

Non-Insured Testing FY 2020	May	June	July	Aug.	Sept.	Oct	Nov	Total YTD
UNDUPLICATE PATIENT VISITS	90	642	1,051	525	505	859	398	4,070
DUPLICATE VISITS	1	20	103	85	68	2	2	281
TOTAL	91	662	1,154	610	573	861	400	4,351
TOTAL \$ REIMBURSEMENT	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 151,469.00	\$ 148,620.00	\$ 219,972.00	\$ 107,451.00	\$ 1,074,471.00

Non-Insured Testing by Clinic FY 2020	May	June	July	Aug.	Sept.	Oct	Nov	Total YTD
PrimaCare	20	28	19	19	11	8	9	114
CommunityMed	64	403	559	141	120	248	109	1,644
Heal360	7	116	381	344	318	495	117	1,778
Prime Choic		42	54	55	63	50	25	289
Willowbend Health & Wellness		1	24	11	1	1	3	41
ABC Pediatrics		1	2			1		4
WellHealth		71	115	18				204
USAMDT-Plano				22	60	58	137	277
TOTAL	91	662	1,154	610	573	861	400	4,351

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	\$ 2,090.00	\$ 1,520.00	\$ 1,710.00	\$ 21,660.00
CommunityMed	\$ 15,936.00	\$ 100,347.00	\$ 139,191.00	\$ 35,109.00	\$ 29,880.00	\$ 61,752.00	\$ 27,141.00	\$ 409,356.00
Heal360	\$ 1,750.00	\$ 29,000.00	\$ 95,250.00	\$ 86,000.00	\$ 79,500.00	\$ 123,750.00	\$ 29,250.00	\$ 444,500.00
Prime Choice		\$ 12,600.00	\$ 16,200.00	\$ 16,500.00	\$ 18,900.00	\$ 15,000.00	\$ 7,500.00	\$ 86,700.00
Willowbend Health & Wellness		\$ 250.00	\$ 6,000.00	\$ 2,750.00	\$ 250.00	\$ 250.00	\$ 750.00	\$ 10,250.00
ABC Pediatrics		\$ 300.00	\$ 600.00	\$ -		\$ 300.00		\$ 1,200.00
WellHealth		\$ 4,656.00	\$ 12,149.00	\$ 900.00				\$ 17,705.00
USAMDT- Plano			\$ 6,600.00		\$ 18,000.00	\$ 17,400.00	\$ 41,100.00	\$ 83,100.00
TOTAL	\$ 21,486.00	\$ 152,473.00	\$ 273,000.00	\$ 151,469.00	\$ 148,620.00	\$ 219,972.00	\$ 107,451.00	\$ 1,074,471.00