

Non-Insured Testing FY 2020	May	June	July	Aug.	Sept.	Oct	Nov	Total YTD
UNDUPLICATE PATIENT VISITS	90	643	1,058	507	512	286	4	3,100
DUPLICATE VISITS	1	19	96	85	51	2		254
TOTAL	91	662	1,154	592	563	288	4	3,354
TOTAL \$ REIMBURSEMENT	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 150,569.00	\$ 146,530.00	\$ 74,900.00	\$ 1,200.00	\$ 820,158.00

Non-Insured Testing by Clinic FY 2020	May	June	July	Aug.	Sept.	Oct	Nov	Total YTD
PrimaCare	20	28	19	19				86
CommunityMed	64	403	559	141	120			1,287
Heal360	7	116	381	344	318	230		1,396
Prime Choiec		42	54	55	63			214
Willowbend Health & Wellness		1	24	11	1			37
ABC Pediatrics		1	2					3
WellHealth		71	115					186
USAMDT-Plano				22	61	58	4	145
TOTAL	91	662	1,154	592	563	288	4	3,354

Reimbursements by Clinic FY 2020	May	June	July	Aug.	Sept.	Oct	Nov	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	\$ 29,880.00			\$ 320,463.00
Heal360	\$ 1,750.00	\$ 29,000.00	\$ 95,250.00	\$ 86,000.00	\$ 79,500.00	\$ 57,500.00		\$ 349,000.00
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	\$ 2,750.00	\$ 250.00			\$ 9,250.00
ABC Pediatrics		\$ 300.00	\$ 600.00					\$ 900.00
WellHealth		\$ 4,656.00	\$ 12,149.00					\$ 16,805.00
USAMDT- Plano				\$ 6,600.00	\$ 18,000.00	\$ 17,400.00	\$ 1,200.00	\$ 43,200.00
TOTAL	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 150,569.00	\$ 146,530.00	\$ 74,900.00	\$ 1,200.00	\$ 820,158.00