



Payment Receipt

Provider:

Progyny
1359 Broadway 2nd FL
New York, NY 10018
collections@progyny.com
(833) 499-1479

Account #: 806298980

Patient: YANXIN LU

October 03, 2025

Thank you for your payment of \$209.67 to Progyny for healthcare services outlined below:

Date of Service	Service	Charges	Insurance	Patient	Balance
08/18/2025	82397 ; CHEMILUMINESCENT ASSAY TEST Patient: YANXIN LU Physician: REPROSOURCE FERTILITY DIAGNOSTICS	\$69.18	(\$62.26)	\$0.00	\$6.92
08/18/2025	88184 ; SPERM DNA FRAGMENTATION Patient: YANXIN LU Physician: REPROSOURCE FERTILITY DIAGNOSTICS	\$809.09	(\$728.18)	\$0.00	\$80.91
08/18/2025	88185 ; SPERM DNA FRAGMENTATION Patient: YANXIN LU Physician: REPROSOURCE FERTILITY DIAGNOSTICS	\$1031.00	(\$927.90)	\$0.00	\$103.10
08/18/2025	89051 ; SPERM DNA FRAGMENTATION Patient: YANXIN LU Physician: REPROSOURCE FERTILITY DIAGNOSTICS	\$135.84	(\$122.26)	\$0.00	\$13.58
08/18/2025	89261 ; SPERM DNA FRAGMENTATION Patient: YANXIN LU Physician: REPROSOURCE FERTILITY DIAGNOSTICS	\$51.57	(\$46.41)	\$0.00	\$5.16

Date Paid	Card Ending	Confirmation	Amount Paid
10/03/2025	Visa 6118	276411048801	\$209.67

Total Paid: \$209.67

Balance Due: \$0.00

Signature: _____