

SL.No	Facility Name	Internal FTP Date	Patient Received On	Subsequent Scan Date	UUID	Patient Name	DOB	Age	Primary Insurance #	SSN #	Gender	Relationship	Subscriber Name
1	Test Facility 2	01/17/2025	01/24/2025	1/24/2025	WWS00056	CYPRESS	1/24/2025	0	XEK125556789	555501232	F	OTHER	AUTOMATION



Subscriber DOB	Marital Status	Address Received in PRF/LMN	Address	City	State	Zip	Home/Phone #	Mail ID	Portal Availability	Insurance Card Received On
1/24/2025	MARRIED	3924 6TH AVE, LOS ANGELES, CA, 90007	3924 6TH AVE	LOS ANGELES	AL	63221	(123) 456-7890	Test@Wonderws.com	UNAVAILABLE	01/17/2025



Insurance Card	Multiplan	IC Payer ID	Primary Insurance	Primary Insurance State	Primary Insurance Plan	Primary Insurance Group #	Secondary Insurance	Secondary Insurance State
NO	NO	85412	WWS	ALABAMA	ASO LOCAL PLUS	X0001000	NONE	NONE



Secondary Insurance Plan	Secondary Insurance #	Secondary Insurance Group #	VF Requested Equipment Model	HCPSC Codes	Equipment Name	Baby Due Date	Weeks Due	Order Date
NONE	NONE	NONE	ELIVE	A6549	BREAST PUMP	1/7/2025	UNAVAILABLE	01/15/2025



Prescription Classification	DX Codes	Ordering Physician	Ordering Physician NPI	Ordering Physician Address	Ordering Physician Phn #	Ordering Physician Fax #
LMN - Insufficient_HCPCS	Z39.1	DEBRA MORGAN WHNP-BC	1861701104	200 MAIN ST, SUITE 2, SETAUKET, NY, 11733	(631) 751-9595	(631) 751-9595



Ordering Physician Speciality	PCP	PCP NPI #	PCP Address	PCP Phn #	PCP Fax #	PCP Speciality	VF TAT	VF Date
Gynecologist	DEBRA MORGAN WHNP-BC	1861701104	200 MAIN ST, SUITE 2, SETAUKET, NY, 11733	(631) 751-9595	(631) 751-9595	GYNECOLOGIST	UNAVAILABLE	1/24/2025



HCPCS From Prescription	Equipment Model From Prescription	LMN Received On	Calendar Month	Coverage Start Date	Coverage End Date	Network Status	INN Benefit's For DME	INN Ded Calendar/Actual Amt
A6549	Compression Stocks	1/17/2025	JANUARY	1/24/2025	1/24/2025	INN	YES	\$300



INN Ded Met Amt	INN Ded Bal Amt	INN Coins	INN OOP Calendar/Actual Amt	INN OOP Met Amt	OON Benefits For DME	OON Ded Calendar/Actual Amt	OON Ded Met Amt	OON Ded Bal Amt	OON Coins
\$200	\$100	200%	\$150	\$100	YES	\$200	\$100	\$100	100%



OON OOP Calendar/Actual Amt	OON OOP Met Amt	Auth Required	Chart Status	S&S Received Equipment In the Last 6 Months?	Prescription Availability	VF Comments	Subsequent VF Date
\$200	\$13	YES	Approved	YES	Completed	A POD is Required to Bill	01/16/2025



Subsequent Quarter To Verify	Transaction ID/SSA	Calling Assigned Reason	Calling Added On	Delivery Status	Delivered On	Insurance Phn #	PCB	Calling Comments	Call Ref #	Calling Payer ID
Q1	56697916514	PA Held: Peer Review Required	U/A	YES	01/15/2025	(123) 456-7890	YES	None	123456	123456789



Call Mode	Operator	Start Time	End Time	ACH	Call Disposition Code	CR Disposition Code
Telephone	fax	14:23	15:34	1:11	WWS_01_VF Completed	IR4 - Resolved Issue:

