

Insurance Verification

Name: Veghiche Hasdaghian DOB: 11/17/40 MR# 82247
Ins. ID # UHC 917207811
Phone#: _____
Date: 2/1/19 Time: 10:25 DX: D63.1, N18.3
Eff Date: ~~1/1/19~~ 2/1/19
Copay: _____ DED: _____
Percent: _____ 80% OOP: 10700
Name of Person: KIE
REF: _____
Jcode: J0881-
96372- NO

52

Auth Req'd YES: ☒ NO: _____
Auth# A064973726 Date Span: 2/4/19 - 2/4/20
Phone: ~~877~~ 800-537-2977 Fax: ~~xxx~~
Name: Melony 6407
ORMC: Val.

Can we Buy and Bill:

YES: _____ NO: _____

Specialty Pharmacy: _____

Phone#: _____ Fax: _____

OK to Schedule: _____ Pending: _____ Denied: _____

7/1/305