

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5538100

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
COLLEEN D'ABBENE	03/28/2019
WILL O'NEILL	04/23/2019
JIMMY LIU	03/31/2019
DAVID CARDELLE	04/23/2019
RECEIVING PARTY DATA	
Name:	CHANGE HEALTHCARE HOLDINGS, LLC
Street Address:	3055 LEBANON PIKE
Internal Address:	SUITE 1000
City:	NASHVILLE
State/Country:	TENNESSEE
Postal Code:	37214
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16368193
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	404-645-7700
Email:	kmurrock@mcciplaw.com
Correspondent Name:	MEUNIER CARLIN & CURFMAN LLC
Address Line 1:	999 PEACHTREE ST NE
Address Line 2:	SUITE 1300
Address Line 4:	ATLANTA, GEORGIA 30309
ATTORNEY DOCKET NUMBER:	10839-007US1
NAME OF SUBMITTER:	KATE MURROCK
SIGNATURE:	/Kate Murrock/
DATE SIGNED:	05/23/2019
Total Attachments: 5	

source=10839-007US1 2019_05_17 assignment#page1.tif
source=10839-007US1 2019_05_17 assignment#page2.tif
source=10839-007US1 2019_05_17 assignment#page3.tif
source=10839-007US1 2019_05_17 assignment#page4.tif
source=10839-007US1 2019_05_17 assignment#page5.tif

ASSIGNMENT

For valuable consideration, We, Colleen D'Abbene of Audubon, PA, Will O'Neill of Cleveland, OH, Jimmy Liu of Cherry Hill, NJ, and David Cardelle of Cohasset, MA hereby assign to Change Healthcare Holdings, LLC, a corporation of Delaware, having a place of business at 3055 Lebanon Pike, Suite 1000, Nashville, Tennessee 37214, and its successors and assigns (collectively hereinafter "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements that are subject of an application for United States Patent, titled "**SYSTEMS AND METHODS FOR AUTOMATED REVIEW OF RISK ADJUSTMENT DATA ON SUBMITTED MEDICAL CLAIMS**," filed _____, and assigned U.S. Patent Application No. _____, (and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known,) this assignment including said application, any and all divisional, continuing, substitute, renewal, reissue and all other applications for patent that have been or shall be filed in the United States and all foreign countries on any such inventions or improvements; all original and reissued patents that have been or shall be issued in the United States and all foreign countries on such inventions or improvements; and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for myself and my respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Date: _____

Colleen D'Abbene

WITNESSED BY:

Signature of Witness

Signature of Witness

Name of Witness

Name of Witness

Date

Date

Date: 4/23/19

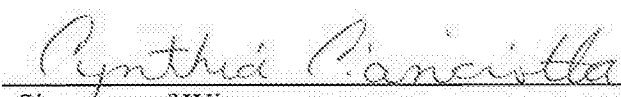
Will O'Neill
Will O'Neill

WITNESSED BY:


Signature of Witness

DAVID V. CARDELLE
Name of Witness

4/23/19
Date


Signature of Witness

Cynthia PANCIOTTA
Name of Witness

4/23/19
Date

Date: 3/28/2019

Colleen D'Abbene
Colleen D'Abbene

WITNESSED BY:

Ronald D'Abbene
Signature of Witness

Ronald D'Abbene
Name of Witness

3/28/2019
Date

Jue
Signature of Witness

JIALIN ZHOU, MD
Name of Witness

3/28/19
Date

Date: _____

Will O'Neill

WITNESSED BY:

Signature of Witness

Name of Witness

Date

Signature of Witness

Name of Witness

Date

Date: _____

Jimmy Liu

WITNESSED BY:

Signature of Witness

Signature of Witness

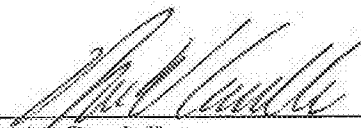
Name of Witness

Name of Witness

Date

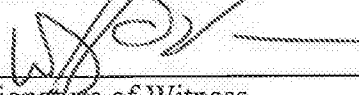
Date

Date: 4/23/19



David Cardelle

WITNESSED BY:



Signature of Witness



Signature of Witness

William J. DiLoren

Name of Witness

Cynthia P. Panchetta

Name of Witness

4/23/19

Date

4/23/19

Date

Date: 3/31/19


Jimmy Liu

WITNESSED BY:


Signature of Witness

Wesley J. Liu
Name of Witness

3/31/19
Date

Amy Liu
Signature of Witness

Amy Liu
Name of Witness

3/31/19
Date

Date: _____

David Cardelle

WITNESSED BY:

Signature of Witness

Name of Witness

Date

Signature of Witness

Name of Witness

Date