIS 107013929	I1610541	RECIPIENT ID.: 530001341497	MRN: 031524			.33	0.00	41.86
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031524 031524 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2003		
	T1610E	E 6		RECIPIENT ID.: 530001795551				.00		0.00
POS 81 81 81	PROC CD 83655 80320 84402	MODIFIERS	UNITS 1.00 1.00 1.00	032624 032624 220224 032624 032624 220224 032624 032624 220224		BILLED AMOUNT 18 51 38	COPAY .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 2502 4021 4244 4021 2502 4021 4244		
NAME:	JUDAH HE 2024 T16061	NRY 103026387 43	I1606143	RECIPIENT ID.: 530002322929	MRN: 032524	032524	1,049	.12		0.00
POS 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224 032524 032524 220224		37 42 318 37 37 49	COPAY .00 0.00 .00 0.00 .07 0.00 .05 0.00 .07 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT C	TPL OPAY AMOUNT
NAME:	CHRISTOPHER HILL 2024107014148	I1608555	011024 011024 9.00	0.00 0.00
POS 81	PROC CD MODIFIERS 85049	UNITS FROM THRU PROVIDER 1.00 011024 011024 220224	AMOUNT COPAY DETAIL EOBS 9.00 0.00 2502	
NAME:	CHRISTOPHER HILL 2024107014162 I1608556		011024 011024 258.14	0.00 124.44
81	PROC CD MODIFIERS 80307 G0482	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 011024 011024 220224 1.00 011024 011024 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 174.33 0.00 2502	
NAME:	JAMYAH HILL 2024103023299 I1606160	RECIPIENT ID.: 530001156783	MRN: 030524 030524 881.59	0.00 0.00
POS 81 81 81 81 81 81 81	87798 59 87481 59 87491 59 87511 59 87529 59 87591 59 87653 59 87661 59 87563	UNITS FROM THRU PROVIDER 9.00 030524 030524 220224 2.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 2.00 030524 030524 220224 1.00 030524 030524 220224 2.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224		
NAME:	JAMYAH HILL 2024109083172 I1611708		030524 030524 881.59	0.00 0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 87798 59 87481 59 87491 59 87511 59 87529 59 87591 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 9.00 030524 030524 220224 2.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 2.00 030524 030524 220224 1.00 030524 030524 220224	BILLED AMOUNT COPAY DETAIL EOBS 378.00 0.00 2504 84.00 0.00 2504 49.86 0.00 2504 42.00 0.00 2504 99.72 0.00 2504 42.00 0.00 2504	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT C	TPL OPAY AMOUNT
POS PROC CD MODIFIERS 81 87653 59 81 87661 59 81 87563 81 87640 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224 1.00 030524 030524 220224	BILLED AMOUNT COPAY DETAIL EORS	
NAME: DEZIYIA HOLLENQUES: 2024103023375 11606178 HEADER EOBS: 0513 9990	RECIPIENT ID.: 53000133440 I1606178	2 MRN: 031124 031124 432.38	0.00 0.00
POS PROC CD MODIFIERS 81 87389 81 36415 81 87491 59 81 87511 81 87529 81 87591 81 87661	1.00 031124 031124 220224 1.00 031124 031124 220224 1.00 031124 031124 220224 1.00 031124 031124 220224 2.00 031124 031124 220224 1.00 031124 031124 220224 1.00 031124 031124 220224	AMOUNT CODAY DETAIL FORC	
NAME: DEZIYIA HOLLENQUES 2024103023384 I1606179 HEADER EOBS: 0513 9990	RECIPIENT ID.: 53000133440	2 MRN: 031124 031124 22.00	0.00 0.00
POS PROC CD MODIFIERS 81 84703 LC 81 86592	1.00 031124 031124 220224 1.00 031124 031124 220224	AMOUNT COPAY DETAIL EOBS 15.00 0.00 9990 7.00 0.00 9990	
NAME: TARRASHIA HOLMES 2024103023427 I1606189	I1606189	021324 021324 54.36	0.00 0.00
POS PROC CD MODIFIERS 81 36415 59 81 87491 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 021324 021324 220224 1.00 021324 021324 220224	BILLED AMOUNT COPAY DETAIL EOBS 4.50 0.00 3323 49.86 0.00 5490	
NAME: BRAYDEN HOLT 2024103023451 I1606190	RECIPIENT ID.: 53000150216 I1606190	9 MRN: 031124 031124 63.34	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

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

		ICN	PAT ACCT			CE DATES	BILLEI	D T	COPA	7.A	TPL AMOUNT
POS 81 81 81 81	80053 83036	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	ricori	BILLED AMOUNT 1 1 2	COPA 5.84 0.0 4.00 0.0 0.00 0.0 4.50 0.0 9.00 0.0	AY 00 00 00 00 00	DETAIL EOBS 5000 5486 5000 5000 3323 5000 5482	21	ANOUNT
NAME:	BRAYDEN 2024 I16061	HOLT 103023468 91	I1606191	RECIPIENT ID.: 530001502169		4 03112	4	27	. 89	0.00	0.00
	PROC CD 84443	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224		BILLED AMOUNT 2	COP <i>I</i> 7.89 0.0	AY 00	DETAIL EOBS 5000		
NAME:		WARD 103023515		RECIPIENT ID.: 500001050887	MRN:				.00	0.00	0.00
POS 81 81 81	PROC CD 87798 87640 87641 87653	MODIFIERS 59 59 59 59	UNITS 13.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224		BILLED AMOUNT 54 4 4	COPA 6.00 0.0 5.00 0.0 5.00 0.0	AY 00 00 00 00	DETAIL EOBS 2502 2502 2502 2502		
NAME:	KRISTY H 2024 I16062	ULSE 103023575 23		RECIPIENT ID.: 530001564806	MRN: 021924	4 02192			.00	0.00	0.00
81	84466	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224		BILLED AMOUNT 4	COPA 0.00 0.0 3.00 0.0	AY 00 00	DETAIL EOBS 5912 5912		
NAME:	DEBORAH 2024 116086	HUTCHINGS 107014365 11	I1608611	RECIPIENT ID.: 530001788481		4 01302	4	20	.00	0.00	0.00
POS 81		MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 013024 013024 220224		BILLED AMOUNT 2	COPA 0.00 0.0		DETAIL EOBS 2502 4021 4244		
NAME:	ALYSSA I 2024 I16062	103023643	I1606236	RECIPIENT ID.: 530001167072	MRN: 02122	4 02122	4	49	.86	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

	ICI	N PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	C	OPAY	TPL AMOUNT
POS 81	PROC CD MODE 87651	IFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 2504		
	I1606237		RECIPIENT ID.: 530001167072			0.00	0.00
POS 81	PROC CD MODE 87651	IFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030724 030724 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 2504		
	T1606238					0.00	0.00
POS 81	PROC CD MODE 87651	IFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 2504		
NAME:	WILLIAM IVEY 202410302 I1606243 R EOBS: 0513	23669 I1606243	RECIPIENT ID.: 530000343700	MRN: 022724 022724 899	9.12	0.00	0.00
POS 81 81 81 81 81 81	PROC CD MODE 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	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	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990		
NAME.	MITITAM IAFT	83365	KECIPIENI ID. • 530000343/00	MRN: 022724 022724 899		0.00	0.00
POS 81 81 81	PROC CD MODE 87486 59 87498 59 87581 59	IFIERS UNITS 1.00 1.00 1.00	022724 022724 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 42.00 0.00	DETAIL EOBS 9990 9990 9990		

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM DATE: 04/19/2024 691

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT	NO.			BILLED	COPA	177	TPL
POS 81 81 81 81	PROC CD 87633 87640 87641 87651 87798	59 59	UNITS 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224 022724 022724 220224	FROM	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	ΑŢ	AMOUNT
NAME:	ANNESIA 202 I1610		I1610596	RECIPIENT ID.: 530001166884			258	3.14	0.00	0.00
POS 81 81		MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040924 040924 220224 040924 040924 220224		BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 5912 5912		
NAME:	HALI JA 202 11608		I1608618	RECIPIENT ID.: 530000420575			523	3.38	0.00	0.00
POS 81 81 81 81 81 81 81 81 81 81	PROC CD 87798 87491 87511 87529 87591 87661 80053 82607 83540 83550 82728 84481 83036 84443 84439 36415	59 59 59 59	UNITS 3.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224		AMOUNT 126 49 42 49 42 32 15 22 9 13 40 24 14 25 13	COPAY .00 0.00 .86 0.00 .00 0.00 .86 0.00 .00 0.00 .30 0.00 .84 0.00 .00 0.00 .71 0.00 .11 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 4244 4244 4524 4580 4244 4524 4580 4244 4524 4580 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244		
NAME:		JIMERSON 4102044238 369	I1604369	RECIPIENT ID.: 530002013926		011924	116	5.14	0.00	0.00
POS 81	PROC CD 87481	MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011924 011924 220224			COPAY .00 0.00	DETAIL EOBS 2502		

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 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
POS 81 81	87641 59	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 011924 011924 220224 1.00 011924 011924 220224	BILLED AMOUNT COPAY DETAIL EOBS 37.07 0.00 2502 37.07 0.00 2502	
NAME:	ASHER JOHNSON 2024103023842 I1606273	RECIPIENT ID.: 530001672519 I1606273		0.00 0.00
POS 81	PROC CD MODIFIER 87651	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
NAME:	BRIDGET JOHNSON 2024109083431 I1612955	RECIPIENT ID.: 53000021984:		0.00 0.00
POS 81 81 81 81 81	87591 59	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 012324 012324 220224 1.00 012324 012324 220224 1.00 012324 012324 220224 1.00 012324 012324 220224 1.00 012324 012324 220224 1.00 012324 012324 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 2502 42.00 0.00 2502 49.86 0.00 2502 42.00 0.00 2502 42.00 0.00 2502 32.30 0.00 2502	
NAME:	BRIDGET JOHNSON 2024109083443 I1612956	RECIPIENT ID.: 53000021984	MRN: 022824 022824 235.66	0.00 0.00
POS 81 81 81 81	PROC CD MODIFIER 87491 59 87591 59 87661 87389	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 022824 022824 220224 1.00 022824 022824 220224 1.00 022824 022824 220224 1.00 022824 022824 220224 1.00 022824 022824 220224 1.00 022824 022824 220224 1.00 022824 022824 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2502 42.00 0.00 2502 32.30 0.00 2502 36.00 0.00 2502 4.50 0.00 3323 71.00 0.00 2502	
NAME:	BRIDGET JOHNSON 2024109083450 I1612957	RECIPIENT ID.: 53000021984: 11612957	MRN: 022824 022824 123.09	0.00 0.00
	PROC CD MODIFIER 86592	SERVICE DATES RENDERING S UNITS FROM THRU PROVIDER 1.00 022824 022824 220224	BILLED AMOUNT COPAY DETAIL EOBS 7.00 0.00 2502	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COE	D 7\ V	TPL AMOUNT
POS 81 81	PROC CD 88175 87624	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022824 022824 220224 022824 022824 220224	BILLED AMOUNT COPAY 81.00 0.00 35.09 0.00	DETAIL EOBS 2502 2502		AMOUNT
NAME:	BRYSON 6 2026 I1606		I1606274	RECIPIENT ID.: 530001315588		9.86	0.00	0.00
	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 5000		
NAME:	EMMIE JO 2024 11606	OHNSON 4103023878 283	I1606283	RECIPIENT ID.: 530001142782	MRN: 012624 012624 4	9.86	0.00	0.00
	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012624 012624 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 5000		
NAME:	KAYLANI 2024 I1606	JOHNSON 4103023891 296	I1606296		022924 022924 89	9.12	0.00	0.00
POS 81 81 81 81 81 81	PROC CD 87486 87498 87640 87581 87633 87641 87651 87798	59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	AMOUNT COPAY 42.00 0.00 37.07 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 49.86 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
NAME:	KAYLANI 2024 I1611	JOHNSON 4109083485 779	I1611779	RECIPIENT ID.: 530001912592	MRN: 022924 022924 89	9.12	0.00	0.00
POS 81 81 81	PROC CD 87486 87498 87640 87581	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 37.07 0.00 42.00 0.00	DETAIL EOBS 2504 2504 2504 2504		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

	-	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COI	PAY	TPL AMOUNT
POS 81 81 81	87633 87641		UNITS 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	BILLED AMOUNT COPAY 318.05 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 2504 2504 2504		
NAME:	ADDISON 6 20240 116014	JONES 099022955 58	I1601458	RECIPIENT ID.: 530000893578	MRN: 032724 032724 71	.72	0.00	0.00
	PROC CD 86008	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224	BILLED AMOUNT COPAY 71.72 0.00	DETAIL EOBS 4021		
NAME:	ADDISON 3 20243 1161178	JONES 109083505 87	I1611787	RECIPIENT ID.: 530000893578	MRN: 032724 032724 304	. 25	0.00	0.00
POS 81 81 81	PROC CD 86003 86003	MODIFIERS	UNITS 12.00 23.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224 032724 032724 220224 032724 032724 220224	BILLED AMOUNT COPAY 93.00 0.00 178.25 0.00 33.00 0.00	DETAIL EOBS 5000 5000 5000		
NAME:	ADDISON 3 20241 1161178	JONES 109083514 88		RECIPIENT ID.: 530000893578		.72	0.00	0.00
	PROC CD	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224	BILLED AMOUNT COPAY 71.72 0.00	DETAIL EOBS 4021		
NAME:	CHARITY 3 2024: 116043	JONES 102044252 71	I1604371	RECIPIENT ID.: 530001996577	MRN: 031824 031824 241	.11	0.00	0.00
POS 81 81 81 81 81	PROC CD 84156 82570 83069 84311 82010 82945 82247	MODIFIERS 59	UNITS 1.00 1.00 1.00 2.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031824 031824 220224 031824 031824 220224 031824 031824 220224 031824 031824 220224 031824 031824 220224 031824 031824 220224 031824 031824 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 8.00 0.00	DETAIL EOBS 1831 1831 1831 1831 1831 1831		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

ISSUE DATE

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL
POS 81 81 81	PROC CD 83986 81007 82043 87086	MODIFIERS QW	UNITS 1.00 2.00 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 DETAIL EOBS 7.00 0.00 1831 120.00 0.00 1831 7.58 0.00 1831 18.53 0.00 1831	FAI AMOUNI
	CARSON 3 2024 116086		I1608674	RECIPIENT ID.: 530001456415	MRN: 031124 031124 49.86	0.00 0.00
POS 81	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504	
NAME:		KEALEY 1102039552		RECIPIENT ID.: 500002998140		0.00 0.00
			UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 25.20 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
	MURRELL 2024 I16118		I1611800	RECIPIENT ID.: 500002998140	MRN: 040524 040524 54.54	0.00 0.00
	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2502 25.20 0.00 2502 4.50 0.00 3323 9.00 0.00 2502	
NAME:	JUDDSON 2024 I16034	1102039575		RECIPIENT ID.: 530002228097	MRN: 040524 040524 1,049.12	0.00 0.00
POS 81 81 81	PROC CD 87635 87486 87498	MODIFIERS 59 59	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224 040524 040524 220224	BILLED AMOUNT COPAY DETAIL EOBS 150.00 0.00 2003 42.00 0.00 2003 37.07 0.00 2003	

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 696

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

		ICN	PAT ACCT			CE DAT	TT	BILLED AMOUNT		COPAY	TPL AMOUNT
POS 81 81 81 81 81	PROC CD 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224 040524 040524 220224		BILLE	ED 42. 318. 37. 49.	COPAY .00 0.00 .05 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 2003 2003 2003 2003 2003 2003		AMOUNT
	202 11608		I1608690		04042				1.59	0.00	0.00
POS 81 81 81 81 81 81 81	PROC CD 87798 87481 87491 87511 87529 87591 87653 87661 87563 87640	59 59 59 59 59 59 59	UNITS 9.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 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 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224		BILLE	ED NT 378. 84. 49. 42. 99. 42. 74. 32. 42. 37.	COPAY .00 0.00 .00 0.00 .86 0.00 .72 0.00 .00 0.00 .14 0.00 .30 0.00 .50 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990 99		
	202 I1610		I1610630	RECIPIENT ID.: 530001942702		4 040)424	82	5.21	0.00	0.00
POS 81 81 81 81 81	PROC CD 87481 87640 87653 87798 87641 87798	59 59 59 59	UNITS 4.00 1.00 1.00 11.00 2.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224 040424 040424 220224		BILLE AMOUN	462. 37.	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .07 0.00	DETAIL EOBS 9990 9990 9990 9990 9990		
NAME:	ALLANA 1 202 11606	4103024091	I1606348	RECIPIENT ID.: 530001025966	MRN: 03122	4 031	L224	4	9.86	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

697

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 5000	AMOUNI
	I1604	ILEY 4102044277 374 0678 9990	I1604374	RECIPIENT ID.: 530001791970	MRN: 031224 031224 110	0.34	0.00
POS 81 81 81 81 81		MODIFIERS	UNITS 1.00 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 031224 031224 220224	BILLED AMOUNT COPAY 15.84 0.00 44.00 0.00 14.00 0.00 20.00 0.00 12.00 0.00 4.50 0.00	DETAIL EOBS 9990 9990 9990 9990 93323	
NAME:	JAYDEN 1 202 11606	4103024102	I1606357	RECIPIENT ID.: 530000973463	031124 031124 321	0.0	0.00
POS 81 81 81 81 81 81 81 81 81	80053 82533 83540 80061 85049 82607 82746 82306 82670 84481 84403 83036 84443 8443	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	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 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224		DETAIL EOBS 5000 5486 5000 5000 5000 5000 5482 5000 5000 5000 5000 5000 5000 5000 50	
NAME:		KIMBRELL 4103024129 358	I1606358	RECIPIENT ID.: 530000973463	MRN: 031124 031124 64	1.00 0.0	0.00
POS 81	PROC CD 82627	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224	BILLED AMOUNT COPAY 33.00 0.00	DETAIL EOBS 5000	

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 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

		ICN	PAT ACCT		FROM	THRU	BILLED AMOUNT		COPAY	TPL AMOUNT
		MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224]	BILLED AMOUNT 31	COPAY .00 0.00	DETAIL 5000		
NAME:	NAOMI KI 2024 I16063	INARD 1103024135 359	I1606359	RECIPIENT ID.: 530000803376			88	1.59	0.0	0.00
POS 81 81 81 81 81 81 81	PROC CD 87798 87481 87491 87511 87529 87591 87653 87661 87563 87640	59 59 59 59 59 59 59	UNITS 9.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224 031224 031224 220224		BILLED AMOUNT 378 84 49 42 99 42 74 32 42 37	COPAY .00 0.00 .00 0.00 .86 0.00 .72 0.00 .00 0.00 .14 0.00 .30 0.00 .50 0.00	DETAIL 2504 2504 2504 2504 2504 2504 2504 4021 2504	EOBS	
NAME:	JOHN KIN 2024 I16063	1103024154		RECIPIENT ID.: 530002263926	MRN: 020824	020824	54	7.12	0.0	0.00
POS 81 81 81	PROC CD 87635 87498 87581 87633		1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224]	BILLED AMOUNT 150 37 42 318	COPAY .00 0.00 .07 0.00 .00 0.00 .05 0.00	DETAIL 2504 2504 2504 2504	EOBS	
NAME:	JOHN KIN 2024 I16118	1109079887	I1611808	RECIPIENT ID.: 530002263926	020824		54	7.12	0.0	0.00
POS 81 81 81	PROC CD 87635 87498 87581 87633		UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224]	AMOUNT 150 37 42	COPAY .00 0.00 .07 0.00 .00 0.00 .05 0.00	DETAIL 2504 2504 2504 2504	EOBS	
NAME:	KIAN KNI 2024 I16063	1103024207	I1606386	RECIPIENT ID.: 530002236963	MRN: 111723	111723	1	8.00	0.0	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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS PF 81 8	ROC CD MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 111723 111723 220224	BILLED AMOUNT COPAY 18.00 0.00	DETAIL EOBS 5000	11100111
	OSE LANDON 2024103024245 I1606404 COBS: 0513 9990	I1606404	RECIPIENT ID.: 530001046564	MRN: 032024 032024 383	.14 0.00	0.00
POS PR 81 0 81 8	ROC CD MODIFIERS G0480 80307 G0482	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032024 032024 220224 032024 032024 220224 032024 032024 220224	BILLED AMOUNT COPAY 125.00 0.00 83.81 0.00 174.33 0.00	DETAIL EOBS 9990 9990 9990	
	I1611822		RECIPIENT ID.: 530001046564			0.00
81 8 81 8	ROC CD MODIFIERS 80480 80307 80482	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032024 032024 220224 032024 032024 220224 032024 032024 220224	BILLED AMOUNT COPAY 125.00 0.00 83.81 0.00 174.33 0.00	DETAIL EOBS 9990 9990 9990	
	JARNETTE LASHONDA 2024102044314 I1604380 COBS: 0513 9990			040124 040124 319	.66 0.00	0.00
POS PR 81 8 81 8 81 8 81 8 81 8	ROC CD MODIFIERS 87389 86415 87798 87491 59 87511 59 87591 59 87661	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224 040124 040124 220224	42.00 0.00 32.30 0.00 71.00 0.00	DETAIL EOBS 9990 3323 9990 9990 9990 9990 9990	
	JARNETTE LASHONDA 2024102044320 I1604381 OBS: 0513 9990	I1604381	RECIPIENT ID.: 530001300836	MRN: 040124 040124 123	.09 0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 700

220224

1598266421

083131776

04/19/2024

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

NPI ID

SUITE 138

BIRMINGHAM, AL 35235-2718

ISSUE DATE

REPORT:

RA#:

CRA-PRDN-R

	ICN	PAT ACCT	NO.		TPL MOUNT
POS 81 81 81	PROC CD MODIFIERS 86592 88175 87624	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224 040124 040124 220224	BILLED AMOUNT COPAY DETAIL EOBS 7.00 0.00 9990 81.00 0.00 9990 35.09 0.00 9990	MOONI
	I1610647		RECIPIENT ID.: 530001127428		0.00
POS 81	PROC CD MODIFIERS 80307	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040924 040924 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 5912	
NAME:	T1606446		RECIPIENT ID.: 500000673300		0.00
POS 81 81 81	PROC CD MODIFIERS 80053 83036 80061 85049	UNITS 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	BILLED 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:	HAILEY LIGHT 2024103024386 I1606450		RECIPIENT ID.: 530001067832		0.00
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 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 4021 4244 37.07 0.00 4021 4244 42.00 0.00 4021 4244 318.05 0.00 4021 4244 37.07 0.00 4021 4244 37.07 0.00 4021 4244 49.86 0.00 4021 4244 336.00 0.00 421 4244	
NAME:	HAILEY LIGHT 2024109080020 I1611838	I1611838	RECIPIENT ID.: 530001067832	MRN: 041024 041024 899.12 0.00	0.00
POS 81	PROC CD MODIFIERS 87486 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.00 0.00 4021 4244	

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 701

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

CRA-PRDN-R

3524808

REPORT:

RA#:

	ICN	PAT ACCT			E DATES THRU	BILLED AMOUNT	COP.	AY	TPL AMOUNT
PROC CD 87498 87581 87633 87640 87641 87651 87798	59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224	1	BILLED AMOUNT 37 42 318 37 37 49 336	COPAY .07 0.00 .00 0.00 .05 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244		
LEESA LI 2024	MBAUGH 103024405			MRN:				0.00	0.00
						_, -, -			
PROC CD		UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER] ;	BILLED AMOUNT	COPAY	DETAIL EOBS		
	59	1.00	121823 121823 220224		42	00 0.00			
	59	1.00	121823 121823 220224		37	.07 0.00			
87581	59	1.00	121823 121823 220224		42	.00 0.00	2502		
87633		1.00	121823 121823 220224		318	.05 0.00	2502		
		1.00	121823 121823 220224		37	.07 0.00			
	59	1.00	121823 121823 220224		37	.07 0.00			
	59	1.00	121823 121823 220224		49	.86 0.00			
87798		8.00	121823 121823 220224		336	.00 0.00	2502		
		I1603524		011024		31	9.55	0.00	0.00
			SERVICE DATES RENDERING]	BILLED				
		UNITS	FROM THRU PROVIDER	i	AMOUNT	COPAY			
87507		1.00	011024 011024 220224		319	.55 0.00	2502 4021 4244		
I16118	67						8.14	0.00	0.00
FOR2.	TOST 3330		SERVICE DATES DEMORPING	1	BTT.T.FD				
PROC CD	MODIFIERS	UNITS				COPAY	DETAIL EOBS		
80307	1102 = 1 = = 110	1.00	022624 022624 220224	_			9990		
G0482		1.00	022624 022624 220224		174	.33 0.00	9990		
2024	102039866	I1603529	RECIPIENT ID.: 530001979552	MRN: 032924	032924	5	3.25	0.00	0.00
]	PROC CD 87498 87581 87633 87640 87641 87651 87798 LEESA LI 2024 116064 PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798 DIANE LU 2024 116035 PROC CD 87507 QUANECIA 2024 116118 EOBS: PROC CD 80307 G0482 BILLIE M 2024	PROC CD MODIFIERS 87498 59 87581 59 87633 87640 87641 59 87651 59 87798 LEESA LIMBAUGH	PROC CD MODIFIERS UNITS 87498 59 1.00 87581 59 1.00 87633 1.00 87640 1.00 87641 59 1.00 87798 8.00 LEESA LIMBAUGH 2024103024405 11606452 11606452 PROC CD MODIFIERS UNITS 87635 1.00 87486 59 1.00 87581 59 1.00 87581 59 1.00 87633 1.00 87640 1.00 87641 59 1.00 87651 59 8.00 DIANE LUNDY 2024102039839 11603524 11603524 PROC CD MODIFIERS UNITS 87507 1.00 QUANECIA MALONE 2024109080107 11611867 11611867 EOBS: 1091 9990 PROC CD MODIFIERS UNITS 80307 1.00 PROC CD MODIFIERS UNITS 80307 G0482 1.00 BILLIE MARTIN 2024102039866 11603529	PROC CD MODIFIERS UNITS FROM THRU PROVIDER 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 04102	FROM SERVICE DATES RENDERING FROM FROM THRU PROVIDER THRU PROVIDER FROM THRU PROVIDER THRU PROVIDER THRU PROVIDER FROM THRU PROVIDER THRU PROV	SERVICE DATES RENDERING BILLED	SERVICE DATES RENDERING BILLED	PROC CD MODIFIERS UNITS FROM THRU PROVIDER AMOUNT COPAY DETAIL EOBS COPAY COPAY	PROC CD MODIFIERS NITS SERVICE DATES RENDERING PROVALUE PROVALU

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 702

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT:

RA#:

CRA-PRDN-R

			PAT ACCT		EB OM	CE DATES THRU	BILLED		COPAY	TPL AMOUNT
POS 81 81	PROC CD 80183 80177	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032924 032924 220224 032924 032924 220224	11011	BILLED AMOUNT 13 40	COPAY .25 0.00	DETAIL EOBS 1831 1831		THIOONT
NAME:	T1 C11 C	770		RECIPIENT ID.: 530002127560				74.54		0.00
POS 81 81 81 81	PROC CD 80053 84443 80061 36415 85049	MODIFIERS	UNITS 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		BILLED AMOUNT 15 25 20 4 9	COPAY .84 0.00 .20 0.00 .00 0.00 .50 0.00	DETAIL EOBS 1831 1831 1831 3323 1831		
	KY LYNN 2024	MCCAIN 1102039966	I1603538	RECIPIENT ID.: 530001143920	MRN: 021924	021924	:	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 021924 021924 220224 021924 021924 220224		BILLED AMOUNT 8 15	COPAY .00 0.00	DETAIL EOBS 3324 3324		
	ACESON N	MCCARDLE 1103024575	I1606546	RECIPIENT ID.: 530001910221	MRN: 031324	1 031324	8:	99.12		0.00
POS 81 81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224			COPAY .00 0.00 .07 0.00 .00 0.00 .05 0.00 .07 0.00 .07 0.00 .86 0.00	2001		
NAME:	ACESON N 2024 I16118	1109080196	I1611882	RECIPIENT ID.: 530001910221	MRN: 031324	1 031324	8:	99.12	0.00	0.00
POS 81	PROC CD 87486	MODIFIERS 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224		BILLED AMOUNT 42	COPAY			

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

		-ICN	PAT ACCT		$\Box\Box$ \bigcirc M	E DATES THRU	BILLED AMOUNT	CC		TPL AMOUNT
POS 81 81 81 81 81	87498 5 87581 5 87633	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224	1 2	BILLED AMOUNT 37 42 318 37 37	COPAY .07 0.00 .00 0.00 .05 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504	PAI	AMOUNT
NAME:	TAHARI MCC 202410 I1603542				021224			9.33	0.00	0.00
	PROC CD N 80307 G0482		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224 021224 021224 220224] 2	BILLED AMOUNT 125 174	COPAY .00 0.00 .33 0.00	DETAIL EOBS 2504 2504		
NAME:	TAHARI MCC 202410 I1611883				021224	021224		9.33	0.00	0.00
	PROC CD N 80307 G0482		UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224 021224 021224 220224] 2	BILLED AMOUNT 125 174	COPAY .00 0.00 .33 0.00	DETAIL EOBS 2504 2504		
NAME:	MALACHI MC 202410 I1606562				030624			1.25	0.00	0.00
POS 81 81	PROC CD M 86003 82785 I	MODIFIERS LC	UNITS 23.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030624 030624 220224 030624 030624 220224] 2	BILLED AMOUNT 178 33	COPAY .25 0.00 .00 0.00	DETAIL EOBS 5000 5000		
NAME:	MALAKAI MC 202410 I1606574	03024663	I1606574	RECIPIENT ID.: 530002354127		020524	89	9.12	0.00	0.00
POS 81 81 81	PROC CD N 87486 5 87498 5	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224		37	COPAY .00 0.00 .07 0.00 .00 0.00	DETAIL EOBS 2504 2504 2504		

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

		ICN	PAT ACCT	NO.		CE DATES	BILLED	C		TPL
POS 81 81 81 81	PROC CD 87633 87640 87641 87651 87798	59 59	UNITS 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224	FROM	THRU BILLED AMOUNT 318 37 37 49 336	COPAY .05 0.00 .07 0.00 .07 0.00 .86 0.00 .00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504	OPAY	AMOUNT
NAME:	MALAKAI 202 I1611	4109080270	I1611892		020524			9.12	0.00	0.00
POS 81 81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641 87651 87798	59 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224		BILLED AMOUNT 42 37 42 318 37 37 49 336	COPAY .00 0.00 .07 0.00 .00 0.00 .05 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
NAME:	BROOKE 1 202 11606	MELTON 4103024695 601	I1606601	RECIPIENT ID.: 530001249932	MRN: 032824	032824	722	2.67	0.00	0.00
POS 81 81 81 81	PROC CD 87481 87640 87653 87798 87086	59 59 59	UNITS 4.00 1.00 1.00 11.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224 032824 032824 220224		BILLED AMOUNT 168 37 37 462 18	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .53 0.00	DETAIL EOBS 2504 2504 2504 2504 2504		
NAME:	KYREE M 202 11606	4103024749	I1606617	RECIPIENT ID.: 530001523636	MRN: 031224	031224	49	9.86	0.00	0.00
		MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224			COPAY .86 0.00	DETAIL EOBS 5000		
	202 I1606	MILLWOOD 4103024761 620 0513 9990	I1606620	RECIPIENT ID.: 530002199401	MRN: 020824	020824	1,049	9.12	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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

		ICN			SERVICE DATES BILLED FROM THRU AMOUNT	COI	ΡΔΥ	TPL AMOUNT
POS 81 81 81 81 81 81 81	PROC CD 87486 87498 87640 87581 87633 87641 87651 87798 87635	59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00 1.00	FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 49.86 0.00 336.00 0.00 150.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990		
NAME:	ADRIANA 2024 I1611	4109080341		RECIPIENT ID.: 530002199401	MRN: 020824 020824 1,04		0.00	0.00
		0513 9990	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224 020824 020824 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990		
NAME:	ALEXIS N 2024 I1603!	MINOR 4102040100 559	I1603559	RECIPIENT ID.: 530001584802	MRN: 031124 031124 4:		0.00	0.00
POS 81	PROC CD 80156	MODIFIERS 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224	BILLED AMOUNT COPAY 45.00 0.00	DETAIL EOBS 3324		
NAME:	HAZEL M 2024 I16088	4107011574	I1608898	RECIPIENT ID.: 500000442223		0.54	0.00	0.00
POS 81 81	PROC CD 80053 82607	MODIFIERS 59 59	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011124 011124 220224 011124 011124 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00	DETAIL EOBS 2502 2502		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 706

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	CC)PAY	TPL AMOUNT
POS 81 81 81	PROC CD 83036 84443 36415 85049	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011124 011124 220224 011124 011124 220224 011124 011124 220224 011124 011124 220224	BILLED AMOUNT COPAY 14.00 0.00 25.20 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 2502 2502 3323 2502		
NAME:	JUNIPER 202 I1606	4103024765	I1606633	RECIPIENT ID.: 530002337216	MRN: 031224 031224 49	9.86	0.00	0.00
POS 81	PROC CD 87651		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY 49.86 0.00	DETAIL EOBS 5000		
NAME:	ANDREW 1 202 11610	4107011747	I1610725	RECIPIENT ID.: 530001509178	MRN: 032724 032724 70	0.04	0.00	0.00
POS 81 81 81	PROC CD 80053 80061 84443	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224 032724 032724 220224 032724 032724 220224 032724 032724 220224	BILLED AMOUNT COPAY 15.84 0.00 20.00 0.00 25.20 0.00 9.00 0.00	DETAIL EOBS 2504 2507 2504 2507 2504 2507 2504 2507		
NAME:	DARLENE 202 I1606	4103024926	I1606678	RECIPIENT ID.: 500001670183	MRN: 021524 021524 15	5.58	0.00	0.00
POS 81 81	PROC CD 82570 82043	MODIFIERS QW	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224 021524 021524 220224	BILLED AMOUNT COPAY 8.00 0.00 7.58 0.00	DETAIL EOBS 2502 2502		
NAME:	TONYA M 202 I1603	4102040187	I1603567	RECIPIENT ID.: 530001510277	MRN: 040324 040324 174	1.33	0.00	0.00
HEADE		0513 0823 9	990	CERTIFICE DAMES DENDERING				
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 9990		
NAME:	SADIE M 202 I1606	4103024954	I1606683	RECIPIENT ID.: 530001660628	MRN: 030624 030624 183	3.70	0.00	0.00

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

3524808

CRA-PRDN-R

REPORT:

RA#:

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

PAGE:

		ICN	PAT ACCT			DATES THRU	BILLED AMOUNT	(COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81	PROC CD 82306 82728 84481 83036 84443 84439 84436 36415 85049	MODIFIERS	1.00 1.00 1.00 1.00 1.00	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	B A	######################################	COPAY .00 0.00 .00 0.00 .00 0.00 .00 0.00 .20 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 3323 2504		APTOOINT
NAME:	ARDEN N 202 I1606	EEDHAM 4103024968 697	I1606697	RECIPIENT ID.: 530002384469	MRN: 020124			0.12	0.00	0.00
HEADE1	R EOBS:	0513 9990								
POS 81 81 81 81 81 81 81	PROC CD 87486 87498 87640 87581 87633 87641 87651 87798 87635	59 59 59 59 59	1.00 1.00 1.00 8.00 1.00	FROM THRU PROVIDER 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224	Α	SILLED MOUNT 42 37 42 318 37 49 336 150	COPAY .00 0.00 .07 0.00 .07 0.00 .00 0.00 .05 0.00 .07 0.00 .86 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990		
NAME:	11602	4099023299	I1602000	RECIPIENT ID.: 530001528102	MRN: 031924	031924	49	.86	0.00	18.94
POS 81	87651	MODIFIERS		031924 031924 220224	B A	SILLED MOUNT 49	COPAY .86 0.00	DETAIL EOBS 2003		
NAME:	SUMMER 202 11611	4109080538	I1611945	RECIPIENT ID.: 530000706117	MRN: 010224	010224	84	1.00	0.00	0.00
POS 81	PROC CD 87798	MODIFIERS	UNITS 2.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010224 010224 220224		SILLED MOUNT 84	COPAY .00 0.00	DETAIL EOBS 5000		
NAME:	GEORGE : 202 I1611	4109080572	I1611947	RECIPIENT ID.: 500002986543	MRN: 040124	040124	18	3.50	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#:

		ICN	PAT ACCT	NO.		TPL MOUNT
POS 81 81	PROC CD 83036 36415	MODIFIERS 59 59		SERVICE DATES RENDERING FROM THRU PROVIDER 040124 040124 220224 040124 040124 220224	BILLED AMOUNT COPAY DETAIL EOBS	
NAME:	SHELIA 1 2024 116067		I1606725	RECIPIENT ID.: 530000575639	MRN: 030724 030724 258.14 0.00	0.00
POS 81 81		MODIFIERS		SERVICE DATES RENDERING FROM THRU PROVIDER 030724 030724 220224 030724 030724 220224	AMOUNT COPAY DETAIL EOBS	
	I16067		I1606743	RECIPIENT ID.: 530001459400	MRN: 021524 021524 65.86 0.00	0.00
POS 81	PROC CD	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224 021524 021524 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	MELANIE 2024 116067		I1606744	RECIPIENT ID.: 530001459400	MRN: 021524 021524 60.00 0.00	0.00
		MODIFIERS 59		SERVICE DATES RENDERING FROM THRU PROVIDER 021524 021524 220224	AMOUNT COPAY DETAIL EOBS	
NAME:	ANGEL OV 2024 116107	1107012088	I1610746	RECIPIENT ID.: 530001863424	MRN: 032824 032824 174.33 0.00	0.00
	PROC CD G0482	MODIFIERS			AMOUNT COPAY DETAIL EOBS	
NAME:	CARSON (2024 116067	1103025173	I1606751	RECIPIENT ID.: 530000502577	MRN: 031224 031224 49.86 0.00	0.00
POS 81	PROC CD 87651	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

709

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

I	CN PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
		RECIPIENT ID.: 530000190661		0.00 0.00
POS PROC CD MO 81 87661	DIFIERS UNITS 1.00	FROM THRU PROVIDER 030724 030724 220224	030724 030724 32.30 BILLED AMOUNT COPAY DETAI: 32.30 0.00 2003	L EOBS
NAME: MARY PARKER 2024103 I1606773			012324 012324 423.74	0.00 0.00
		SERVICE DATES RENDERING FROM THRU PROVIDER 012324 012324 220224 012324 012324 220224 012324 012324 220224 012324 012324 220224 012324 012324 220224 012324 012324 220224		L EOBS
11602101	1 1001 0000	RECIPIENT ID.: 530001019632		0.00 63.89
POS PROC CD MO 81 80053 81 82607 81 82746 81 83036 81 80061 81 84443 81 36415	DIFIERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032224 032224 220224 032224 032224 220224 032224 032224 220224 032224 032224 220224 032224 032224 220224 032224 032224 220224 032224 032224 220224	BILLED AMOUNT COPAY DETAIN 15.84 0.00 9990 22.00 0.00 9990 22.00 0.00 9990 14.00 0.00 9990 20.00 0.00 9990 25.20 0.00 9990 4.50 0.00 3323	L EOBS
NAME: KALEAH PERE 2024102 I1604403	Z 044589 I1604403	RECIPIENT ID.: 530000878862	MRN: 112423 112423 18.53	0.00 0.00
HEADER EOBS: 068 POS PROC CD MO 81 87086	5 1081 1091 9990 DIFIERS UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 112423 112423 220224	BILLED AMOUNT COPAY DETAI 18.53 0.00 9990	L EOBS
NAME: LINDA PETER 2024103 I1606816		RECIPIENT ID.: 500002736004	MRN: 022924 022924 1,049.12	0.00 0.00

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

DATE: 04/19/2024

PAGE:

PAYEE ID

710

220224

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE DIAGNOSTIC LABORATORIES LLC 1930 EDWARDS SUITE 138 BIRMINGHAM, A

REPORT:

RA#:

CRA-PRDN-R

I1606822

S L	AKE ROAD									NPI II) 'EFT NUMBER	1598266421 083131776
AL	35235-2718									ISSUE		04/19/2024
	ICN	PAT ACCT	NO.			SERVIC	CE DATES	BILLED			TPL	
						FROM	THRU	AMOUNT	COPA	ΑY	AMOUNT	
			SERVICE D	DATES	RENDERING		BILLED					
CD	MODIFIERS	UNITS	FROM T	HRU	PROVIDER		AMOUNT	COPAY	DETAIL EOBS			
-		1 00	022924 N	122924	220224		150		2502 4021 4244			

				SERVICE DATES RENDERING	BILLED			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER	AMOUNT COPAY	DETAIL EOBS		
81	87635	1102 11 1110	1.00	022924 022924 220224	150.00 0.00	2502 4021 4244	1	
81	87486	59	1 00	022924 022924 220224	42 00 0 00	2502 4021 4244	1	
81	87498	59	1 00	022924 022924 220224	37 07 0 00	2502 4021 4244	1	
81	87581	59	1.00	022921 022921 220221	42 00 0 00	2502 1021 121	1	
81	87633	3,7	1.00	022321 022321 220221	318 05 0 00	2502 1021 121	1	
81	07033 97640		1.00	022924 022924 220224	37 07 0 00	2502 4021 424	<u>.</u> 1	
81	07641	ΕO	1.00	022924 022924 220224	37.07 0.00	2502 4021 424	I 1	
81	0/041 07651	59	1.00	022924 022924 220224	40 96 0 00	2502 4021 4244	± 1	
81	07700	39	1.00	022924 022924 220224	49.00 0.00	2502 4021 4244	± 1	
	0//90		8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224 022924 022924 220224	336.00 0.00	2502 4021 4244	ŧ	
NAME:	NEVEAH P	ETERSON		RECIPIENT ID.: 530000695427	MRN:			
	2024	103025426	I1606819		012224 012224	19.86	0.00	0.00
	I16068	319						
				SERVICE DATES RENDERING	BILLED			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER	AMOUNT COPAY	DETAIL EOBS		
81	87651		1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012224 012224 220224	49.86 0.00	5000		
NAME:	ALEXIS P	E.I.T.I.HOWWE	-1.606001	RECIPIENT ID.: 530000379859	MRN:	7.1 0.4	0 00	0 00
	2024	103025432	11606821		031124 031124 3	/1.04	0.00	0.00
	116068	321						
			_	SERVICE DATES RENDERING	BILLED			
POS	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER	AMOUNT COPAY	DETAIL EOBS		
81	80053		1.00	031124 031124 220224	15.84 0.00	5000 5486		
81	84443		1.00	031124 031124 220224	25.20 0.00	5000		
81	84439		1.00	031124 031124 220224	13.00 0.00	5000		
81	82248		1.00	031124 031124 220224	15.00 0.00	5000		
81	82533		1.00	031124 031124 220224	24.00 0.00	5000		
81	84436	59	1.00	031124 031124 220224	10.00 0.00	5930		
81	86800		1.00	031124 031124 220224	23.00 0.00	5000		
81	84432		1.00	031124 031124 220224	24.00 0.00	5000		
81	85049		1.00	031124 031124 220224	9.00 0.00	5000 5482		
81	82306		1.00	031124 031124 220224	44.00 0.00	5000		
81	82670		1.00	031124 031124 220224	41.00 0.00	5000		
81	84481		1.00	031124 031124 220224	24.00 0.00	5000		
81	84403		1.00	031124 031124 220224	38.00 0.00	5000		
81	83036		1.00	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 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	14.00 0.00	5000		
81	80061		1.00	031124 031124 220224	20.00 0.00	5000		
81	82977		1.00	031124 031124 220224	10.00 0.00	5000		
81	86376		1.00	031124 031124 220224	21.00 0.00	5000		
NAME:		ETITHOMME		RECIPIENT ID.: 530000379859	MRN:			
	2024	103025459	I1606822		031124 031124 28	30.00	0.00	0.00

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 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO)PAY	TPL AMOUNT
POS PROC (81 86592 81 87040 81 83970 81 84270 81 86141 81 84402 81 86038	2))) L 2	1.00 1.00 1.00 1.00	031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	BILLED		
)24099023399)2154	I1602154	RECIPIENT ID.: 530001429717	MRN: 032024 032024 49.43	0.00	19.36
81 83540) 5 5	1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032024 032024 220224 032024 032024 220224 032024 032024 220224 032024 032024 220224 032024 032024 220224	אארוואיי פרטאע דייאדו דרספ		
20)24099023404)2155	I1602155	RECIPIENT ID.: 530001429717	MRN: 032024 032024 30.00	0.00	6.83
		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032024 032024 220224	AMOUNT COPAY DETAIL EOBS		
	24103025477		RECIPIENT ID.: 530002296625	MRN: 031124 031124 18.00	0.00	0.00
POS PROC (81 83655				BILLED AMOUNT COPAY DETAIL EOBS 18.00 0.00 5000		
20	SO PLATA 024103025486 06845		RECIPIENT ID.: 530002296625	MRN: 032124 032124 49.86	0.00	0.00
POS PROC (SERVICE DATES RENDERING FROM THRU PROVIDER 032124 032124 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED TPL FROM THRU AMOUNT COPAY AMOUNT	- -
	PAULA PLUNKETT	T1606016	RECIPIENT ID.: 530000043798 SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224	020724 020724 84 70 0 00	0.00
	2024103025501 I1606847	I1606847		020724 020724 48.00 0.00	0.00
POS 81		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 48.00 0.00 2504	
NAME:	PAULA PLUNKETT 2024109080748 I1611996	I1611996	RECIPIENT ID.: 530000043798	020724 020724 84.70 0.00	0.00
POS 81 81 81 81	PROC CD MODIFIERS 84481 86376 84443 84436 59 36415	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 24.00 0.00 2504 21.00 0.00 2504 25.20 0.00 2504 10.00 0.00 2504 4.50 0.00 3323	
NAME:	PAULA PLUNKETT 2024109080760 I1611997	I1611997	RECIPIENT ID.: 530000043798		0.00
POS 81	PROC CD MODIFIERS 84482	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 48.00 0.00 2504	
NAME:	TOBIAS POLASKY 2024103025503 I1606848	I1606848	RECIPIENT ID.: 530002306074	MRN: 020724 020724 1,049.12 0.00	0.00
POS 81	PROC CD MODIFIERS 87635	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 150.00 0.00 2504	

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID

PAYEE ID

NPI ID

CHECK/EFT NUMBER
ISSUE DATE

REPORT:

RA#:

		ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COL	PAY	TPL AMOUNT
POS 81 81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	NO. SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224 020724 020724 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
NAME:	TOBIAS 1 2024 11611	POLASKY 4109080789 998	I1611998	RECIPIENT ID.: 530002306074	MRN: 020724 020724 1,049	9.12	0.00	0.00
81 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	020724 020724 220224 020724 020724 220224	BILLED AMOUNT COPAY 150.00 0.00 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
	THOMAS 1	POORE 4107012618	I1609057	RECIPIENT ID.: 500002998487	MRN: 041124 041124 54		0.00	0.00
POS 81 81 81 81	PROC CD 80053 82977 82248 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224 041124 041124 220224 041124 041124 220224 041124 041124 220224 041124 041124 220224	BILLED AMOUNT COPAY 15.84 0.00 10.00 0.00 15.00 0.00 4.50 0.00 9.00 0.00	1831 1831 1831 3323		
NAME:	THOMAS 1 202	4109080802	I1612001	RECIPIENT ID.: 500002998487	MRN: 041124 041124 68	3.00	0.00	0.00
POS 81	PROC CD 83605		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT COPAY 23.00 0.00	DETAIL EOBS 1831		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 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

CRA-PRDN-R

3524808

REPORT:

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COP	TPL PAY AMOUNT
POS 81	PROC CD MODIFIERS 82140	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT COPAY DETAIL EOBS 45.00 0.00 1831	AI AMOUNI
	T1606854		RECIPIENT ID.: 530002029001		0.00 0.00
POS 81 81	PROC CD MODIFIERS 88175 87624	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030624 030624 220224 030624 030624 220224	BILLED AMOUNT COPAY DETAIL EOBS 81.00 0.00 5000 35.09 0.00 5000	
	T1586881		RECIPIENT ID.: 530001056840		0.00 0.00
POS 81	PROC CD MODIFIERS 84702	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 112723 112723 220224	BILLED AMOUNT COPAY DETAIL EOBS 22.00 0.00 2802	
NAME:	SHAQUARIUS POPE 2024087030581	I1586882	RECIPIENT ID.: 530001056840	MRN: 112923 112923 22.00	0.00 0.00
POS 81	PROC CD MODIFIERS 84702	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 112923 112923 220224	BILLED AMOUNT COPAY DETAIL EOBS 22.00 0.00 2802	
	T1606876		RECIPIENT ID.: 530001420706		0.00 0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
NAME:	ALYSHA PRESTWOOD 2024102040401 I1603593		RECIPIENT ID.: 530001190961	MRN: 032524 032524 33.52	0.00 0.00
POS 81	PROC CD MODIFIERS 82985 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032524 032524 220224	BILLED AMOUNT COPAY DETAIL EOBS 33.52 0.00 3324	
NAME:	JONATHAN PRINCE 2024103025606 I1606881	I1606881	RECIPIENT ID.: 530000439344	MRN: 031124 031124 36.00	0.00 0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 715

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

3524808

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL
POS 81	PROC CD MODIFIERS 82553	UNITS 1.00	SERVICE DATES RENDERING	BILLED AMOUNT COPAY DE 36.00 0.00 50	TAIL EOBS	AMOUNT
	BEAU PRITCHARD 2024103025617 I1606885				0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224	BILLED AMOUNT COPAY DE 49.86 0.00 25	TAIL EOBS 04	
	BEAU PRITCHARD 2024109080839 I1612015				0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032624 032624 220224	BILLED AMOUNT COPAY DE 49.86 0.00 25	TAIL EOBS 04	
	CHELSIE PRUETT 2024102040410 I1603596				0.00	0.00
81 81 81 81 81 81	87633 87641 59 87651 59	1.00 1.00 1.00 1.00 1.00 1.00	FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224	AMOUNT COPAY DE 150.00 0.00 25 42.00 0.00 25 37.07 0.00 25 42.00 0.00 25 42.00 0.00 25 42.00 0.00 25 42.00 0.00 25 42.00 0.00 25 42.00 0.00 25	TAIL EOBS 04 04 04 04 04 04 04 04	
NAME •	2024103025664 11606895	I1606895	RECIPIENT ID.: 530000620819	010924 010924 258.14	0.00	0.00
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010924 010924 220224 010924 010924 220224	83.81 0.00 25	TAIL EOBS 04 4021 4244 04 4021 4244	
NAME:	JAMIE PURSER 2024109080849 I1612020	I1612020	RECIPIENT ID.: 530000620819	MRN: 010924 010924 258.14	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 716

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

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

CRA-PRDN-R

3524808

REPORT:

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED TPL FROM THRU AMOUNT COPAY AMOUNT	
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010924 010924 220224 010924 010924 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2504 4021 4244 174.33 0.00 2504 4021 4244	
NAME:	2024103025721	I1606904		031124 031124 74.54 0.00 0.	00
POS 81 81 81 81	PROC CD MODIFIERS 80053 80061 84443 36415 85049	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 5000 5486 20.00 0.00 5000 25.20 0.00 5000 4.50 0.00 3323 9.00 0.00 5000 5482	
	T1604853		RECIPIENT ID.: 530000578638		00
POS 81 81	PROC CD MODIFIERS 88175 87624	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 112023 112023 220224 112023 112023 220224	BILLED AMOUNT COPAY DETAIL EOBS 81.00 0.00 2504 2507 4244 4524 4580 35.09 0.00 2504 2507 4244 4524 4580	
	2024103025736 I1606919	I1606919		122123 122123 49.86 0.00 0.	00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
NAME:	NEVAEH RAYBORN 2024103025750 I1606920	I1606920	RECIPIENT ID.: 530001176257	MRN: 012924 012924 19.84 0.00 0.0	00
POS 81 81	PROC CD MODIFIERS 80053 85652	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012924 012924 220224 012924 012924 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 5000 5486 4.00 0.00 5000	
NAME:	NEVAEH RAYBORN 2024103025754 I1606921	I1606921	RECIPIENT ID.: 530001176257	MRN: 012924 012924 9.00 0.00 0.0	00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 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

CRA-PRDN-R

3524808

REPORT:

RA#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

			PAT ACCT			CE DATES THRU	7 MACTINITY		COPAY	TPL AMOUNT
	PROC CD 85049	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012924 012924 220224	111011	BILLED AMOUNT	COPAY .00 0.00	DETAIL EOBS 5000 5482	001111	11100111
NAME:	NEVAEH R 2024 I16069	AYBORN 103025756	I1606922	RECIPIENT ID.: 530001176257	MRN: 012924	1 012924		9.00		0.00
	PROC CD 86141	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012924 012924 220224		BILLED AMOUNT 19	COPAY .00 0.00	DETAIL EOBS 5000		
	I16120	28	I1612028	RECIPIENT ID.: 530002204313	MRN: 040324	4 040324	1,049	9.12	0.00	0.00
HEADE	R EOBS:	0513 9990								
				SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224		BILLED				
POS		MODIFIERS	UNITS	FROM THRU PROVIDER		AMOUNT	COPAY	DETAIL EOBS		
81	87635	59	1.00	040324 040324 220224		150	.00 0.00	9990		
81	87486	59 59	1.00	040324 040324 220224		42	.00 0.00	9990		
81	87498	59 59	1.00	040324 040324 220224		3 /	.07 0.00	9990		
81	87581	59	1.00	040324 040324 220224		42 210	.00 0.00	9990		
81	87633		1.00	040324 040324 220224		318 318	.05 0.00	9990		
81	87640	59	1.00	040324 040324 220224		3 /	.07 0.00	9990		
81 81	87641 87651	59	1.00	040324 040324 220224		3 / 4 O	06 0 00	9990		
81	87798	59	2.00	040324 040324 220224		336	.00 0.00	9990		
01	01190		0.00	040324 040324 220224		330	.00 0.00	9990		
NAME:	SHANAVIA 2024 I16022	RHODES 099023447	I1602275	RECIPIENT ID.: 530000862750		4 040324	7	7.00	0.00	0.00
				SERVICE DATES RENDERING		BILLED				
POS 81	PROC CD 86592	MODIFIERS	UNITS 1.00	FROM THRU PROVIDER 040324 040324 220224		AMOUNT 7	COPAY .00 0.00	DETAIL EOBS 2504		
NAME:	SHANAVIA 2024 I16022	099023456	I1602276	RECIPIENT ID.: 530000862750		4 040324	71	00	0.00	0.00
POS 81		MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224		BILLED AMOUNT 71	COPAY .00 0.00	DETAIL EOBS 2504		
NAME:		109080938	I1612035	RECIPIENT ID.: 530000862750	MRN: 040324	1 040324	235	5.66	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 718

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT: CRA-PRDN-R

RA#:

		ICN	PAT ACCT		FROM	E DATES THRU	BILLED AMOUNT		COPAY	TPL AMOUNT
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	FROM THRU PROVIDER 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224 040324 040324 220224		BILLED AMOUNT 36 49 42 32 71	COPAY .00 0.00 .50 0.00 .86 0.00 .00 0.00 .30 0.00	DETAIL EOBS 2504 3323 2504 2504 2504 2504	5	
NAME:	SHANAVIA 2024 I16120	1109080957	I1612036	RECIPIENT ID.: 530000862750	MRN: 040324	040324		7.00	0.00	0.00
POS 81	PROC CD		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040324 040324 220224		AMOUNT	COPAY	DETAIL EOBS 2504	5	
NAME:	JORDAN R 2024 I16036	1102040496	I1603606	RECIPIENT ID.: 530000488298	MRN: 040624	040624	1,04	9.12	0.00	0.00
HEADEI	R EOBS:	0513 0823 9	990							
POS 81 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	FROM THRU PROVIDER 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224 040624 040624 220224		1.7	COPAY .00 0.00 .00 0.00 .07 0.00 .05 0.00 .07 0.00 .07 0.00 .07 0.00 .86 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990	5	
	2024 I16022	1099023474 280		RECIPIENT ID.: 530000459986	MRN: 040424	040424	15	50.00	0.00	0.00
POS				SERVICE DATES RENDERING FROM THRU PROVIDER 040424 040424 220224		AMOUNT			5	
	2024 I16036	1102040506		RECIPIENT ID.: 530000459986		040424	89	9.12	0.00	0.00

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 719

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-PRDN-R

RA#:

POS 81 81 81 81 81 81	PROC CD 87486 87498 87581 87633 87640 87641 87651 87798	ICN MODIFIERS 59 59 59 59	UNITS 1.00 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 040424 040424 220224 040424 040424 220224	SERVICE DATES BILLED FROM THRU AMOUNT BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00	COPA DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990	Y	TPL AMOUNT
NAME:	J QUARIO 202 I1612	4109080961 041	N I1612041	RECIPIENT ID.: 530000459986	MRN: 040424 040424 1,049		0.00	0.00
POS 81 81 81 81 81 81 81	PROC CD 87635 87486 87498 87581 87633 87640 87641 87651 87798	0513 9990 MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	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 040424 040424 220224 040424 040424 220224	BILLED AMOUNT COPAY 150.00 0.00 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990		
NAME:	202 I1606	4103025872	I1606962		020524 020524 22	.82	0.00	0.00
81 81	83540 83550		1.00 1.00	020524 020524 220224 020524 020524 220224	9.71 0.00 13.11 0.00	2502 4021 4244 2502 4021 4244		
NAME:		ROBINSON 4103025901 972	I1606972	RECIPIENT ID.: 530002025136		.14	0.00	0.00
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021224 021224 220224 021224 021224 220224	BILLED AMOUNT COPAY 83.81 0.00 174.33 0.00	DETAIL EOBS 2502 2502		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE:

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

CORE	DIAGNOSTIC LABORATORIES LLC	
1930	EDWARDS LAKE ROAD	
SUITE	E 138	

REPORT:

RA#:

CRA-PRDN-R

BIRMINGHAM, AL 35235-2718

3524808

220224 PAYEE ID NPI ID 1598266421 083131776 CHECK/EFT NUMBER 04/19/2024 ISSUE DATE

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	COPAY	TPL AMOUNT
POS 81 81 81 81 81 81 81 81 81 81 81 81	87641 59 87798 84156 82570 83069 84311 82010 82945 82247 59 83986 81007 82043 QW	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 4.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 11.00 032524 032524 220224 11.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224 1.00 032524 032524 220224	032524 032524 1,047.79 BILLED AMOUNT COPAY DETAIL E 168.00 0.00 2504 37.07 0.00 2504 462.00 0.00 2504 462.00 0.00 2504 84.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 8.00 0.00 2504 16.00 0.00 2504 16.00 0.00 2504 120.00 0.00 2504 7.58 0.00 2504		0.00
NAME:	KARLA RODRIGUEZ 2024103025970 I1606993	RECIPIENT ID.: 530001054463 I1606993	MRN: 020524 020524 899.12	0.00	0.00
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 8.00 020524 020524 220224	BILLED AMOUNT COPAY DETAIL E 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 49.86 0.00 2504 336.00 0.00 2504	OBS	
NAME:	KARLA RODRIGUEZ 2024109081063 I1612060	RECIPIENT ID.: 530001054463 I1612060	MRN: 020524 020524 899.12	0.00	0.00
POS 81	PROC CD MODIFIERS 87486 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020524 020524 220224	BILLED AMOUNT COPAY DETAIL E 42.00 0.00 2504	OBS	

CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 721

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 083131776
ISSUE DATE 04/19/2024

	ICN-	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	CO	PAY	TPL AMOUNT
POS 81 81 81 81 81 81	PROC CD MODIF 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	TIERS UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224	BILLED AMOUNT COPAY 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504		
NAME:	DAVID ROSALEZ 2024103025 11607008	5991 I1607008	RECIPIENT ID.: 530001570992	MRN: 111023 111023 21	1.25	0.00	0.00
POS 81 81	PROC CD MODIF 86003 82785 LC	23.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 111023 111023 220224 111023 111023 220224	BILLED AMOUNT COPAY 178.25 0.00 33.00 0.00	DETAIL EOBS 5000 5000		
NAME:	JOR DYN ROSE 2024103025 I1607009	5998 I1607009	RECIPIENT ID.: 530001052335	030524 030524 77	72.53	0.00	0.00
POS 81 81 81 81 81	PROC CD MODIF 87481 59 87640 59 87653 59 87798 87651 87086	TIERS UNITS 4.00 1.00 1.00 11.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224	BILLED AMOUNT COPAY 168.00 0.00 37.07 0.00 37.07 0.00 462.00 0.00 49.86 0.00 18.53 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504		
NAME:	JOR DYN ROSE 2024109081 I1612063	.095 I1612063	RECIPIENT ID.: 530001052335	MRN: 030524 030524 77	2.53	0.00	0.00
POS 81 81 81 81 81	PROC CD MODIF 87481 59 87640 59 87653 59 87798 87651 87086	TIERS UNITS 4.00 1.00 1.00 11.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224 030524 030524 220224	BILLED AMOUNT COPAY 168.00 0.00 37.07 0.00 37.07 0.00 462.00 0.00 49.86 0.00 18.53 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504		
NAME:	JUDIETH RUSSEI 2024109081 I1613077		RECIPIENT ID.: 530001636194	MRN: 122123 122123 17	4.33	0.00	0.00

DATE: 04/19/2024 ALABAMA MEDICAID AGENCY PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

722

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

RA#:

CRA-PRDN-R

			PAT ACCT		FROM	THRII	BILLED AMOUNT		COF	PAY	TPL AMOUNT
	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 122123 122123 220224	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BILLED AMOUNT 174	COPAY33 0.00	DETAIL 2502			71100111
NAME:	JAYDA SA 2024 I16036		I1603624					9.00		0.00	0.00
81				040424 040424 220224	Ī	BILLED AMOUNT 9	COPAY .00 0.00	DETAIL 2504	EOBS		
NAME:	T1 C0 D0	A A								0.00	0.00
DOG		MODIFIED	TINTE	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224]	BILLED	CODAN		EODG		
POS 81	97496	MODIFIERS	UNTTS	FROM THRO PROVIDER		MOUN.I.	COPAY	DETAIL 2504	EOBS		
81	97499 97499	59	1.00	021324 021324 220224		37	0.00	2504			
81	87581	59	1 00	021324 021324 220224		42	00 0 00	2504			
81	87633	3,5	1.00	021324 021324 220224		318	.05 0.00	2504			
81	87640		1.00	021324 021324 220224		37	.07 0.00	2504			
81	87641	59	1.00	021324 021324 220224		37	.07 0.00	2504			
81	87651	59	1.00	021324 021324 220224		49	.86 0.00	2504			
81	87798		8.00	021324 021324 220224		336	.00 0.00	2504			
81	87635	59 59 59	1.00	021324 021324 220224		150	.00 0.00	2504			
NAME:	HUNTER S	ANDERSON		RECIPIENT ID.: 530001682942	MRN:						
	2024 T16120	109081205	11612077		021324					0.00	0.00
				SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224 021324 021324 220224 021324 021324 220224 021324 021324 220224	Ι	BILLED					
	PROC CD	MODIFIERS	UNITS	FROM THRU PROVIDER	Ī	AMOUNT	COPAY	DETAIL	EOBS		
81	87486	59	1.00	021324 021324 220224		42	0.00	2504			
81	87498	59	1.00	021324 021324 220224		3.7	.07 0.00	2504			
81	87581	59	1.00	021324 021324 220224		42	0.00	2504			
81	8/633		1.00	021324 021324 220224		318	0.05	2504			
81	87640 87641	59	1.00 1.00	021324 021324 220224 021324 021324 220224			0.07 0.00	2504 2504			
81 81	87651	59	1.00	021324 021324 220224			.86 0.00	2504			
81	87798	J)	8.00	021324 021324 220224 021324 021324			.00 0.00	2504			
81	87635		1.00	021324 021324 220224			.00 0.00	2504			
NAME:		107013249	I1609175	RECIPIENT ID.: 530002085888	MRN: 032824	032824	. (58.54		0.00	0.00

CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 723

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 083131776
ISSUE DATE 04/19/2024

	ICN			SERVICE DATES BILLED FROM THRU AMOUNT	COP	PAY	TPL AMOUNT
POS 81 81 81 81	PROC CD MODIFIERS 80053 59 83036 59 84443 59 36415 59 85049 59	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 032824 032824 220224	BILLED AMOUNT COPAY 15.84 0.00 14.00 0.00 25.20 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 4028 4028 4028 3323 4028		
NAME:	WILLIAM SANTIVASCI 2024103026098 I1607050		RECIPIENT ID.: 530001155028	MRN: 031224 031224 49	0.86	0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	AMOUNT COPAY	DETAIL EOBS 5000		
	DANIEL SANTOS 2024107013259 I1609176	I1609176	RECIPIENT ID.: 530002201570	MRN: 030524 030524 18	3.00	0.00	0.00
POS 81	PROC CD MODIFIERS 83655	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 030524 030524 220224	BILLED AMOUNT COPAY 18.00 0.00	DETAIL EOBS 2504		
NAME:	QUINCY SCARBOROUGH 2024103026110 I1607055	I1607055	RECIPIENT ID.: 530001409208	MRN: 032824 032824 56	5.70	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 83036 84443 84439 36415	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	A WOLLMAN GODAAA	DETAIL EOBS 1831 1831 1831 3323		
NAME:			RECIPIENT ID.: 530002324207	MRN:	3.50	0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 87498 59 87502 59 87581 59 87633	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020923 020923 220224 020923 020923 220224 020923 020923 220224 020923 020923 220224	BILLED AMOUNT COPAY 37.07 0.00 81.38 0.00 42.00 0.00 318.05 0.00	DETAIL EOBS 2003 2003 2003 2003		
NAME:	NOLAN SCHMIDT 2024102047863 I1604869	I1604869	RECIPIENT ID.: 530002252740	MRN: 122823 122823 899	0.12	0.00	0.00

CRA-PRDN-R DATE: 04/19/2024 ALABAMA MEDICAID AGENCY 3524808 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#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT	CO	OPAY	TPL AMOUNT
POS 81 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 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224 122823 122823 220224	BILLED AMOUNT COPAY 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
NAME:	ROBERT SCOTT 2024107013297 I1610827	I1610827	RECIPIENT ID.: 530001971085	MRN: 041124 041124 12	0.00	0.00	0.00
	PROC CD MODIFIERS 83880	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041124 041124 220224	BILLED AMOUNT COPAY 120.00 0.00	DETAIL EOBS 1831		
NAME:	JESSICA SHARP 2024099023552 I1602432		RECIPIENT ID.: 530001120066			0.00	0.00
POS 81 81 81 81 81	PROC CD MODIFIERS 87798 87481 87491 59 87511 59 87591 59 87661	UNITS 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	BILLED AMOUNT COPAY 42.00 0.00 42.00 0.00 49.86 0.00 42.00 0.00 42.00 0.00 32.30 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504		
	JESSICA SHARP 2024109081277 I1612088		RECIPIENT ID.: 530001120066	040424 040424 25	0.16	0.00	0.00
81 81 81 81 81	87798 87481 87491 59 87511 59 87591 59 87661	UNITS 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	42.00 0.00 42.00 0.00 49.86 0.00 42.00 0.00 42.00 0.00 32.30 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504		
NAME:	MARLEE SILVERLING 2024107013405 I1609221	I1609221	RECIPIENT ID.: 530000747230	MRN: 022724 022724	5.00	0.00	0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 725

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

		ICN	PAT ACCT	NO.		CE DATES	BILLED	(TPL
POS 81	PROC CD 81001	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224	FROM	BILLED AMOUNT	AMOUNT COPAY .00 0.00	DETAIL EOBS	COPAY	AMOUNT
NAME:		4107013414			022724			4.50	0.00	0.00
POS 81	PROC CD 81015		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022724 022724 220224		AMOUNT 4	COPAY	DETAIL EOBS 5930		
NAME:	ZYARIA 202 I1607	4103026301	I1607112		031124		Ş	98.32	0.00	0.00
POS 81 81 81 81 81	PROC CD 82746 83540 83550 82728 36415 85049	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224 031124 031124 220224		BILLED AMOUNT 22 9 13 40 4	COPAY .00 0.00 .71 0.00 .11 0.00 .00 0.00 .50 0.00	DETAIL EOBS 5000 5000 5000 5000 3323 5000 5482		
NAME:	KATHERI 202 I1607	4103026342	LD I1607123	RECIPIENT ID.: 500001426291	010324		. <u>4</u>	14.84	0.00	0.00
POS 81 81 81	PROC CD 80053 80061 85049	MODIFIERS	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 010324 010324 220224 010324 010324 220224 010324 010324 220224		BILLED AMOUNT 15 20	COPAY .84 0.00 .00 0.00	DETAIL EOBS 2502 2502 2502		
NAME:		4103026359	I1607124	RECIPIENT ID.: 530000751822	MRN: 02012	4 020124	3	34.34	0.00	0.00
POS 81 81 81	PROC CD 80053 83036 36415		UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 020124 020124 220224 020124 020124 220224 020124 020124 220224		14	COPAY .84 0.00 .00 0.00	DETAIL EOBS 2504 2504 3323		
NAME:		4103026399	I1607131	RECIPIENT ID.: 530002212276	MRN: 041024	4 041024	76	50.52	0.00	0.00

CRA-PRDN-R DATE: 04/19/2024 ALABAMA MEDICAID AGENCY 3524808 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#:

220224 PAYEE ID NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

	IC	CN I	PAT ACCT		SERVICE DATES FROM THRU		COI	PAY	TPL AMOUNT
POS 81 81 81 81 81 81 81	87640 59 87491 59 87511 87529 87591 87653 59 87661 87563		UNITS 1.00 1.00 1.00 2.00 1.00 1.00 1.00 9.00	SERVICE DATES RENDERING FROM THRU PROVIDER 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224 041024 041024 220224	BILLED AMOUNT 37 49 42 99 42 37 32 42 378	COPAY .07 0.00 .86 0.00 .00 0.00 .72 0.00 .00 0.00 .07 0.00 .30 0.00 .50 0.00	DETAIL EOBS 4021 4244 4244 4524 4580 4244 4524 4580 4244 4524 4580 4244 4524 4580 4021 4244 4021 4244)))	
	ERICK SMITH 20241030 I1607143			RECIPIENT ID.: 530001617586	MRN: 031224 031224	49	.86	0.00	0.00
POS 81	PROC CD MOD 87651	DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT 49	COPAY .86 0.00	DETAIL EOBS 5000		
NAME:	JEREMI SMITH 20241030 I1607153	H D26444 I		RECIPIENT ID.: 530000078435	021324 021324			0.00	0.00
POS 81 81	PROC CD MOD 80307 G0482	DIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224 021324 021324 220224	BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2504 2504		
NAME:	JEREMI SMITH 20241090 I1612099	H 081385 <u>-</u>	I1612099	RECIPIENT ID.: 530000078435	MRN: 021324 021324	258	.14	0.00	0.00
POS 81 81	PROC CD MOD 80307 G0482	DIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224 021324 021324 220224	BILLED AMOUNT 83 174	COPAY .81 0.00 .33 0.00	DETAIL EOBS 2504 2504		
NAME:	LILY SMITH 20241020 I1603654	040856	11603654	RECIPIENT ID.: 530001069745	MRN: 031324 031324	9	.71	0.00	0.00
POS 81		DIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224	BILLED AMOUNT 9	COPAY .71 0.00	DETAIL EOBS 2504		
NAME:	LILY SMITH 20241020 I1603655	040868	I1603655	RECIPIENT ID.: 530001069745	MRN: 031324 031324	20	.00	0.00	0.00

DATE: 04/19/2024 CRA-PRDN-R ALABAMA MEDICAID AGENCY 3524808 PAGE: MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

727

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT:

		ICN			FP∩M	CE DATES THRU	BILLED AMOUNT	(COPAY	TPL AMOUNT
POS 81	PROC CD 86200	MODIFIERS 90	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224		BILLED AMOUNT 20	COPAY .00 0.00	DETAIL EOBS 3324		
NAME:				RECIPIENT ID.: 530001069745				.11		0.00
POS 81 81 81 81 81 81	PROC CD 83550 84481 86376 84436 85027 86800 84432	MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224 031324 031324 220224		BILLED AMOUNT 13 24 21 10 12 23 24	COPAY .11 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00 .00 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504		
	VALLERY 202	SMITH 4102047951 887	I1604887	RECIPIENT ID.: 530001001938	MRN: 031424	1 031424	299	.33	0.00	0.00
POS 81 81	PROC CD 80307 G0482	MODIFIERS	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224 031424 031424 220224		BILLED AMOUNT 125 174	COPAY .00 0.00 .33 0.00	DETAIL EOBS 2504 2504		
	T1607	173		RECIPIENT ID.: 530000543248				.33		0.00
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 100923 100923 220224		BILLED AMOUNT 174	COPAY .33 0.00	DETAIL EOBS 2003		
NAME:	WENDY SI 2024 I1607	MITH 4103026477 174	I1607174	RECIPIENT ID.: 530000543248	MRN: 102523		1,049	.12	0.00	0.00
POS 81 81 81 81	PROC CD 87635 87486 87498 87581 87633	MODIFIERS 59 59 59	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 102523 102523 220224 102523 102523 220224 102523 102523 220224 102523 102523 220224 102523 102523 220224		42 37 42	COPAY .00 0.00 .00 0.00 .07 0.00 .00 0.00 .05 0.00	DETAIL EOBS 2003 2003 2003 2003 2003		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 728

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

	-	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	COP	ΔY	TPL AMOUNT
POS 81 81 81	87640 87641 87651	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER	BILLED AMOUNT COPAY 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2003 2003 2003 2003		11100111
	116071	75		RECIPIENT ID.: 530000543248				0.00
POS 81	PROC CD G0482	MODIFIERS	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 011224 011224 220224	BILLED AMOUNT COPAY 174.33 0.00	DETAIL EOBS 2504 4021 4244		
NAME:	WENDY SM: 2024: 116071	ITH 103026487 76	I1607176	RECIPIENT ID.: 530000543248	MRN: 022624 022624 1,0		0.00	0.00
POS 81 81 81 81 81 81	87635 87486 87498 87581 87633	MODIFIERS 59 59 59 59	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 8.00	022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224	BILLED AMOUNT COPAY 150.00 0.00 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00 336.00 0.00	DETAIL EOBS 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244		
NAME:	WENDY SM: 2024: I16121	ITH 109081421 06	I1612106	RECIPIENT ID.: 530000543248	MRN: 022624 022624 1,0	49.12	0.00	0.00
POS 81 81 81 81 81 81		MODIFIERS 59 59 59 59		SERVICE DATES RENDERING FROM THRU PROVIDER 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224 022624 022624 220224	BILLED AMOUNT COPAY 150.00 0.00 42.00 0.00 37.07 0.00 42.00 0.00 318.05 0.00 37.07 0.00 37.07 0.00 49.86 0.00	2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244 2504 4021 4244		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 729

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-PRDN-R

RA#:

		ICN			FROM	CE DATES THRU	AMOUNT		COPAY	TPL AMOUNT
POS 81	PROC CD 87798	MODIFIERS	UNITS 8.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022624 022624 220224		BILLED AMOUNT 336	COPAY	DETAIL EOBS 2504 4244		
NAME:	OLIVIA S 2024 I16071	1103026494	I1607198	RECIPIENT ID.: 530001705296	031124		91	.54	0.00	0.00
POS 81 81 81 81 81	PROC CD 80053 83036 84443 84439 84436 36415 85049	MODIFIERS 59	1.00 1.00 1.00 1.00 1.00			AMOUNT 15 14 25 13 10	.84 0.00 .00 0.00 .20 0.00 .00 0.00 .50 0.00	DETAIL EOBS 5000 5486 5000 5000 5000 5930 3323 5000 5482		
	2024 I16048	1102047972		RECIPIENT ID.: 530000634262		4 040824	124	.16	0.00	0.00
POS 81 81 81			UNITS 1.00 1.00 1.00	040824 040824 220224 040824 040824 220224		BILLED AMOUNT 49 42 32	COPAY .86 0.00 .00 0.00	DETAIL EOBS 9990 9990 9990		
NAME:		1103026552	I1607211	RECIPIENT ID.: 530000473250	MRN: 020524	4 020524	899	.12	0.00	0.00
POS 81 81 81 81 81 81			UNITS 1.00 1.00 1.00 1.00 1.00 1.00 8.00	020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224 020524 020524 220224		AMOUNT 42 37 42 318 37 49	0.05 0.00 0.07 0.00 0.07 0.00 0.86 0.00	DETAIL EOBS 2504 2504 2504 2504 2504 2504 2504 2504		
NAME:		1109081478	I1612120	RECIPIENT ID.: 530000473250	MRN: 020524	4 020524	899	.12	0.00	0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 PAGE: 730 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#:

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL PAY AMOUNT
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87486 59 87498 59 87581 59 87633 87640 87641 59 87651 59 87798	1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224 1.00 020524 020524 220224	BILLED AMOUNT COPAY DETAIL EOBS 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 49.86 0.00 2504 336.00 0.00 2504	
NAME:	TUCKER STEVENS 2024103026567 I1607227	RECIPIENT ID.: 530001472668 I1607227		0.00 0.00
POS 81	PROC CD MODIFIERS 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504	
NAME:	COTI STEWART 2024102040921 I1603664	RECIPIENT ID.: 530000507536 I1603664 SERVICE DATES RENDERING		0.00 0.00
POS 81 81 81 81 81 81 81	PROC CD MODIFIERS 80053 82607 82746 82306 85652 80061 84443 36415 85049	UNITS FROM THRU PROVIDER 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2504 22.00 0.00 2504 22.00 0.00 2504 44.00 0.00 2504 4.00 0.00 2504 20.00 0.00 2504 25.20 0.00 2504 4.50 0.00 3323 9.00 0.00 2504	
NAME:	COTI STEWART 2024102040943 I1603665	RECIPIENT ID.: 530000507536	MRN: 031224 031224 15.00	0.00 0.00
POS 81	PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.00 0.00 3324	
NAME:	COTI STEWART 2024109081498 I1612130		MRN: 031224 031224 9.00	0.00 0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 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 083131776 ISSUE DATE 04/19/2024

		PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT COP	TPL AY AMOUNT	
	PROC CD MODIFIERS 85049	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 9.00 0.00 2504	711 7110011	
NAME:	KAIRA STOKES 2024107013813 I1610874	I1610874	RECIPIENT ID.: 530001481739		0.00 0.00	
POS 81 81 81	PROC CD MODIFIERS 87491 59 87591 59 87661	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 080823 080823 220224 080823 080823 220224 080823 080823 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2504 42.00 0.00 2504 32.30 0.00 2504		
NAME:	KAIRA STOKES 2024107013830 I1610875		RECIPIENT ID.: 530001481739		0.00 0.00	
POS 81	PROC CD MODIFIERS 84156	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 080723 080723 220224	BILLED AMOUNT COPAY DETAIL EOBS 8.00 0.00 2504		
	2024103026656 I1607255	I1607255		031224 031224 49.86	0.00 0.00	
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
NAME:	ADALYN STRINGFELLOW 2024103026662 11607256		RECIPIENT ID.: 530000755236	MRN: 032724 032724 49.86	0.00 0.00	
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 032724 032724 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
			RECIPIENT ID.: 530001582885		0.00 0.00	
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
NAME:	JASON TATUM 2024103026715 I1607286	I1607286	RECIPIENT ID.: 530000952683	MRN: 022124 022124 402.52	0.00 0.00	

REPORT: CRA-PRDN-R DATE: 04/19/2024 ALABAMA MEDICAID AGENCY 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 732

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224 CORE DIAGNOSTIC LABORATORIES LLC PAYEE ID 1930 EDWARDS LAKE ROAD NPI ID 1598266421 SUITE 138 CHECK/EFT NUMBER 083131776 BIRMINGHAM, AL 35235-2718 ISSUE DATE 04/19/2024

RA#:

HEADER EOBS: 1081 1091 9990

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT COP	TPL AY AMOUNT
POS 81 81 81 81 81 81	PROC CD MODIFIERS 87798 87491 59 87511 59 87529 59 87591 59 87661 59 87389 80061 36415	UNITS 3.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224	BILLED AMOUNT COPAY DETAIL EOBS 126.00 0.00 4028 49.86 0.00 4028 42.00 0.00 4028 49.86 0.00 4028 42.00 0.00 4028 32.30 0.00 4028 32.30 0.00 4028 36.00 0.00 4028 20.00 0.00 4028 4.50 0.00 3323	AI AMOUNI
	I1607287	I1607287	RECIPIENT ID.: 530000952683	MRN: 022124 022124 7.00	0.00 0.00
POS 81	PROC CD MODIFIERS 86592	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022124 022124 220224	BILLED AMOUNT COPAY DETAIL EOBS 7.00 0.00 4028	
NAME:	JASON TATUM 2024107013958 I1610883		RECIPIENT ID.: 530000952683		0.00 0.00
POS 81 81 81 81 81 81 81	87798 87491 59 87511 59 87529 59 87591 59 87661 59 87389 80061	UNITS 3.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224 022124 022124 220224	BILLED AMOUNT COPAY DETAIL EOBS 126.00 0.00 4028 49.86 0.00 4028 42.00 0.00 4028 49.86 0.00 4028 42.00 0.00 4028 32.30 0.00 4028 36.00 0.00 4028 20.00 0.00 4028 4.50 0.00 3323	
NAME:	JASON TATUM 2024107013973 I1610884	I1610884	RECIPIENT ID.: 530000952683	MRN: 022124 022124 7.00	0.00 0.00
POS 81	PROC CD MODIFIERS 86592	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022124 022124 220224	BILLED AMOUNT COPAY DETAIL EOBS 7.00 0.00 4028	
NAME:	LARRY TAYLOR 2024107013995 I1610888	I1610888	RECIPIENT ID.: 500002420266	MRN: 022324 022324 117.84	0.00 40.08

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 733

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
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

REPORT: CRA-PRDN-R

RA#:

81 82607 81 82746 81 82306	UNITS 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 022324 022324 220224 022324 022324 220224 022324 022324 220224 022324 022324 220224	SERVICE DATES BILLED FROM THRU AMOUNT CO BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 9990 22.00 0.00 9990 22.00 0.00 9990 44.00 0.00 9990	PAY	TPL AMOUNT
	1.00	022324 022324 220224	14.00 0.00 9990		
2024107014001 11610889	I1610889	RECIPIENT ID.: 500002420266	MRN: 031824 031824 40.00	0.00	6.45
HEADER EOBS: 1081 1091	9990				
POS PROC CD MODIFIERS 81 82728		SERVICE DATES RENDERING FROM THRU PROVIDER 031824 031824 220224	BILLED AMOUNT COPAY DETAIL EOBS 40.00 0.00 9990		
2024099023741 I1602715	I1602715	RECIPIENT ID.: 530000485385	MRN: 031324 031324 174.33	0.00	49.36
HEADER EOBS: 0513 9990		SERVICE DATES RENDERING	BILLED		
POS PROC CD MODIFIERS 81 G0482	UNITS 1.00		AMOUNT COPAY DETAIL EOBS		
NAME: TAMMY THORNELL 2024103026776 I1607340		RECIPIENT ID.: 530000348587	MRN: 022024 022024 332.68	0.00	0.00
81 84443 81 80061 81 36415 81 85049 81 80307	1.00 1.00 1.00 1.00 1.00	022024 022024 220224 022024 022024 220224 022024 022024 220224 022024 022024 220224 022024 022024 220224 022024 022024 220224	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 83.81 0.00 1831 174.33 0.00 2504		
NAME: ANNIYAH TRIMBLE 2024103026890 I1607362		RECIPIENT ID.: 530001406478	MRN: 020724 020724 54.54	0.00	0.00
		SERVICE DATES RENDERING FROM THRU PROVIDER 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2504		

CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 734

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 083131776
ISSUE DATE 04/19/2024

		PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT CO	TPL DPAY AMOUNT
POS 81 81 81	PROC CD MODIFIERS 84443 36415 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020724 020724 220224 1.00 020724 020724 220224 1.00 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 25.20 0.00 2504 4.50 0.00 3323 9.00 0.00 2504	
NAME:	ANNIYAH TRIMBLE 2024103026899 I1607363	RECIPIENT ID.: 530001406478 I1607363		0.00 0.00
	PROC CD MODIFIERS 86665 86664	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 020724 020724 220224 1.00 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 70.00 0.00 2504 30.00 0.00 2504	
NAME:	т1619101	RECIPIENT ID.: 530001406478 I1612181		0.00 0.00
POS 81 81 81	PROC CD MODIFIERS 80053 84443 36415 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 020724 020724 220224 1.00 020724 020724 220224 1.00 020724 020724 220224 1.00 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 2504 25.20 0.00 2504 4.50 0.00 3323 9.00 0.00 2504	
NAME:	T1612182	RECIPIENT ID.: 530001406478 I1612182		0.00 0.00
POS 81 81	PROC CD MODIFIERS 86665 86664	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 2.00 020724 020724 220224 1.00 020724 020724 220224	BILLED AMOUNT COPAY DETAIL EOBS 70.00 0.00 2504 30.00 0.00 2504	
NAME:	DIANNA TUBB 2024107014200 I1609377		012624 012624 68.00	0.00 0.00
POS 81 81 81	PROC CD MODIFIERS 82746 84481 84439 85049	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 012624 012624 220224 1.00 012624 012624 220224 1.00 012624 012624 220224 1.00 012624 012624 220224	BILLED AMOUNT COPAY DETAIL EOBS 22.00 0.00 2502 24.00 0.00 2502 13.00 0.00 2502 9.00 0.00 2502	
NAME:	WILLIE UNDERWOOD 2024103026936 I1607384	RECIPIENT ID.: 500000761516 I1607384	MRN: 040224 040224 108.45	0.00 0.00

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 735

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

BIRMINGHAM, AL 35235-2718

PAYEE ID

PAYEE ID

NPI ID

CHECK/EFT NUMBER
ISSUE DATE

	ICN	PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT	CO	DAV	TPL AMOUNT
POS 81 81 81 81 81	PROC CD MODIFIE 80053 82607 82306 83735 36415 85049	RS UNITS 1.00 1.00 1.00 1.00 1.00 1.00	040224 040224 220224 040224 040224 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00 44.00 0.00 13.11 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 2502 2502 2502 2502 3323 2502	IAI	ANOUNT
NAME:	WILLIE UNDERWOOD 202410302694 I1607385	7 I1607385	RECIPIENT ID.: 500000761516	MRN: 040224 040224 87	7.00	0.00	0.00
POS 81 81	PROC CD MODIFIE 82140 80164	RS UNITS 1.00 1.00	040224 040224 220224	BILLED AMOUNT COPAY 45.00 0.00 42.00 0.00	DETAIL EOBS 2502 2502		
NAME:	MICHAEL VANWAGNE 202410302695 I1607389			022924 022924 222		0.00	0.00
81 81 81 81 81 81 81	82570 83069 84311 82010 82945 82247 59 83986 81007 82043 QW	_,,,	022924 022924 220224 022924 022924 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 8.00 0.00 7.00 0.00 120.00 0.00 7.58 0.00	DETAIL EOBS 2504 2504 2504 2504 4524 2504 2504 2504		
	NANCY WADKINS 202410204114 I1603700 R EOBS: 0513 999	8 I1603700	RECIPIENT ID.: 530002117136	MRN: 021924 021924 190).36	0.00	0.00
POS 81 81 81	PROC CD MODIFIE 80053 82607 83540		SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00 9.71 0.00	DETAIL EOBS 9990 9990 9990		

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 736

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED

220224

1598266421

083131776

04/19/2024

CORE DIAGNOSTIC LABORATORIES LLC

1930 EDWARDS LAKE ROAD

SUITE 138

CHECK/EFT NUMBER
BIRMINGHAM, AL 35235-2718

ISSUE DATE

	ICN	PAT ACCT N		SERVICE DATES BILLED FROM THRU AMOUNT	COPA	TPL AY AMOUNT
POS PROC C 81 83550 81 82728 81 84481 81 83036 81 84443 81 84439 81 36415 81 85049	D MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224	BILLED AMOUNT COPAY 13.11 0.00 40.00 0.00 24.00 0.00 14.00 0.00 25.20 0.00 13.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 3323 9990	AI AMOUNI
I161	24109081806 2210	I1612210	RECIPIENT ID.: 530002117136	MRN: 021924 021924 190	0.36	0.00 0.00
POS PROC CI 81 80053 81 82607 81 83540 81 83550 81 82728 81 84481 81 83036 81 84443 81 84443 81 84439 81 36415 81 85049	D MODIFIERS	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SERVICE DATES RENDERING FROM THRU PROVIDER 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224 021924 021924 220224	BILLED AMOUNT COPAY 15.84 0.00 22.00 0.00 9.71 0.00 13.11 0.00 40.00 0.00 24.00 0.00 14.00 0.00 25.20 0.00 13.00 0.00 4.50 0.00 9.00 0.00	DETAIL EOBS 9990 9990 9990 9990 9990 9990 9990 99	
NAME: RANDI 20 1160	24102045045		RECIPIENT ID.: 530001331035	MRN:	1.59	0.00 0.00
POS PROC C 81 87798 81 87481 81 87491 81 87511 81 87529 81 87591 81 87653 81 87661	D MODIFIERS 59 59 59 59 59 59 59	UNITS 9.00 2.00 1.00 2.00 1.00 2.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040824 040824 220224 040824 040824 220224 040824 040824 220224 040824 040824 220224 040824 040824 220224 040824 040824 220224 040824 040824 220224 040824 040824 220224	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	DETAIL EOBS 4028 4028 4028 4028 4028 4028 4028 4028	

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 PAGE: 737 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 083131776 ISSUE DATE 04/19/2024

		PAT ACCT		SERVICE DATES BILLED FROM THRU AMOUNT CO)PAY	TPL AMOUNT
POS 81 81	PROC CD MODIFIER 87563 87640 59	S UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 040824 040824 220224 040824 040824 220224	BILLED AMOUNT COPAY DETAIL EOBS 42.50 0.00 4021 4028 37.07 0.00 4028		
NAME:	JANET WARD 2024099023890 11602880	I1602880	RECIPIENT ID.: 530001877672	MRN: 031424 031424 174.33	0.00	33.09
POS 81	PROC CD MODIFIER G0482	S UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031424 031424 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2502		
NAME:	AMY WEAVER PREHOD 2024103027075 I1607450		RECIPIENT ID.: 530002058509	MRN: 011724 011724 285.07	0.00	0.00
POS 81 81 81 81	PROC CD MODIFIER 87529 87640 59 87641 59 87653 59	2.00 1.00 1.00	011724 011724 220224 011724 011724 220224 011724 011724 220224 011724 011724 220224	BILLED AMOUNT COPAY DETAIL EOBS 99.72 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 37.07 0.00 2502 74.14 0.00 2502		
NAME:	JACQUELINE WELLS 2024107014503 I1610949	I1610949	RECIPIENT ID.: 530001119937	MRN: 032224 032224 174.33	0.00	0.00
	PROC CD MODIFIER G0482		SERVICE DATES RENDERING FROM THRU PROVIDER 032224 032224 220224	BILLED AMOUNT COPAY DETAIL EOBS 174.33 0.00 2003		
	PEARSON WHEELER 2024103023280 I1607477		RECIPIENT ID.: 530000863976	MRN: 031224 031224 49.86	0.00	0.00
	PROC CD MODIFIER 87651	S UNITS	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		
NAME:	ROBERT WHEELER 2024103023292 I1607478	I1607478	RECIPIENT ID.: 530001491203	MRN: 031224 031224 49.86	0.00	0.00
			SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000		

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 738

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT NO.	SERVICE DATES BILLED FROM THRU AMOUNT	TPL COPAY AMOUNT
	2024103023322	RECIPIENT ID.: 530000012911 I1607482 SERVICE DATES RENDERING	MRN:	0.00 0.00
POS 81 81 81 81	PROC CD MODIFIERS 87635 87486 59 87498 59 87581 59 87633	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224	AMOUNT COPAY DETAIL EOBS 150.00 0.00 4021 4244 42.00 0.00 4021 4244 37.07 0.00 4021 4244 42.00 0.00 4021 4244 318.05 0.00 4021 4244	
81 81 81 81	87640 87641 59 87651 59 87798	1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 8.00 011824 011824 220224	37.07 0.00 4021 4244 37.07 0.00 4021 4244 49.86 0.00 4021 4244 336.00 0.00 4244	
NAME:	BRIANNA WHITE 2024109081961 I1612243	RECIPIENT ID.: 530000012911 I1612243	011824 011824 1,049.12	0.00 0.00
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 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 1.00 011824 011824 220224 8.00 011824 011824 220224	42.00 0.004021 4244318.05 0.004021 424437.07 0.004021 424437.07 0.004021 424449.86 0.004021 4244336.00 0.004244	
NAME:	LUANN WICKLUND 2024107014582 I1609475	I1609475	030324 030324 5.00	0.00 0.00
POS 81	PROC CD MODIFIERS 81001 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 030324 030324 220224	BILLED AMOUNT COPAY DETAIL EOBS 5.00 0.00 5930	
NAME:	AMELIA WIGGINS 2024099023917 I1602951	RECIPIENT ID.: 530002121240 I1602951	MRN: 031324 031324 49.86	0.00 18.94
POS 81	PROC CD MODIFIERS 87651	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 031324 031324 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 2003	

ALABAMA MEDICAID AGENCY DATE: 04/19/2024 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 739

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	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-PRDN-R

RA#:

	ICN	PAT ACCT	NO.	SERVICE DATES BILLED FROM THRU AMOUNT COPAY	TPL AMOUNT
	2024103023444	I1607523	RECIPIENT ID.: 530000951906 SERVICE DATES RENDERING	012324 012324 49.86 0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	FROM THRU PROVIDER 012324 012324 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
	ATLAS WILLIAMS 2024103023450 I1607522	I1607522		012324 012324 49.86 0.00	0.00
POS 81	PROC CD MODIFIERS 87651	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 012324 012324 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
	HOWARD WILLIAMS 2024103023458 I1607527			021324 021324 258.14 0.00	0.00
POS 81 81	PROC CD MODIFIERS 80307 G0482	UNITS 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 021324 021324 220224 021324 021324 220224	BILLED AMOUNT COPAY DETAIL EOBS 83.81 0.00 2502 4021 4244 174.33 0.00 2502 4021 4244	
NAME:			RECIPIENT ID.: 530001923504		0.00
POS 81		UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031224 031224 220224	BILLED AMOUNT COPAY DETAIL EOBS 49.86 0.00 5000	
	JAMES WINDSOR 2024103023561 I1607548	I1607548	RECIPIENT ID.: 500001809837	MRN: 031924 031924 62.20 0.00	0.00
POS 81 81 81	PROC CD MODIFIERS 84443 84481 84439	UNITS 1.00 1.00 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 031924 031924 220224 031924 031924 220224 031924 031924 220224	BILLED AMOUNT COPAY DETAIL EOBS 25.20 0.00 2502 24.00 0.00 2502 13.00 0.00 2502	
NAME:	MICHELLE WISE 2024107014775 I1610980	I1610980	RECIPIENT ID.: 530001017764	MRN: 122823 122823 124.84 0.00	0.00
POS 81	PROC CD MODIFIERS 80053 59	UNITS 1.00	SERVICE DATES RENDERING FROM THRU PROVIDER 122823 122823 220224	BILLED AMOUNT COPAY DETAIL EOBS 15.84 0.00 4021 4244	

REPORT: CRA-PRDN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 740

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 083131776
ISSUE DATE 04/19/2024

POS 81 81 81 81	PROC CD 82607 82306 83036 80061 85049	ICN MODIFIERS	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 122823 122823 220224	44 14 20	BILLED AMOUNT COPAY 2.00 0.00 4.00 0.00 4.00 0.00 0.00 0.00	DETAIL EOBS 4021 4244 4021 4244 4021 4244 4021 4244 4021 4244		TPL AMOUNT
NAME:		1103023700	I1607576	RECIPIENT ID.: 530001858550 SERVICE DATES RENDERING	MRN: 020124 020124 BILLED	565	.12	0.00	0.00
POS 81 81 81	PROC CD 87498 87581 87633 87798	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 4.00	FROM THRU PROVIDER 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224	AMOUNT 37 42 318	COPAY 7.07 0.00 2.00 0.00 3.05 0.00 3.00 0.00	DETAIL EOBS 2504 2504 2504 2504	5	
NAME:			I1612297	RECIPIENT ID.: 530001858550	MRN: 020124 020124	565	.12	0.00	0.00
POS 81 81 81	PROC CD 87498 87581 87633 87798	MODIFIERS 59 59	UNITS 1.00 1.00 1.00 4.00 TOTAL CMS	SERVICE DATES RENDERING FROM THRU PROVIDER 020124 020124 220224 020124 020124 220224 020124 020124 220224 020124 020124 220224 1500 CLAIMS DENIED:	42 318	COPAY 7.07 0.00 2.00 0.00 8.05 0.00 8.00 0.00 95,841	DETAIL EOBS 2504 2504 2504 2504	0.00	567.18

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS

CORE DIAGNOSTIC LABORATORIES LLC

3524808

1930 EDWARDS LAKE ROAD SUITE 138

REPORT: CRA-PRAD-R

RA#:

BIRMINGHAM, AL 35235-2718

PAYEE ID 220224
NPI ID 1598266421
CHECK/EFT NUMBER 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

741

PAGE:

ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
NAME: TANGIE MARSHALL 2024018003004 5624104502150	RECIPIENT ID.: 530001504594 I1537452 I1537452	MRN: 011524 011524 011524 011524	222.58	0.00	(172.58) 222.58	(0.00)	(0.00)	(46.00)
POS PROC CD MODIFIERS	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER	BILLED AMOUNT	NON-AllOWED	COPAY TPL PAID				
81 84156	1.00 011524 011524 220224	8.00	0.00	0.00 8.00	0.00 8128 9918 0.00			
81 82570	1.00 011524 011524 220224	8.00	0.00	0.00	0.00 8128 9918 0.00			
81 83069	1.00 011524 011524 220224	8.00	0.00	0.00	0.00 8128 9918			
81 84311	2.00 011524 011524 220224	32.00	0.00	8.00	0.00 0.00 8128 9918			
81 82010	1.00 011524 011524 220224	16.00	0.00	32.00 0.00	0.00 0.00 4524 8128			
81 82945	1.00 011524 011524 220224	8.00	0.00	16.00 0.00	0.00 0.00 8128 9918			
81 82247 59	1.00 011524 011524 220224	8.00	0.00	8.00 0.00	0.00 0.00 8128 9918			
81 83986	1.00 011524 011524 220224	7.00	0.00	8.00 0.00	0.00 0.00 8128 9918			
81 81007	2.00 011524 011524 220224	120.00	0.00	7.00 0.00	0.00 0.00 5900 8128			
81 82043 QW	1.00 011524 011524 220224	7.58	0.00	120.00 0.00	0.00 0.00 8128 9918			
		ATE		7.58	0.00	46.00		
		NE.	T OVERPAYMENT (AR)		46.00		
NAME: TANGIE MARSHALL 2024030002709 5624104502202	RECIPIENT ID.: 530001504594 I1546404 I1546404	MRN: 011524 011524 011524 011524	60.00	0.00	(58.00) 60.00	(0.00)	(0.00)	(2.00)
POS PROC CD MODIFIERS 81 81007	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 011524 011524 220224	BILLED AMOUNT 60.00		COPAY TPL PAID 0.00	DETAIL EOBS 0.00 8128 9918 0.00			
		NE'	T OVERPAYMENT (0.00	2.00		
NAME: CHASE NGUYEN 2024024002812 5924102006763 HEADER EOBS: 8517	RECIPIENT ID.: 530001517598 I1541488 I1604833	MRN: 052523 052523 052523 052523			(352.00) 83.00	(0.00)	(0.00)	(94.00) 94.00
POS PROC CD MODIFIERS 81 87481 59	SERVICE DATES RENDERING UNITS FROM THRU PROVIDER 1.00 052523 052523 220224			COPAY TPL PAID 0.00 14.00				

REPORT: CRA-PRAD-R ALABAMA MEDICAID AGENCY RA#: 3524808 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 083131776
ISSUE DATE 04/19/2024

DATE: 04/19/2024

742

PAGE:

	ICN	PAT ACCT NO.	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	NON ALLOWED	COPAY AMOUNT	TPL AMOUNT	PAID AMOUNT
		SERVICE DATES RENDERI		ALLOWED	COPAY	ALLOWED	AMOUNT	ANOUNT	AMOUNT
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDE		NON-AllOWED	TPL PAI	D DETAIL EOBS			
81 87640	59	1.00 052523 052523 220224	45.00	22.00	0.00	22.00 9918			
					23.00	0.00			
81 87641	59	1.00 052523 052523 220224	45.00	22.00	0.00	22.00 9918 0.00			
81 87653	59	1.00 052523 052523 220224	45.00	22.00	0.00				
01 07033	59	1.00 032323 032323 220224	±3.00	22.00	23.00	0.00			
NAME: LILA RO	GERS	RECIPIENT ID.: 53000)182950 MRN:						
20240	09009748	I1526918	010324 010324	(281.24	(119.90)	(161.34)	(0.00)	(0.00)	(119.90)
56241	04501283	I1526918	010324 010324			281.24	0.00	0.00	0.00
		SERVICE DATES RENDERII		ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDE		NON-AllowED	TPL PAI				
81 87651		1.00 010324 010324 220224	49.86	0.00	0.00 49.86	0.00 8128 9918 0.00			
81 87635		1.00 010324 010324 220224	150.00	0.00	0.00	0.00 8128 9918			
					150.00	0.00			
81 87502	59	1.00 010324 010324 220224	81.38	0.00	0.00				
					81.38	0.00			
			NE	T OVERPAYMENT	(AR)		119.90		
NAME: ERIC SI	MS	RECIPIENT ID.: 53000	2300776 MRN:						
20240	38004100	I1554909	012924 012924		(116.22)	(58.11)	(0.00)	(0.00)	(116.22)
56241	04502248	I1554909	012924 012924			174.33	0.00	0.00	0.00
		SERVICE DATES RENDERII		ALLOWED	COPAY				
POS PROC CD	MODIFIERS	UNITS FROM THRU PROVIDED		NON-AllowED	TPL PAI				
81 G0482		1.00 012924 012924 220224	174.33	0.00	0.00 174.33	0.00 8128 9918 0.00			
			NE	T OVERPAYMENT		0.00	116.22		
TOTA	L NO. OF AD								
		TOTAL CMS 1500 ADJUSTMENT CLAIM	3:	-801.00	-820.12	19.12	0.00	0.00	-284.12

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

DATE: 04/19/2024 PAGE: 743

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

3524808

REPORT: CRA-TPLM-R

DELIGIBLE DELESS CONTROL UNIT DELIGIBLE DELI	NAME		ICN		EMPLOYER NAME
ALEXANDRA W ALEXANDER ALEXANDRA W ALEXANDER BEG814815823 2024109081977 REG CLAIM CONTROL UNIT BERMINGHAM AL 35244 JENNA N ANDERSON JENNA N ANTHEM BC/BS JENNA JENNA N ANTHEM JENNA N ANTHEM BC/BS JENNA JENNA N ANTHEM JENNA N ANTHEM BC/BS JENNA JENNA N ANTHEM JE		530001298276		·	
JENNA N ANDERSON 530002412220 2024103023951 02091 BC/BS OF ALABAMA AL 35244 SHANTEL F BAILEY 530000719595 2024103024039 13774 UNITED HEALTH CARE MILDRED COLLIE 010315392 744173 PO BOX 740800 BC/BS OF ALABAMA AL 35244 LEVIOUS C BALLARD 530002062042 2024107015059 02091 BC/BS OF ALABAMA BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244 LEVIOUS C BALLARD LGB912150510 / 0000000000000000000000000000000			2024109081977	02091 BC/BS OF	ALABAMA
JENNA N ANDERSON PPA800536557 0001844-000 REG CLAIM CONTROL UNIT BIRMINGHAM AL 35244	ALEXANDRA W ALEXANDER	BEG814815823	/ 0091063-005	REG CLAIM CONTROL UNIT	BIRMINGHAM , AL 35244
MILDRED COLLIE 010315392 / 744173 P O BOX 740800 ATLANTA , GA 30374 LEVIOUS C BALLARD 530002062042 2024107015059 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LEGION D BASINGER 530001107761 2024103024157 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON 53000904541 2024103024209 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 KAISER B BONE 53000841427 2024103024249 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MADISON H BROWN 530000272787 2024103024249 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MADISON H BROWN 530000272787 2024103024437 PO BOX 272570 CHICO , CA 95927 RILEY E BROWN 53000628431 2024103024456 PO BOX 272570 CHICO , CA 95927 RILEY E BROWN 530001161926 2024103024464 PO BOX 27401 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 530001161926 2024103024464 PO BOX 27401 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 34751679 / 76416033 PO BOX 27401 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 KYLIE CORDELLE 530001563987 2024103024594 PO BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA				·	
LEVIOUS C BALLARD LGB912150510 / 0030000-L03 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LEGION D BASINGER ASHLEY D BASINGER PPA856877000 / 0060672-002 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON RANDY BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON RANDY BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON RANDY BLANTON RANDY BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON RANDY BLANTON RANDY BLANTON RANDY BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCATHON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCATHON REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCATH					
LEGION D BASINGER				·	
ASHLEY D BASINGER PPA856877000 / 0060672-002 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MCKINLEE D BLANTON 530000904541 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 KAISER B BONE					,
RANDY BLANTON PPA802805751 / 0075292-033 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 KAISER B BONE					
KAISER B BONE 530000841427 2024103024249 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MADISON H BROWN 530000272787 2024103024437 PO BOX 272570 CHICO , CA 95927 RILEY E BROWN 53000628431 2024103024456 BENOIT EUDES IAG303A75015 / 201005N2AD PO BOX 27401 RICHMOND , VA 23279 SIMEON X BROWN 53000161926 2024103024464 PO BOX 27401 RICHMOND , VA 23279 SIMEON X BROWN 615402 PO BOX 27401 RICHMOND , VA 23279 SIMEON X BROWN 615402 PO BOX 27401 BC/BS OF ALABAMA REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 530001020939 2024103024464 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 CODIE CALLOWAY 34751679 / 76416033 PO BOX 8031 WAUSAU INS CO CODIE CALLOWAY 34751679 / 76416033 PO BOX 8031 WAUSAU , WI 54402 CHARLIE R CAMPBELL 530001469553 2024103024594 PO BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA					
MATTHEW C PROCTOR UCN844121051 / 0009730-201 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 MADISON H BROWN					,
ROBERT DELMAS HDB752A24242 / 174105M1AA PO BOX 272570 CHICO , CA 95927 RILEY E BROWN 530000628431 2024103024456 14040 ANTHEM BC/BS BENOIT EUDES 1AG303A75015 / 201005N2AD PO BOX 27401 RICHMOND , VA 23279 SIMEON X BROWN 530001161926 2024103024464 02091 BC/BS OF ALABAMA KEISHAUNE M LAWRENCE PPA813099408 / 0078385-000 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 530001020939 2024103024581 01046 WAUSAU INS CO CODIE CALLOWAY 34751679 / 76416033 PO BOX 8031 WAUSAU , WI 54402 CHARLIE R CAMPBELL 530001469553 2024103024594 PO BOX 8031 UNITED HEALTH CARE RICHARD CAMPBELL 974296078 / 921923 PO BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA					
RILEY E BROWN BENOIT EUDES 530000628431 IAG303A75015 7201005N2AD PO BOX 27401 RICHMOND REG CLAIM CONTROL UNIT RICHMOND REG CLAIM CONTROL UNIT RICHARD CAMPBELL S30001020939 REG CLAIM CONTROL UNIT RICHARD CAMPBELL S30001469553 PO BOX 8031 RATIANTA RICHARD CAMPBELL RICHARD CAMPBELL S30001563987 REG CLAIM CONTROL UNIT RICHARD CAMPBELL RICHARD CAMPBE	MADISON H BROWN			•	CA
BENOIT EUDES 1AG303A75015 / 201005N2AD PO BOX 27401 RICHMOND , VA 23279 SIMEON X BROWN 530001161926 2024103024464 NEISHAUNE M LAWRENCE PPA813099408 / 0078385-000 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 530001020939 2024103024581 01046 WAUSAU INS CO CODIE CALLOWAY 34751679 / 76416033 PO BOX 8031 WAUSAU , WI 54402 CHARLIE R CAMPBELL 530001469553 2024103024594 13774 UNITED HEALTH CARE RICHARD CAMPBELL 974296078 / 921923 PO BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA	ROBERT DELMAS	HDB752A24242	/ 174105M1AA	PO BOX 272570	CHICO , CA 95927
SIMEON X BROWN KEISHAUNE M LAWRENCE PPA813099408 CODIE CALLOWAY CODIE CALLOWAY CHARLIE R CAMPBELL RICHARD CAMPBELL S30001563987 SIMEON X BROWN FEG CLAIM CONTROL UNIT BIRMINGHAM REG CLAIM CONTROL UNIT BIRMINGHAM REG CLAIM CONTROL UNIT BIRMINGHAM REG CLAIM CONTROL UNIT RICHARD CAMPBELL S3000161926 REG CLAIM CONTROL UNIT					
KEISHAUNE M LAWRENCE PPA813099408 / 0078385-000 REG CLAIM CONTROL UNIT BIRMINGHAM , AL 35244 LAWSON CALLOWAY 530001020939 34751679 2024103024581 / 76416033 01046 PO BOX 8031 WAUSAU INS CO WAUSAU , WI 54402 CHARLIE R CAMPBELL RICHARD CAMPBELL 530001469553 974296078 2024103024594 / 921923 13774 P O BOX 740800 UNITED HEALTH CARE ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA	GIMPON II DOONI	520001161006	0004102004464	00001	·
CODIE CALLOWAY 34751679 / 76416033 PO BOX 8031 WAUSAU , WI 54402 CHARLIE R CAMPBELL 530001469553 2024103024594 13774 UNITED HEALTH CARE RICHARD CAMPBELL 974296078 / 921923 P O BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA				•	
CHARLIE R CAMPBELL 530001469553 2024103024594 13774 UNITED HEALTH CARE RICHARD CAMPBELL 974296078 / 921923 P O BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA					
RICHARD CAMPBELL 974296078 / 921923 P O BOX 740800 ATLANTA , GA 30374 KYLIE CORDELLE 530001563987 2024103025028 02091 BC/BS OF ALABAMA					

DATE: 04/19/2024 PAGE: 744

CORE DIAGNOSTIC LABORATORIES LLC	PAYEE ID	220224
1930 EDWARDS LAKE ROAD	NPI ID	1598266421
SUITE 138	CHECK/EFT NUMBER	083131776
BIRMINGHAM, AL 35235-2718	ISSUE DATE	04/19/2024

REPORT: CRA-TPLM-R

RA#:

NAME POLICY HOLDER NAME KYLIE CORDELLE	POLICY NUMBER 530001563987	ICN / GROUP NUMBER 2024109082482	BILLING ADDRESS 02091 BC/BS OF ALABAMA	
JESSICA E MCLEOD	EDU836045841	/ 0014000-000	REG CLAIM CONTROL UNIT BIRMINGHAM	, AL 35244
LANDON J CRIDER	530000501491	2024102042732	02233 BC/BS OF ILLNOIS	, IL 60690
DEVON HEGLER JR	LCB870556590	/ P14602	P O BOX 1220 CHICAGO	
CHLOE FLORES	530001301692	2024103025595	02091 BC/BS OF ALABAMA	, AL 35244
CHLOE FLORES	PGX869490730	/ 0091005-005	REG CLAIM CONTROL UNIT BIRMINGHAM	
HEAVEN A GARTH KENDRIA GRAYS	530001400467 J2D1064903LE		02123 ANTHEM BCBS OF KY 13550 TRITON PARK BLVD LOUISVILLE	, KY 40223-3803
HEAVEN A GARTH	530001400467	2024103025855	02123 ANTHEM BCBS OF KY	, KY 40223-3803
KENDRIA GRAYS	J2D1064903LE	/ JNY090M051	13550 TRITON PARK BLVD LOUISVILLE	
SARAH D GIVENS SARAH D GIVENS	MGU691W12226	/ 0A3W7KM009	02106 BC/BS OF VIRGINIA 2015 STAPLES MILL RD RICHMOND	, VA 23279
HAZEL G GLEASON JOSHUA GLEASON	530001914440 PAS826442693	2024103025942 / 021376	02233 BC/BS OF ILLNOIS P O BOX 1220 CHICAGO	, IL 60690
MADYSEN GRIFFEY	530001507452	2024109083053	02091 BC/BS OF ALABAMA	, AL 35244
MICHAEL GRIFFEY	PHT837556711	/ 0042999-400	REG CLAIM CONTROL UNIT BIRMINGHAM	
KAMIYAH L HALE	530001125094	2024102043273	02091 BC/BS OF ALABAMA	, AL 35244
DERRICK PETTIWAY	PPA837735867	/ 0033174-002	REG CLAIM CONTROL UNIT BIRMINGHAM	
KAMIYAH L HALE	530001125094	2024103026125	02091 BC/BS OF ALABAMA	, AL 35244
DERRICK PETTIWAY	PPA837735867	/ 0033174-002	REG CLAIM CONTROL UNIT BIRMINGHAM	
KAMIYAH L HALE DERRICK PETTIWAY	530001125094 PPA837735867		02091 BC/BS OF ALABAMA REG CLAIM CONTROL UNIT BIRMINGHAM	, AL 35244
KAMIYAH L HALE	530001125094	2024109083072	02091 BC/BS OF ALABAMA	, AL 35244
DERRICK PETTIWAY	PPA837735867	/ 0033174-002	REG CLAIM CONTROL UNIT BIRMINGHAM	
JUDAH J HENRY MARTHA HENRY	530002322929 991375708	2024103026387 / 742484	13774 UNITED HEALTH CARE P O BOX 740800 ATLANTA	, GA 30374
JAMYAH R HILL	530001156783	2024103023299	02091 BC/BS OF ALABAMA	, AL 35244
CHARLES HILL	PPA850268742	/ 0015655-000	REG CLAIM CONTROL UNIT BIRMINGHAM	

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083131776 ISSUE DATE 04/19/2024

PAGE:

DATE: 04/19/2024

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

3524808

REPORT: CRA-TPLM-R

NAME POLICY HOLDER NAME		ICN / GROUP NUMBER		R/EMPLOYER NAME
JAMYAH R HILL CHARLES HILL		2024109083172 / 0015655-000		OF ALABAMA BIRMINGHAM , AL 35244
ALYSSA ISBELL	530001167072	2024103023643	02091 BC/BS	
JAMES L ISBELL	PPA829280350	/ 0063976-000	REG CLAIM CONTROL UNIT	
ALYSSA ISBELL JAMES L ISBELL	530001167072 PPA829280350	2024103023654 / 0063976-000	02091 BC/BS REG CLAIM CONTROL UNIT	
AUDREE ISBELL JAMES L ISBELL	530001167071 PPA829280350	2024103023655 / 0063976-000	02091 BC/BS REG CLAIM CONTROL UNIT	
KAYLANI D JOHNSON	530001912592	2024103023891	01829 EMPIRE	BC & BS
MICHAELA LAMPKIN	J2D1083819LE	/ L08229M023	P.O. BOX 170	NEW YORK CITY , NY 10156
KAYLANI D JOHNSON	530001912592	2024109083485		BC & BS
MICHAELA LAMPKIN	J2D1083819LE	/ L08229M023		NEW YORK CITY , NY 10156
CARSON JOUBRAN AUSTIN S KNIGHT	530001456415 R61208774			OF AL FEDERAL BIRMINGHAM , AL 35298
NAOMI M KINARD	530000803376	2024103024135	01046 WAUSAU	INS CO WAUSAU , WI 54402
NAOMI M KINARD	42251234	/ 76416533	PO BOX 8031	
JOHN D KING	530002263926	2024103024154	02091 BC/BS	
JOHN C KING	BEG855457804	/ 0091016-005	REG CLAIM CONTROL UNIT	
JOHN D KING	530002263926	2024109079887	02091 BC/BS	
JOHN C KING	BEG855457804	/ 0091016-005	REG CLAIM CONTROL UNIT	
ACESON M HOUSE	530001910221	2024103024575	02091 BC/BS	
KAYLEE HOUSE	BEG843922595	/ 0091063-000	REG CLAIM CONTROL UNIT	
ACESON M HOUSE KAYLEE HOUSE	530001910221 BEG843922595		02091 BC/BS REG CLAIM CONTROL UNIT	
TAHARI MCCAW	530000716208	2024102039969	02091 BC/BS	OF ALABAMA
ANGELICA A WEEMS	PPA883471306	/ 0033476-001	REG CLAIM CONTROL UNIT	BIRMINGHAM , AL 35244
TAHARI MCCAW	530000716208	2024109080210	02091 BC/BS	OF ALABAMA
ANGELICA A WEEMS	PPA883471306	/ 0033476-001	REG CLAIM CONTROL UNIT	BIRMINGHAM , AL 35244

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083131776

ISSUE DATE

DATE: 04/19/2024

04/19/2024

746

PAGE:

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

3524808

REPORT: CRA-TPLM-R

NAME POLICY HOLDER NAME	POLICY NUMBER	ICN / GROUP NUMBER	BILLING ADDRESS	RRIER/EMPLOYER NAME
MALAKAI L MCKENZIE ANASTACIA TUCKER	530002354127 771900728010	2024103024663 / 78800338	13774 UNI P O BOX 740800	TTED HEALTH CARE ATLANTA , GA 30374
MALAKAI L MCKENZIE ANASTACIA TUCKER	530002354127 771900728010	2024109080270 / 78800338	13774 UNI P O BOX 740800	TTED HEALTH CARE ATLANTA , GA 30374
BROOKE M MELTON BROOKE M MELTON		2024103024695 / 1524338	13104 OXE PO BOX 29130	FORD HEALTH HOT SPRINGS , AR 71903
ANDREW MOSELEY ANDREW MOSELEY	530001509178 BEG817613213	2024107011747 / 0091063-004	02091 BC/ REG CLAIM CONTROL UNIT	
ANDREW MOSELEY ANDREW MOSELEY	530001509178 PGX806424080	2024107011747 / 0091007-000	02091 BC/ REG CLAIM CONTROL UNIT	
SADIE B MYDLAND JASON MYDLAND	530001660628 ONQ895239383	2024103024954 / 0097801	02091 BC/ REG CLAIM CONTROL UNIT	
ANGEL OWENS TAKESHIA DENT	530001863424 097149857	2024107012088 / 918831	03449 GOI 712 11TH STREET	LDEN RULE INS CO LAWRENCEVILLE , IL 62439
PAULA PLUNKETT PAULA PLUNKETT	530000043798 PGX820114036	2024103025490 / 0091005-005	02091 BC/ REG CLAIM CONTROL UNIT	
PAULA PLUNKETT PAULA PLUNKETT	530000043798 PGX820114036	2024103025501 / 0091005-005	02091 BC/ REG CLAIM CONTROL UNIT	BS OF ALABAMA , AL 35244 , AL 35244
PAULA PLUNKETT PAULA PLUNKETT		2024109080748 / 0091005-005	02091 BC/ REG CLAIM CONTROL UNIT	
PAULA PLUNKETT PAULA PLUNKETT	530000043798 PGX820114036	2024109080760 / 0091005-005	02091 BC/ REG CLAIM CONTROL UNIT	
TOBIAS D POLASKY PATRICK BRAZELTON	530002306074 22191787	2024103025503 / 76410169	01046 WAU PO BOX 8031	JSAU INS CO WAUSAU , WI 54402
TOBIAS D POLASKY PATRICK BRAZELTON	530002306074 22191787	2024109080789 / 76410169	01046 WAU PO BOX 8031	JSAU INS CO WAUSAU , WI 54402
BEAU H PRITCHARD MARVIN B PRITCHARD	530002370131 PPA817401253	2024103025617 / 0086809-000	02091 BC/ REG CLAIM CONTROL UNIT	BIRMINGHAM , AL 35244

PAGE:

DATE: 04/19/2024

747

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

3524808

REPORT: CRA-TPLM-R

PAYEE ID	220224
NPI ID	1598266421
CHECK/EFT NUMBER	083131776
ISSUE DATE	04/19/2024

NAME POLICY HOLDER NAME	RECIPIENT ID. POLICY NUMBER	ICN / GROUP NUMBER	CARRIER/EMP ID CARRIER BILLING ADDRESS	/EMPLOYER NAME	
BEAU H PRITCHARD MARVIN B PRITCHARD	530002370131 PPA817401253	2024109080839 / 0086809-000	02091 BC/BS 0	F ALABAMA BIRMINGHAM	, AL 35244
CHELSIE A PRUETT	530000942564	2024102040410	02091 BC/BS 0		, 1.2 33211
CHELSIE A PRUETT	BEG850093873	/ 0091016-005	REG CLAIM CONTROL UNIT		, AL 35244
JAMIE L PURSER JAMIE L PURSER	530000620819 PGX858725229	2024103025664 / 0091006-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
JAMIE L PURSER JAMIE L PURSER	530000620819 PGX858725229	2024109080849 / 0091006-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
JINNA K RATCLIFF JINNA K RATCLIFF	530000578638 BEG867412134	2024102047748 / 0091062-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
JINNA K RATCLIFF JINNA K RATCLIFF	530000578638 PGX867412134	2024102047748 / 0091005-005	02091 BC/BS O		, AL 35244
		·			, AL 33211
SHANAVIA RHODES SHANAVIA RHODES	530000862750 PPA843830951	2024099023447 / 0040258-000	02091 BC/BS O REG CLAIM CONTROL UNIT		, AL 35244
SHANAVIA RHODES SHANAVIA RHODES	530000862750 PPA843830951	2024099023456 / 0040258-000	02091 BC/BS O REG CLAIM CONTROL UNIT		, AL 35244
SHANAVIA RHODES SHANAVIA RHODES	530000862750 PPA843830951	2024109080938 / 0040258-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
SHANAVIA RHODES SHANAVIA RHODES	530000862750 PPA843830951	2024109080957 / 0040258-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
KYNLEE S ROBINSON DONTAY ROBINSON		2024103025916 / 730263	13774 UNITED P O BOX 740800	HEALTH CARE ATLANTA	, GA 30374
KARLA J RODRIGUEZ KARLA J RODRIGUEZ	530001054463 PPA800225056	2024103025970 / 0061059-000	02091 BC/BS OREG CLAIM CONTROL UNIT		, AL 35244
KARLA J RODRIGUEZ KARLA J RODRIGUEZ	530001054463 PPA800225056	2024109081063 / 0061059-000	02091 BC/BS OREG CLAIM CONTROL UNIT	F ALABAMA BIRMINGHAM	, AL 35244
JORDYN D ROSE DEJA JONES	530001052335 MZOM63369492	2024103025998 / 000071371102202	02045 BC/BS 0 600 E LAFAYETTE	F MICHIGAN DETROIT	, MI 48231

PAYEE ID 220224
NPI ID 1598266421

DATE: 04/19/2024

083131776

04/19/2024

PAGE:

CHECK/EFT NUMBER

ISSUE DATE

748

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

CRA-TPLM-R

3524808

REPORT:

NAME POLICY HOLDER NAME	RECIPIENT ID. POLICY NUMBER	ICN / GROUP NUMBER	CARRIER/EMP ID BILLING ADDRESS	CARRIER/EMPLOYER NAME
JORDYN D ROSE	530001052335	2024109081095	02045	BC/BS OF MICHIGAN DETROIT , MI 48231
DEJA JONES	MZOM63369492	/ 000071371102202	600 E LAFAYETTE	
JAYDA K SANDERS	530001894864	2024102040636	02233	BC/BS OF ILLNOIS CHICAGO , IL 60690
JUSTIN SANDERS	NLB809052708	/ P16945	P O BOX 1220	
HUNTER C SANDERSON	530001682942	2024103026083	02031	BC/BS OF FLORIDA
KENNETH SANDERSON	MA0100010180505		P O BOX 534099	ST PETERSBURG , FL 33747
HUNTER C SANDERSON KENNETH SANDERSON	530001682942 MA0100010180505	2024109081205	02031 P O BOX 534099	BC/BS OF FLORIDA ST PETERSBURG , FL 33747
DANIEL JOHN C SANTOS	530002201570	2024107013259	02091	BC/BS OF ALABAMA
JOSEPH C SANTOS	PPA846857935	/ 0000608-000	REG CLAIM CONTROL U	UNIT BIRMINGHAM , AL 35244
NOLAN SCHMIDT	530002252740	2024102047863	13774	UNITED HEALTH CARE ATLANTA , GA 30374
NICHOLAS SCHMIDT	981389720	/ 925249	P O BOX 740800	
JESSICA B SHARP	530001120066	2024099023552		BC/BS OF ALABAMA
JESSICA B SHARP	PPA830942750	/ 0015287-001		UNIT BIRMINGHAM , AL 35244
JESSICA B SHARP	530001120066	2024109081277	02091	-,
JESSICA B SHARP	PPA830942750	/ 0015287-001	REG CLAIM CONTROL U	
LOGAN S SIZEMORE	530000751822	2024103026359	14247	USABLE ADMINISTRATORS LITTLE ROCK , AR 72203
LOGAN S SIZEMORE	WMW19392456W00	/ 0804130001	PO BOX 1460	
JEREMI N SMITH	530000078435	2024103026444		BC/BS OF ALABAMA
JEREMI N SMITH	PPA868784057	/ 0092832-000		UNIT BIRMINGHAM , AL 35244
JEREMI N SMITH	530000078435	2024109081385	02091	BC/BS OF ALABAMA
JEREMI N SMITH	PPA868784057	/ 0092832-000	REG CLAIM CONTROL U	UNIT BIRMINGHAM , AL 35244
LILY K SMITH	530001069745	2024102040856	02010	BC/BS OF GEORGIA/COLUMBUS COLUMBUS , GA 31908
JONATHAN SMITH	E4KFM0837034	/ GB0192M002	PO BOX 7368	
LILY K SMITH	530001069745	2024102047923	02010	BC/BS OF GEORGIA/COLUMBUS COLUMBUS, GA 31908
JONATHAN SMITH	E4KFM0837034	/ GB0192M002	PO BOX 7368	
VALLERY C SMITH	530001001938	2024102047951	02091	BC/BS OF ALABAMA
VALLERY C SMITH	PGX845599612	/ 0091014-000	REG CLAIM CONTROL U	JNIT BIRMINGHAM , AL 35244

PAYEE ID 220224 NPI ID 1598266421 CHECK/EFT NUMBER 083131776

ISSUE DATE

DATE: 04/19/2024

04/19/2024

PAGE:

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

3524808

REPORT: CRA-TPLM-R

NAME POLICY HOLDER NAME WENDY L SMITH WENDY L SMITH	RECIPIENT ID. POLICY NUMBER 530000543248	ICN / GROUP NUMBER 2024103026481	BILLING ADDRESS	RC/RC OF ALARAMA	
WENDY L SMITH	NPT827174995	/ 0018373-042	REG CLAIM CONTROL	UNIT BIRMINGHAM	, AL 35244
WENDY L SMITH	530000543248	2024103026487	02091	BC/BS OF ALABAMA	, AL 35244
WENDY L SMITH	NPT827174995	/ 0018373-042	REG CLAIM CONTROL	UNIT BIRMINGHAM	
WENDY L SMITH	530000543248	2024109081421	02091	BC/BS OF ALABAMA	, AL 35244
WENDY L SMITH	NPT827174995	/ 0018373-042	REG CLAIM CONTROL	UNIT BIRMINGHAM	
RANDALL STANFORD	530000473250	2024103026552	02091	BC/BS OF ALABAMA	, AL 35244
BRIAN V STANFORD	PPA839125268	/ 0096674-001	REG CLAIM CONTROL	UNIT BIRMINGHAM	
RANDALL STANFORD BRIAN V STANFORD	530000473250 PPA839125268	2024109081478 / 0096674-001	02091 REG CLAIM CONTROL		, AL 35244
TUCKER N STEVENS	530001472668	2024103026567	02091	BC/BS OF ALABAMA	, AL 35244
AARON WOODARD	HML830843723	/ 0050968-V01	REG CLAIM CONTROL	UNIT BIRMINGHAM	
COTI S STEWART	530000507536	2024102040921	02091	BC/BS OF ALABAMA	, AL 35244
COTI S STEWART	PGX874827787	/ 0091005-005	REG CLAIM CONTROL	UNIT BIRMINGHAM	
COTI S STEWART COTI S STEWART	530000507536 PGX874827787	/ 0091005-005	REG CLAIM CONTROL		, AL 35244
KAIRA R STOKES	530001481739	2024107013813	00007	AETNA LIFE & CASUALTY CO	
CHRISTIAN STOKES	W227161683	/ 034280601800183	P O BOX 14079	LEXINGTON	
KAIRA R STOKES	530001481739	2024107013830	00007	AETNA LIFE & CASUALTY CO	, KY 40512
CHRISTIAN STOKES	W227161683	/ 034280601800183	P O BOX 14079	LEXINGTON	
TAMMY R THORNELL TAMMY R THORNELL	530000348587 0016079800	2024103026776 / MONT01	13297 PO BOX 55926		, AL 35255
ANNIYAH TRIMBLE LATISHIA S TRIMBLE	530001406478 VHU899005062	2024103026890 / 0078346-AH1	02091 REG CLAIM CONTROL		, AL 35244
ANNIYAH TRIMBLE LATISHIA S TRIMBLE	VHU899005062		REG CLAIM CONTROL	UNIT BIRMINGHAM	, AL 35244
ANNIYAH TRIMBLE	530001406478	2024109081676	02091	BC/BS OF ALABAMA	, AL 35244
LATISHIA S TRIMBLE	VHU899005062	/ 0078346-AH1	REG CLAIM CONTROL	UNIT BIRMINGHAM	

REPORT:	CRA-TPLM-R	ALABAMA MEDICAID AGENCY	DATE:	04/19/2024
RA#:	3524808	MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE:	750
		PROVIDER REMITTANCE ADVICE		

TPL INFORMATION

 CORE DIAGNOSTIC LABORATORIES LLC
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

NAME POLICY HOLDER NAME	RECIPIENT ID. POLICY NUMBER	ICN / GROUP NUMBER	CARRIER/EMP ID BILLING ADDRESS	CARRIER/EMPLOYER NAME	
ANNIYAH TRIMBLE LATISHIA S TRIMBLE	530001406478 VHU899005062	2024109081687 / 0078346-AH1	02091 REG CLAIM CONTROL	BC/BS OF ALABAMA UNIT BIRMINGHAM	, AL 35244
MICHAEL K VANWAGNEN	530000751676	2024103026954	02021	PREMERA BLUE CROSS	, 111 33211
AYONNA BAKER	AQT60381377902	/ 4000083	P O BOX 3060	SPOKANE	, WA 99220
ASHTON C WRIGHT BRIANA WRIGHT	530001858550 W9F2262273AB	2024103023700 / 0121001	12306 P O BOX 7186	AMERICBEN SOLUTIONS (ABS) BOISE	, ID 83707
ASHTON C WRIGHT BRIANA WRIGHT	530001858550 W9F2262273AB	2024109082146 / 0121001	12306 P O BOX 7186	AMERICBEN SOLUTIONS (ABS) BOISE	, ID 83707

CRA-TRAN-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 751

PROVIDER REMITTANCE ADVICE FINANCIAL TRANSACTIONS

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 083131776
ISSUE DATE 04/19/2024

NON-CLAIM	I SPECIFIC	PAYOUTS TO	O PROVIDERS
-----------	------------	------------	-------------

TRANSACTION PAYOUT REASON CODE NUMBER --CCN-- --AMOUNT-- CODE DESCRIPTION

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS

-----REFUNDS FROM PROVIDERS-----

REFUND REASON CODE --CCN-- --AMOUNT-- CODE DESCRIPTION

NO REFUNDS FROM PROVIDERS

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	BALANCE	REASON CODE	REASON CODE DESCRIPTION
5624104501283	041924	119.90	119.90	119.90	0.00	8400	System Claim Adjustment
5624104502150	041924	46.00	46.00	46.00	0.00	8400	System Claim Adjustment
5624104502202	041924	2.00	2.00	2.00	0.00	8400	System Claim Adjustment
5624104502248	041924	116.22	116.22	116.22	0.00	8400	System Claim Adjustment

ALABAMA MEDICAID AGENCY MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DATE: 04/19/2024 752

PAYEE ID

ISSUE DATE

CHECK/EFT NUMBER

NPI ID

220224

1598266421

083131776

04/19/2024

SUMMARY

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

REPORT:

RA#:

CRA-SUMM-R

	CLAIMS DATA			
CLAIMS PAID CLAIM ADJUSTMENTS TOTAL CLAIMS PAYMENTS CLAIMS DENIED CLAIMS IN PROCESS	CURRENT NUMBER 1,729 5 1,734 344	CURRENT AMOUNT 489,820.64 0.00 489,820.64	YEAR-TO-DATE NUMBER 13,551 350 13,901 3,389	YEAR-TO-DATE AMOUNT 4,036,556.57 2.00 4,036,558.57
PAYMENTS: CLAIMS PAYMENTS		EAR	RNINGS DATA	4,036,558.57

	EARNINGS DATA	
PAYMENTS: CLAIMS PAYMENTS	489,820.64	4,036,558.57
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC) ACCOUNTS RECEIVABLE (OFFSETS): CLAIM SPECIFIC:	0.00	0.00
CURRENT CYCLE	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS	(284.12)	(11,384.86)
NET PAYMENT	489,536.52	4,025,173.71
REFUNDS:		
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)
OTHER FINANCIAL:		
MANUAL PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
VOIDS	(0.00)	(0.00)
NET EARNINGS	489,536.52	4,025,173.71

REPORT: CRA-EOBM-R ALABAMA MEDICAID AGENCY DATE: 04/19/2024 RA#: 3524808 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 753

PROVIDER REMITTANCE ADVICE EOB CODE DESCRIPTIONS

 CORE DIAGNOSTIC LABORATORIES LLC
 PAYEE ID
 220224

 1930 EDWARDS LAKE ROAD
 NPI ID
 1598266421

 SUITE 138
 CHECK/EFT NUMBER
 083131776

 BIRMINGHAM, AL 35235-2718
 ISSUE DATE
 04/19/2024

EOB CODE	EOB CODE DESCRIPTION
0513	NAME ON CLAIM MUST MATCH NAME ON FILE
0678	ADJ - ORIGINAL ICN NOT SUBMITTED
0682	ADJ - ORIGINAL CLAIM HAS ALREADY BEEN ADJUSTED
0685	ADJ - ORIGINAL CLAIM NOT IN A PAID STATUS
0823	RECIPIENT CHECK DIGIT IS MISSING OR INVALID
0825	MEDICARE ALLOWED AMOUNT MISSING OR INVALID
0835	MEDICARE ALLOWED AMOUNT MISSING OR INVALID MEDICARE DATA NOT FOUND - FORMAT ERROR
0836	MEDICARE DATA NOT FOUND FORMAT ERROR MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR** MEDICARD PAID, COINSURANCE
0030	AMOUNTS INVALID - MEDICARE PAID AMOUNT CANNOT BE ZERO WHEN COINSURANCE IS BILLED
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
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
2507	THIS PATIENT HAS TWO COVERAGE TYPES
2802	ABORTION DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREMENTS.
3303	MEDICARE PAID AMOUNT EQUAL 100%
3323	PROCEDURE RESTRICTION - MODIFIER REQUIRED
3324	PROCEDURE RESTRICTION - NOT ALLOWED
4021	BPA-RP-PROC - NO COVERAGE
4028	BPA-RP-DIAG - GENDER RESTRICTION
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
5484	LAB SERVICES MUST BE BILLED WITH COMBINATION CODE. SEE CPT.
5486	CHEMISTRY PROFILES MUST BE BILLED USING ONE MULTICHANNEL TEST CODE
5488	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC
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.
6290	MULTIPLE URINALYSIS TESTS CANNOT BE BILLED ON THE SAME DAY
6340	DRUG SCREEN DAILY MAX FOR PRESENCE OF DRUGS
6341	DRUG SCREEN DAILY MAX FOR G-CODE(S) IS LIMITED TO 1 PER DAY
8128	AGENCY INITIATED OFFSET DUE TO MEDICARE
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.