FilmArray
Respiratory Panel 2 - IVD

BIOFIRE
A BIOMÉRIEUX COMPANY
www.BioFireDx.com

Run Summary

Sample ID: Kasdan, Alexa [redacted]
Run Date: 11 Oct 2019 1:30 PM
Detected: None
Equivocal: None
Controls: Passed

Result Summary

	Viruses
Not Detected	Adenovirus
Not Detected	Coronavirus 229E
Not Detected	Coronavirus HKU1
Not Detected	Coronavirus NL63
Not Detected	Coronavirus OC43
Not Detected	Human Metapneumovirus
Not Detected	Human Rhinovirus/Enterovirus
Not Detected	Influenza A
Not Detected	Influenza B
Not Detected	Parainfluenza Virus 1
Not Detected	Parainfluenza Virus 2
Not Detected	Parainfluenza Virus 3
Not Detected	Parainfluenza Virus 4
Not Detected	Respiratory Syncytial Virus
	Bacteria
Not Detected	*Bordetella parapertussis* (IS*1001*)
Not Detected	*Bordetella pertussis* (*ptxP*)
Not Detected	*Chlamydia pneumoniae*
Not Detected	*Mycoplasma pneumoniae*

Run Details

Pouch: RP2 v1.1
Run Status: Completed
Serial No.: [redacted]
Lot No.:
Protocol: NPS2 v3.1
Operator: [redacted]
Instrument: TME780E

Strep A Test

Patient ID: KASDAN
Date: 11/Oct/2019
Time: 2:17pm

Strep A: Negative
Procedural control valid

[redacted]

Manhattan Specialty Care
121 W 27TH ST
STE 504
NEW YORK, NY 10001

FORWARD SERVICE REQUESTED

For Billing Inquiries Call: 347-382-8546

Patient: Alexa Leig Kasdan

[redacted]

Please complete payment information.

Account No.	Statement Date	Payment Due
[redacted]	2019-11-01	25865.24
Mail Pay	Enter Payment Amount	$
by **Check**	Payable To: Manhattan Specialty Care	Check No.

Manhattan Specialty Care
121 W 27TH ST
STE 504
NEW YORK, NY 10001-6207
[redacted]

☐ Check if your billing information has changed.
Provide update(s) above or on the reverse side.

Detach and return top portion with payment.

Statement Detail **Statement Date 2019-11-01** **Account No.** [redacted]

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
73231	2019-10-10	2019-10-10	Claim:73231, Provider: Roya Fathollahi			
73231	2019-10-10	2019-10-10	87486 CHYLMD PNEUM, DNA, AMP PROBE	974.75		
73231	2019-10-10	2019-10-10	87581 M.PNEUMON, DNA, AMP PROBE	1620.00		
73231	2019-10-10	2019-10-10	87651 STREP A, DNA, AMP PROBE	2850.75		
73231	2019-10-10	2019-10-10	87798 DETECT AGENT NOS, DNA, AMP	3672.00		
73231	2019-10-10	2019-10-10	87633 RESP VIRUS 12-25 TARGETS	19278.00		
73231	2019-10-10	2019-10-24	Blue Cross-MGastro Payment		0.00	
73231	2019-10-10	2019-10-30	Blue Cross-MGastro Payment		0.00	
73231	2019-10-10	2019-11-01	Check to member adjustment		2530.26	
73231	2019-10-10	2019-11-01	check to member: $25,865.24			
73231	2019-10-10	2019-11-01	Your Balance Due On These Services ...			25865.24

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	25865.24	0.00	0.00	0.00	0.00

Payment Due
25865.24

[redacted]

LabCorp

Laboratory Bill

[redacted]

BALANCE NOW DUE

Payments made via an online banking service must include this invoice #

Invoice/Factura: [redacted]

Amount Due: $9.61

[redacted]

ALEXA LEI KASDAN

[redacted]

Patient Name: ALEXA LEI KASDAN
Invoice Date: 10/25/19

[redacted]

Important Notice

THIS BILL REPRESENTS THE CO-INSURANCE, DEDUCTIBLE OR CO-PAY AMOUNT DUE AFTER NOTIFICATION FROM YOUR INSURANCE COMPANY. PLEASE REMIT PROMPT PAYMENT. IF YOU HAVE SECONDARY INSURANCE PLEASE CALL 1-800-845-6167. THANK YOU.

Test requested by:
MADISON SQUARE COMPREHENSIVE
51 EAST 25TH STREET 4TH FL.
NEW YORK, NY 10010

Insurance that has been filed:
[redacted]

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
10/10/19	TSH+Free T4	221.00					221.00
10/10/19	Comp. Metabolic Panel (14)	46.00					46.00
10/10/19	CBC, Platelet, No Differential	31.00					31.00
10/10/19	Lipid Panel With LDL/HDL Ratio	93.00					93.00
10/10/19	Iron and TIBC	65.00					65.00
10/10/19	Hemoglobin A1c	66.00					66.00
10/10/19	Vitamin D, 25-Hydroxy	273.00					273.00
10/10/19	Upper Respiratory Culture	82.00					82.00
10/10/19	Vitamin B12	106.00					106.00
	ADJUSTMENT(S)		(866.65)				(866.65)
	PAYMENT(S)				(106.74)		(106.74)
IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.		983.00	(866.65)		(106.74)		**$9.61**

LabCorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results.
To request a copy of your laboratory report: Go to patient.labcorp.com

TEST PERFORMED BY: LABCORP RARITAN 69 FIRST AVENUE RARITAN, NJ 08869

We accept the following credit cards: MasterCard DISCOVER VISA AMERICAN EXPRESS

Payment arrangements can be made with no additional fee by calling **(1-800-845-6167)** from 8am - 8pm EST Monday - Friday, or visit **labcorp.com/billing**

[redacted]

[redacted]

Return this portion with payment
DO NOT SEND CASH
Make check or money order payable to:

Invoice/Factura: [redacted]

Amount Due: $9.61

www.labcorp.com/billing

FAX: 1-866-227-2939

Laboratory Corporation of America Holdings
P.O. Box 2240
Burlington, North Carolina 27216-2240

[redacted]

Payments made via an online banking service must include
Invoice [redacted]

PAID

[redacted]

[redacted]

Explanation of Health Care Benefits

Claim Information

[redacted]
10/23/2019

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Subscriber Name
Patient Name ALEXA KASDAN

Claim Number: [redacted] Patient ID [redacted] Patient Control Number: [redacted] Group Number:

Group Name: [redacted]

Provider: STRAND CALVIN L

Dates of Service/ Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
10/10/2019 - 10/10/2019 PATHOLOGY TEST	19,278.00	.00	19,278.00	.00	.00	.00	.00	1,927.80	17,350.20	1,927.80	J1034
10/10/2019 - 10/10/2019 PATHOLOGY TEST	3,672.00	.00	3,672.00	.00	.00	.00	.00	317.38	3,354.62	317.38	J1034
10/10/2019 - 10/10/2019 PATHOLOGY TEST	2,850.75	.00	2,850.75	.00	.00	.00	.00	285.08	2,565.67	285.08	J1034
10/10/2019 - 10/10/2019 PATHOLOGY TEST	1,620.00	.00	1,620.00	.00	.00	.00	.00	.00	1,620.00	.00	J1034
10/10/2019 - 10/10/2019 PATHOLOGY TEST	974.75	.00	974.75	.00	.00	.00	.00	.00	974.75	.00	J1034
TOTAL	28,395.50	.00	28,395.50	.00	.00	.00	.00	2,530.26	25,865.24	2,530.26	

Note:

J1034 Your provider is out of network. If you have not yet paid the provider, you are responsible to pay the amount the provider may bill you.

[redacted]

BlueCross BlueShield Minnesota

P.O. Box 64560 • St. Paul, MN 55164-0560

www.bluecrossmnonline.com

NEED HELP?
Contact: Customer Service at 1-888-2794210
Or TTY at 711

[redacted]

[redacted]

10/23/2019

Summary

Total Billed:	$28,395.50
Total Benefits Approved:	$28,395.50
Total Amount Paid to Subscriber:	$25,865.24
Amount You Owe Provider:	$2,530.26

BlueCross BlueShield Minnesota

Date: 10/23/2019 [redacted]

[redacted]

Pay to the Order of [redacted]

***$25,865.24

VOID IF NOT CASHED WITHIN 12 MONTHS

TWENTY-FIVE THOUSAND EIGHT HUNDRED SIXTY-FIVE DOLLARS AND 24 CENTS

WELLS FARGO BANK, N.A.

[redacted]

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

[redacted]