

Non-Insured Testing FY 2020	May	June	July	Aug.	Sept.	Oct	Total YTD
UNDUPLICATE PATIENT VISITS	90	643	1,058	502	435	50	2,778
DUPLICATE VISITS	1	19	96	85	5	2	208
TOTAL	91	662	1,154	587	440	52	2,986
TOTAL \$ REIMBURSEMENT	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 149,319.00	\$ 116,100.00	\$ 13,850.00	\$ 726,228.00

Non-Insured Testing by Clinic FY 2020	May	June	July	Aug.	Sept.	Oct	Total YTD
PrimaCare	20	28	19	19			86
CommunityMed	64	403	559	141			1,167
Heal360	7	116	381	344	318	35	1,201
Prime Choiec		42	54	55	63		214
Willowbend Health & Wellness		1	24	6			31
ABC Pediatrics		1	2				3
WellHealth		71	115				186
USAMDT-Plano				22	59	17	98
TOTAL	91	662	1,154	587	440	52	2,986

Reimbursements by Clinic FY 2020	May	June	July	Aug.	Sept.	Oct	Total YTD
PrimaCare	\$ 3,800.00	\$ 5,320.00	\$ 3,610.00	\$ 3,610.00			\$ 16,340.00
CommunityMed	\$ 15,936.00	\$ 100,347.00	\$ 139,191.00	\$ 35,109.00			\$ 290,583.00
Heal360	\$ 1,750.00	\$ 29,000.00	\$ 95,250.00	\$ 86,000.00	\$ 79,500.00	\$ 8,750.00	\$ 300,250.00
Prime Choice		\$ 12,600.00	\$ 16,200.00	\$ 16,500.00	\$ 18,900.00		\$ 64,200.00
Willowbend Health & Wellness		\$ 250.00	\$ 6,000.00	\$ 1,500.00			\$ 7,750.00
ABC Pediatrics		\$ 300.00	\$ 600.00				\$ 900.00
WellHealth		\$ 4,656.00	\$ 12,149.00				\$ 16,805.00
USAMDT- Plano				\$ 6,600.00	\$ 17,700.00	\$ 5,100.00	\$ 29,400.00
TOTAL	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 149,319.00	\$ 116,100.00	\$ 13,850.00	\$ 726,228.00