Active Indexers

#### **GA Palmetto Medicare 01 Formally Cahaba**

Patient: WATSON, MALA

Member ID:

1CT4G49YC03

Subscriber Name: WATSON, MALA

DOB: 03/19/1932

Gender: FEMALE

RelationShip: SELF

Address: 2450 BUFORD DR

LAWRENCEVILLE, GA 30043-2102

**General Eligibility Information** 

Status: ACTIVE - MEDICARE PART B

Status: ACTIVE - MEDICARE PART A

Eligibility: 12/06/2021 - 04/06/2023

Provider: FOX REHABILITATION SERVICES, INC.

Inquire Date: 12/06/2022

#### 30-HEALTH BENEFIT PLAN COVERAGE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$233.00 Per Calendar Year Plan: 01/01/2022- 12/31/2022	
			\$203.00 Per Calendar Year Plan: 01/01/2021- 12/31/2021	
			\$0.00 Remaining Plan: 01/01/2022- 12/31/2022	
			\$0.00 Remaining Plan: 01/01/2021- 12/31/2021	20% Per Visit Plan: 01/01/2022- 12/31/2022
				20% Per Visit Plan: 01/01/2021- 12/31/2021

#### 14-RENAL SUPPLIES IN THE HOME (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

#### 42-HOME HEALTH CARE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
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Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSUR <b>Active</b> Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022- 12/31/2022	
			\$0.00 Per Calendar Year Benefit: 01/01/2021- 12/31/2021	0% Per Visit Benefit: 01/01/2022- 12/31/2022
				0% Per Visit Benefit: 01/01/2021- 12/31/2021

## AD-OCCUPATIONAL THERAPY (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION
			\$0.00
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	Used Amount Benefit: 01/01/2023-12/31/2023 \$3,484.83
			Used Amount Benefit: 01/01/2022-12/31/2022
			\$0.00 Used Amount Benefit: 01/01/2021-12/31/2021

## AE-PHYSICAL MEDICINE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION
	1		\$0.00
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	Used Amount Benefit: 01/01/2023-12/31/2023 \$2,402.72
			Used Amount Benefit: 01/01/2022-12/31/2022 \$0.00
			Used Amount Benefit: 01/01/2021-12/31/2021

### CQ-CASE MANAGEMENT (MB-MEDICARE PART B)

Netwo	k Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
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Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURAActive Indexers
N/A		Benefit: 12/06/2021- 04/06/2023	\$0.00 Per Calendar Year Benefit: 12/06/2021- 04/06/2023	0% Per Visit Benefit: 12/06/2021- 04/06/2023

## 42-HOME HEALTH CARE (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Episode Benefit: 01/01/2022-12/31/2022 Benefit: 01/01/2021-12/31/2021

## 45-HOSPICE (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Episode Benefit: 01/01/2022-12/31/2022 Benefit: 01/01/2021-12/31/2021

### 10-BLOOD CHARGES (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## 12-DME PURCHASE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### 13-ACS FACILITY (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## 18-DME RENAL (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## 2-SURGERY (MB-MEDICARE PART B)

12:43 AM		Fox Rehabilitation Web Portal	
Network	Coverage Plan	ACTIVE COVERAGE	Active Indexe
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
20-SECOND SURG	GICAL OPINION (MB-ME	EDICARE PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
23-DIAGNOSTIC I	DENTAL (MB-MEDICARI	E PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
24-PERIODONTIC	S (MB-MEDICARE PART	ГВ)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
25-RESTORATIVE	(MB-MEDICARE PART	В)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
26-ENDODOTICS	(MB-MEDICARE PART E	3)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
27-MAXILLOFACI	AL PROSTHETICS (MB-	MEDICARE PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

Network	Coverage Plan	ACTIVE COVERAGE	Active Index
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
3-CONSULTATION	N (MB-MEDICARE PART	B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
33-CHIROPRACT	IC (MB-MEDICARE PART	ГВ)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
36-DENTAL CROV	WNS (MB-MEDICARE PA	RT B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
37-DENTAL ACCI	DENT (MB-MEDICARE P	PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
38-ORTHODONTI	CS (MB-MEDICARE PAR	RT B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
39-PROSTHODON	NTICS (MB-MEDICARE F	PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

Netw	ork	Cov	erage Plan		ACTIVE COVER	RAGE	Active Indexe
N/A				0-Beneficiary Plan: 03/01/	/ insured due to age OASI 1997		
40-ORAI	SURGERY	(MB-M	EDICARE PART	ъ)			
Netw	Network Coverage Plan				ACTIVE COVER	RAGE	
N/A				0-Beneficiary Plan: 03/01/	/ insured due to age OASI 1997		
5-DIAGN	IOSTIC LAB	ORATO	RY (MB-MEDIC	CARE PART B)			
Network	Coverage F	Plan	ACTIVE C	OVERAGE	DEDUCTIBLE	CO-INS	URANCE
N/A 0-Beneficiary insur OASI Plan: 03/01/1997			\$0.00 Per Calendar Year Benefit: 01/01/2022- 12/31/2022 \$0.00 Per Calendar Year Benefit: 01/01/2021-	0% Per Visit Benefit: 01/0	1/2022-		
					12/31/2021	12/31/2022 0% Per Visit Benefit: 01/07 12/31/2021	1/2021-
50-HOSI	PITAL - OUT	PATIEN	IT (MB-MEDIC	ARE PART B)			
Netw	ork	Cov	erage Plan		ACTIVE COVER	RAGE	
N/A				0-Beneficiary Plan: 03/01/	/ insured due to age OASI 1997		
51-HOSI	PITAL - EME	RGENO	CY ACCIDENT (	MB-MEDICARE	PART B)		
Netw	ork	Cov	erage Plan		ACTIVE COVER	RAGE	
N/A				0-Beneficiary Plan: 03/01/	/ insured due to age OASI 1997		
52-HOSI	PITAL - EME	RGENO	CY MEDICAL (N	/IB-MEDICARE P	ART B)		

0-Beneficiary insured due to age OASI

Plan: 03/01/1997

## 53-HOSPITAL - AMBULATORY SURGICAL (MB-MEDICARE PART B)

N/A

Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
6-RADIATION TH	ERAPY (MB-MEDICARE	PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	

## 62-MRI/CAT SCAN (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

Plan: 03/01/1997

## 65-NEWBORN CARE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## 67-SMOKING CESSATION (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	LIMITATIONS
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022- 12/31/2022		
			\$0.00 Per Calendar Year Benefit: 01/01/2021- 12/31/2021	0% Per Visit Benefit: 01/01/2022- 12/31/2022	
				0% Per Visit Benefit: 01/01/2021- 12/31/2021	8 Visits Per Service Year

## 69-MATERNITY (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

/-ANESTHESIA (N	MB-MEDICARE PART B)		Active Indexe
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
73-DIAGNOSTIC	MEDICAL (MB-MEDICAR	E PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
76-DIALYSIS (MB-	-MEDICARE PART B)		
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
78-CHEMOTHERA	APY (MB-MEDICARE PAR	RT B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
8-ASSISTANCE A	T SURGERY (MB-MEDICA	ARE PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
81-ROUTINE PHY	SICAL (MB-MEDICARE P	PART B)	
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	
83-INFERTILITY (	MB-MEDICARE PART B)		
Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

# 86-EMERGENCY SERVICES (MB-MEDICARE PART B) **Active Indexers** Coverage Plan Network **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 93-PODIATRY (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 98-PROFESSIONAL (PHYSICIAN) VISIT - OFFICE (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 99-OTHER (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 A0-PROFESSIONAL (PHYSICIAN) VISIT - OUTPATIENT (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 A3-PROFESSIONAL (PHYSICIAN) VISIT - HOME (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997 A4-PSYCHIATRIC (MB-MEDICARE PART B) Network Coverage Plan **ACTIVE COVERAGE** N/A 0-Beneficiary insured due to age OASI Plan: 03/01/1997

N/A

### A6-PSYCHOTHERAPY (MB-MEDICARE PART B)

Active Indexers

Network Coverage Plan ACTIVE COVERAGE

0-Beneficiary insured due to age OASI Plan: 03/01/1997

### A8-PSYCHIATRIC - OUTPATIENT (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI
14,71		Plan: 03/01/1997

### AF-SPEECH THERAPY (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### AI-SUBSTANCE ABUSE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### AJ-ALCOHOLISM (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022- 12/31/2022	
			\$0.00 Per Calendar Year Benefit: 01/01/2021- 12/31/2021	0% Per Visit Benefit: 01/01/2022- 12/31/2022
				0% Per Visit Benefit: 01/01/2021- 12/31/2021

### **AK-DRUG ADDICTION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### AL-VISION (OPTOMETRY) (MB-MEDICARE PART B)

Active Indexers

Network Coverage Plan		ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

### BF-PULMONARY REHABILITATION (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	LIMITATIONS	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	72 Covered - Actual Remaining Technical	
			72 Covered - Actual Remaining Professional	

### **BG-CARDIAC REHABILITATION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	LIMITATIONS		
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	0 Quantity Used Technical		
			0 Quantity Used Professional		
			0 Quantity Used Intensive Cardiac Rehabilitation - Technical		
			0 Quantity Used Intensive Cardiac Rehabilitation - Professional		

## **BH-PEDIATRIC (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## BT-GYNECOLOGICAL (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

## **BU-OBSTETRICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
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12:43 AM	2:43 AM		Fox Rehabilitation Web Portal			
Netw	ork C	Coverage Plan		ACTIVE CO	OVERAGE	Active Indexe
N/A			0-Beneficiary insure Plan: 03/01/1997	ed due to age OA	SI	
BV-OBS	TETRICAL/GYNE	ECOLOGICAL (MB-ME	EDICARE PART B)			
Netw	ork C	Coverage Plan	ACTIVE COVERAGE			
			0-Beneficiary insure Plan: 03/01/1997	ed due to age OA	SI	
DM-DUR	ABLE MEDICAL	EQUIPMENT (MB-MI	EDICARE PART B)			
Netw	ork C	Coverage Plan		ACTIVE CO	OVERAGE	
N/A			0-Beneficiary insured due to age OASI Plan: 03/01/1997			
RN-REN	AL (MB-MEDICA	RE PART B)				
Netw	ork C	Coverage Plan	ACTIVE COVERAGE			
N/A			0-Beneficiary insure Plan: 03/01/1997	ed due to age OA	SI	
UC-URG	ENT CARE (MB-	MEDICARE PART B)				
Netw	ork C	Coverage Plan		ACTIVE CO	OVERAGE	
N/A			0-Beneficiary insure Plan: 03/01/1997	ed due to age OA	SI	
80-IMMI	UNIZATIONS (M	B-MEDICARE PART B	3)			
Network	Coverage Plan	ACTIVE COVERAGE	DEDUC	TIBLE	CO-INSUF	RANCE
N/A		Status: 12/06/2022	\$0.00 Per Calend Benefit: 01/01/20		0% Per Visit Benefit: 01/01/202	22-12/31/2022
MB- (ME	3-MEDICARE PA	RT B)				
Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANC	E BENEFIT DE	SCRIPTION
N/A			Per Calendar Year Benefit: 12/06/2022			

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DES CRACTIVE Indexers
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		

Vetwork	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DES CRACTIVE Indexers
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		

Vetwork	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DES CRACTIVE Indexers
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		
			Per Calendar Year Benefit: 12/06/2022		

dexers

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRACTIVE Indexers
				Per Visit Benefit: 12/06/2022	<b>'</b>
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit:	

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRACTIVE Indexers
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	
				Per Visit Benefit: 12/06/2022	Benefit Begin: 07/01/2001
					Benefit Begin: 07/01/2001
					Benefit Begin: 11/29/2011

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DES	CRActiveIndexers
					Benefit Begin: 01/	01/2005
					Benefit Begin: 07/	01/2007
					Benefit Begin: 01/	01/1998
					Benefit Begin: 01/	01/2002
					Benefit Begin: 01/	01/1998
					Benefit Begin: 01/	01/2015
					Benefit Begin: 06/	01/2018
					Benefit Begin: 07/	01/2001
					Benefit Begin: 01/	01/1998
					Benefit Begin: 12/	01/2007
					Benefit Begin: 07/	01/2001
					Benefit Begin: 10/	14/2011
					Benefit Begin: 01/	01/2005
					Benefit Begin: 01/	01/2002
					Benefit Begin: 12/	01/2007
					Benefit Begin: 07/	01/2005
					Benefit Begin: 01/	01/2004
					Benefit Begin: 07/	01/2001
					Benefit Begin: 01/	01/2005
					Benefit Begin: 09/	28/2016
					Benefit Begin: 01/	01/2005
					Benefit Begin: 07/	01/2001
					Benefit Begin: 01/	01/1998
					Benefit Begin: 04/	13/2015
					Benefit Begin: 01/	01/2005
					Benefit Begin: 07/	01/2001
					Benefit Begin: 01/	01/2007
					Benefit Begin: 07/	01/2001
					Benefit Begin: 01/	01/2005
					Benefit Begin: 01/	01/2005
					Benefit Begin: 11/	08/2011
					Benefit Begin: 07/	
					Benefit Begin: 11/	08/2011
					Benefit Begin: 06/	02/2014
					Benefit Begin: 07/	01/1998

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DES	CRActiveIndexer
					Benefit Begin: 07/	01/1998
					Benefit Begin: 07/	01/1998
					Benefit Begin: 07/	01/1998
					Benefit Begin: 07/	01/1998
					Date of Service: 0	4/14/2016
					Provider: VAXCAR	
					CORPORATION,	
					NPI: 1316058217	
					Address: 3113 LA	WTON RD
					City: ORLANDO	
					State: FL	
					Zip Code: 32803	3531

# 30-HEALTH BENEFIT PLAN COVERAGE (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	RESERVE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	Benefit: 05/10/2022- 05/13/2022	\$1,556.00 Episode Plan: 01/01/2022- 12/31/2022		
				\$1,484.00 Episode Plan: 01/01/2021- 12/31/2021		
				\$1,556.00 Remaining Plan: 01/01/2022- 12/31/2022		
				\$1,484.00 Remaining Plan: 01/01/2021- 12/31/2021		
				\$0.00 Remaining Plan: 05/10/2022- 05/13/2022	\$0.00 Episode Admission: 01/01/2022- 12/31/2022	

Network Cov	erage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	Active Indexers
					\$389.00 Per Day Admission: 01/01/2022- 12/31/2022	
					\$0.00 Episode Admission: 01/01/2021- 12/31/2021	
					\$371.00 Per Day Admission: 01/01/2021- 12/31/2021	
					\$0.00 Episode Admission: 01/01/2022- 12/31/2022	
					\$389.00 Per Day Admission: 01/01/2022- 12/31/2022	
					\$0.00 Episode Admission: 01/01/2021- 12/31/2021	
					\$371.00 Per Day Admission: 01/01/2021- 12/31/2021	
					\$0.00 Episode Admission: 05/10/2022- 05/13/2022	
						60 Days Lifetime

	Fox Rehabilitation Web Portal					
Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	Active Indexer	
					60 Days Lifetime Remaining	
					\$778.00 Per Day Admission: 01/01/2022- 12/31/2022	
					\$742.00 Per Day Admission: 01/01/2021- 12/31/2021	
		<b>N</b> )	ACTIVE COVE	PACE.		
OIK C	overage Plan		ACTIVE COVER	RAGE		
			e to age OASI			
RNATE METHO	D DIALYSIS (MA-MED	ICARE PART A)				
ork C	overage Plan	ACTIVE COVERAGE				
		0-Beneficiary insured due to age OASI Plan: 03/01/1997				
PITAL - INPATIEI	NT (MA-MEDICARE P	ART A)				
Coverage Plan	n ACTIV	E COVERAGE	BEN	IEFIT DESCRIPT	TION	
	0-Beneficiary insu Plan: 03/01/1997	red due to age OASI	Provider: NOR NPI: 1952340 Address: 1000 City: LAWREN State: GA	THSIDE HOSPI 994 ) MEDICAL CEN CEVILLE	TAL, INC.,	
	OD CHARGES (Morork Cork Cork Cork Cork Cork Cork Cork	DD CHARGES (MA-MEDICARE PART A TORK Coverage Plan  ERNATE METHOD DIALYSIS (MA-MEDITORK Coverage Plan  PITAL - INPATIENT (MA-MEDICARE PART A COVERAGE Plan  O-Beneficiary insu	Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIPTION  DD CHARGES (MA-MEDICARE PART A)  Tork Coverage Plan  0-Beneficiary insured du Plan: 03/01/1997  ERNATE METHOD DIALYSIS (MA-MEDICARE PART A)  Tork Coverage Plan  0-Beneficiary insured du Plan: 03/01/1997  PITAL - INPATIENT (MA-MEDICARE PART A)  Coverage Plan ACTIVE COVERAGE  0-Beneficiary insured due to age OASI	Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIPTION DEDUCTIBLE  ODD CHARGES (MA-MEDICARE PART A)  Ork Coverage Plan ACTIVE COVER  O-Beneficiary insured due to age OASI Plan: 03/01/1997  ERNATE METHOD DIALYSIS (MA-MEDICARE PART A)  Ork Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIPTION DEDUCTIBLE  O-Beneficiary insured due to age OASI Plan: 03/01/1997  PITAL - INPATIENT (MA-MEDICARE PART A)  Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIPTION DEDUCTIBLE  O-Beneficiary insured due to age OASI Plan: 03/01/1997  Admission: 05 Provider: NOR NPP: 1952340 Address: 1000 City: LAWREN State: GA	Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIPTION DEDUCTIBLE CO-PAYMENT  ODD CHARGES (MA-MEDICARE PART A)  Ork Coverage Plan ACTIVE COVERAGE   O-Beneficiary insured due to age OASI Plan: 03/01/1997  ERNATE METHOD DIALYSIS (MA-MEDICARE PART A)  Ork Coverage Plan ACTIVE COVERAGE  O-Beneficiary insured due to age OASI Plan: 03/01/1997  PITAL - INPATIENT (MA-MEDICARE PART A)  Coverage Plan ACTIVE COVERAGE BENEFIT DESCRIP  O-Beneficiary insured due to age OASI Plan: 03/01/1997  Admission: 05/10/2022-05/1 Provider: NORTHSIDE HOSPI NPI: 1952340994 Address: 1000 MEDICAL CEN City: LAWRENCEVILLE	

Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

65-NEWBOR	N CARE (MA-ME	DICARE PAR	T A)		Active Indexe
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
69-MATERNI	TY (MA-MEDIC	ARE PART A)			
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
76-DIALYSIS	(MA-MEDICARE	PART A)			
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
78-CHEMOT	HERAPY (MA-M	EDICARE PAI	RT A)		
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
83-INFERTIL	ITY (MA-MEDIC	ARE PART A)			
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
A5-PSYCHIA	TRIC-ROOM AN	D BOARD (M	A-MEDICARE PART A)		
Network	Cover	age Plan	ACT	TIVE COVERAGE	
N/A			0-Beneficiary insured due to a Plan: 03/01/1997	age OASI	
A7-PSYCHIA	TRIC - INPATIEN	IT (MA-MEDI	CARE PART A)		
Network	Coverage Plan		ACTIVE COVERAGE	RESERVE	
N/A		0-Beneficia Plan: 03/01	ry insured due to age OASI /1997	190 Days Lifetime	

Network Coverage Plan ACTIVE COVERAGE RESERVE Active Indexers

190 Days Lifetime Remaining

#### AG-SKILLED NURSING CARE (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE	CO-PAYMENT
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Episode Admission: 01/01/2022-12/31/2022
			\$194.50 Per Day Admission: 01/01/2022-12/31/2022
			\$0.00 Episode Admission: 01/01/2021-12/31/2021
			\$185.50 Per Day Admission: 01/01/2021-12/31/2021
			\$0.00 Episode Admission: 01/01/2022-12/31/2022
			\$194.50 Per Day Admission: 01/01/2022-12/31/2022
			\$0.00 Episode Admission: 01/01/2021-12/31/2021
			\$185.50 Per Day Admission: 01/01/2021-12/31/2021
			\$0.00 Episode Admission: 05/10/2022-05/13/2022
			\$194.50 Per Day Admission: 05/10/2022-05/13/2022

### BT-GYNECOLOGICAL (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### **BU-OBSTETRICAL (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

### BV-OBSTETRICAL/GYNECOLOGICAL (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE
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Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

## RN-RENAL (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

### 10-BLOOD CHARGES

Network	Coverage Plan	EXCLUSIONS	
N/A		3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2023-12/31/2023	
		3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2022-12/31/2022	
		3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2021-12/31/2021	

## 88-PHARMACY (OT-OTHER)

Network	Coverage Plan	OTHER OR ADDITIONAL PAYOR	
		Plan Number: S5820	
		Plan Network Identification Number: 009	
		Payer: UNITEDHEALTHCARE INSURANCE COMPANY	
		Address: 185 Asylum Street,	
		Hartford, CT, 06103-0450	
		Telephone: (888) 867-5575	
		URL: AARPMedicarePlans.com	
N/A		Benefit: 05/01/2006	
IN/ A		Payer: UNITEDHEALTHCARE INSURANCE COMPANY	
		Address: 185 Asylum Street	
		City: Hartford	
		State: CT	
		Zip Code: 06103-0450	
		Telephone: 8888675575	
		URL: AARPMedicarePlans.com	