

Eligibility Response Report

Subscriber:

Last Name: BEAR
 First Name: MOMMA
 Member ID: 123456789
 Group ID: 0189416

Patient:

Last Name: BEAR
 First Name: MOMMA
 Date of Birth: 09/01/1948
 Soc. Sec. #: 111-11-1111
 Sex: F

Provider:

Last Name: UNIVERSITY MEDICAL SERVICES
 First Name:
 ID: 1538360425

Payer:

Name: UNITED HEALTH CARE
 Payer ID: 00112
 Trace #: 363941014

Benefit/Eligibility Description	Coverage	Amount
Active Coverage Health Benefit Plan Coverage UNITEDHEALTHCARE (Payer) P.O. BOX 740800 ATLANTA, GA 303740800	INDEMNITY Commercial	
Active Coverage Physical Medicine		
Active Coverage Psychiatric		
Active Coverage Psychotherapy		
Active Coverage Psychiatric - Inpatient		
Active Coverage Psychiatric - Outpatient		
Active Coverage Medical Care		
Active Coverage Diagnostic X-Ray		
Active Coverage Hospital		
Active Coverage Hospital - Inpatient		
Active Coverage Hospital - Outpatient		
Active Coverage Hospital - Emergency Medical		
Active Coverage Well Baby Care		
Active Coverage Routine Physical		

Benefit/Eligibility Description	Coverage	Amount	
Active Coverage Emergency Services			
Active Coverage Professional (Physician)			
Active Coverage Professional (Physician) Visit - Office OFFICE VISIT			
Active Coverage Professional (Physician) Visit - Office PRIMARY CARE PHYSICIAN			
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$7,500.00
			In Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$172.97
			Year to Date In Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$7,327.03
			Remaining In Network
Deductible Health Benefit Plan Coverage		FAM	\$1,500.00
			In Network
Deductible Health Benefit Plan Coverage		FAM	\$500.00
			Year to Date In Network
Deductible Health Benefit Plan Coverage		FAM	\$1,000.00
			Remaining In Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$0.00
			Out of Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$0.00
			Year to Date Out of Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	FAM	\$0.00
			Remaining Out of Network
Deductible Health Benefit Plan Coverage		FAM	\$0.00
			Out of Network
Deductible Health Benefit Plan Coverage		FAM	\$0.00
			Year to Date Out of Network
Deductible Health Benefit Plan Coverage		FAM	\$0.00
			Remaining Out of Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$2,500.00
			In Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$171.43
			Year to Date In Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$2,328.57
			Remaining In Network
Deductible Health Benefit Plan Coverage		IND	\$500.00
			In Network
Deductible Health Benefit Plan Coverage		IND	\$500.00
			Year to Date In Network
Deductible Health Benefit Plan Coverage		IND	\$0.00
			Remaining In Network

Benefit/Eligibility Description	Coverage	Amount	
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$0.00 Out of Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$0.00 Year to Date Out of Network
Out of Pocket (Stop Loss) Health Benefit Plan Coverage	Commercial	IND	\$0.00 Remaining Out of Network
Deductible Health Benefit Plan Coverage		IND	\$0.00 Out of Network
Deductible Health Benefit Plan Coverage		IND	\$0.00 Year to Date Out of Network
Deductible Health Benefit Plan Coverage		IND	\$0.00 Remaining Out of Network
Other or Additional Payor Health Benefit Plan Coverage MEDICARE (Payer)			
Non-Covered Dental Care			
Non-Covered Vision (Optometry)			
Non-Covered Generic Prescription Drug			
Non-Covered Brand Name Prescription Drug			
Non-Covered Pharmacy			
Co-Insurance Physical Medicine		IND	10% Visit In Network
Co-Payment Physical Medicine		IND	\$0.00 Visit In Network
Co-Insurance Psychiatric		IND	10% Visit In Network
Co-Payment Psychiatric		IND	\$0.00 Visit In Network
Limitations Psychiatric		IND	40.0 Visits In Network
Co-Insurance Psychotherapy		IND	10% Visit In Network
Co-Payment Psychotherapy		IND	\$0.00 Visit In Network
Limitations Psychotherapy		IND	40.0 Visits In Network
Co-Insurance Psychiatric - Inpatient		IND	10% Visit In Network
Co-Payment Psychiatric - Inpatient		IND	\$0.00 Visit In Network
Limitations Psychiatric - Inpatient		IND	30.0 Days In Network

Benefit/Eligibility Description	Coverage	Amount	
Co-Insurance Psychiatric - Outpatient	IND	10%	Visit In Network
Co-Payment Psychiatric - Outpatient	IND	\$0.00	Visit In Network
Limitations Psychiatric - Outpatient	IND	40.0	Visits In Network
Co-Insurance Medical Care	IND	10%	Visit In Network
Co-Payment Medical Care	IND	\$0.00	Visit In Network
Co-Insurance Diagnostic X-Ray	IND	10%	Visit In Network
Co-Payment Diagnostic X-Ray	IND	\$0.00	Visit In Network
Co-Insurance Hospital	IND	10%	Visit In Network
Co-Payment Hospital	IND	\$0.00	Visit In Network
Co-Insurance Hospital - Inpatient	IND	10%	Visit In Network
Co-Payment Hospital - Inpatient	IND	\$0.00	Visit In Network
Co-Insurance Hospital - Outpatient	IND	10%	Visit In Network
Co-Payment Hospital - Outpatient	IND	\$0.00	Visit In Network
Co-Insurance Hospital - Emergency Medical	IND	10%	Visit In Network
Co-Payment Hospital - Emergency Medical	IND	\$0.00	Visit In Network
Co-Insurance Well Baby Care	IND	0%	Visit In Network
Co-Payment Well Baby Care	IND	\$0.00	Visit In Network
Limitations Well Baby Care	IND	\$200.00	Calendar Year In Network
Co-Insurance Routine Physical	IND	0%	Visit In Network
Co-Payment Routine Physical	IND	\$0.00	Visit In Network
Limitations Routine Physical	IND	\$200.00	Calendar Year In Network
Co-Insurance Emergency Services	IND	10%	Visit In Network
Co-Payment Emergency Services	IND	\$0.00	Visit In Network

Benefit/Eligibility Description	Coverage	Amount	
Co-Insurance Professional (Physician)	IND	10%	Visit In Network
Co-Payment Professional (Physician)	IND	\$0.00	Visit In Network
Co-Insurance Professional (Physician) Visit - Office OFFICE VISIT	IND	10%	Visit In Network
Co-Payment Professional (Physician) Visit - Office OFFICE VISIT	IND	\$0.00	Visit In Network
Co-Insurance Professional (Physician) Visit - Office PRIMARY CARE PHYSICIAN	IND	10%	Visit In Network
Co-Payment Professional (Physician) Visit - Office PRIMARY CARE PHYSICIAN	IND	\$0.00	Visit In Network
Health Care Facility			
(Provider)			