

Non-Insured Testing FY 2020	May	June	July	Aug.
UNDUPLICATE PATIENT VISITS	90	572	942	447
DUPLICATE VISITS	1	19	96	85
TOTAL	91	591	1,038	532
TOTAL \$ REIMBURSEMENT	\$ 21,486.00	\$ 147,817.00	\$ 260,551.00	\$ 132,819.00

Non-Insured Testing by Clinic FY 2020	May	June	July	Aug.
PrimaCare	20	28	19	19
CommunityMed	64	403	559	141
Heal360	7	116	381	344
Prime Choiec		42	53	
Willowbend Health & Wellness		1	24	6
ABC Pediatrics		1	2	
USAMDT-Plano				22
TOTAL	91	591	1,038	532

Reimbursements by Clinic FY 2020	May	June	July	Aug.
PrimaCare	\$ 3,800.00	\$ 5,320.00	\$ 3,610.00	\$ 3,610.00
CommunityMed	\$ 15,936.00	\$ 100,347.00	\$ 139,191.00	\$ 35,109.00
Heal360	\$ 1,750.00	\$ 29,000.00	\$ 95,250.00	\$ 86,000.00
Prime Choice		\$ 12,600.00	\$ 15,900.00	
Willowbend Health & Wellness		\$ 250.00	\$ 6,000.00	\$ 1,500.00
ABC Pediatrics		\$ 300.00	\$ 600.00	
USAMDT- Plano				\$ 6,600.00
TOTAL	\$ 21,486.00	\$ 147,817.00	\$ 260,551.00	\$ 132,819.00

Sept.	Total YTD
115	2,166
4	205
119	2,371
\$ 31,000.00	\$ 593,673.00

Sept.	Total YTD
	86
	1,167
94	942
	95
	31
	3
25	47
119	2,371

Sept.	Total YTD
	\$ 16,340.00
	\$ 290,583.00
\$ 23,500.00	\$ 235,500.00
	\$ 28,500.00
	\$ 7,750.00
	\$ 900.00
\$ 7,500.00	\$ 14,100.00
\$ 31,000.00	\$ 593,673.00