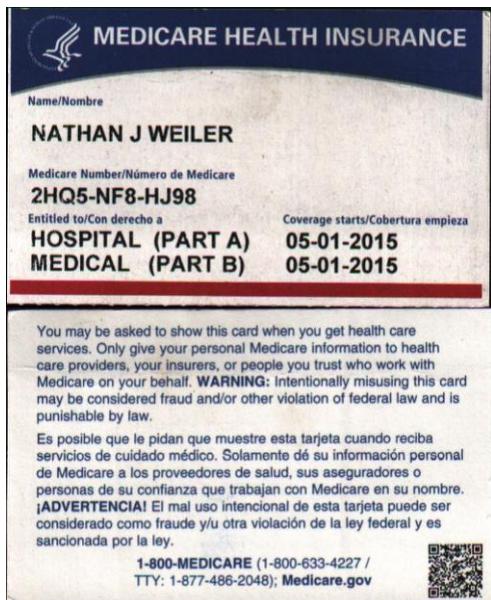


Primary Insurance

Type: MEDICARE-PA - RHC-FQHC - PART A (MEDICARE)
Insurance info: PO BOX 3385, MECHANICSBURG, PA phone: [\(877\)235-8073](tel:(877)235-8073)
Office visit copay: \$26.16
Name: WEILER, NATHAN J
Relationship to insured: Self
Date of birth: 11/20/1984
Group/Policy#:
ID/Cert#: 2HQ5NF8HJ98
Issued: 05/01/2015
Expires:



Secondary Insurance

Type: NGS NATIONAL - MEDICARE-PA - RHC-FQHC - PART A (MEDICARE)
Insurance info: PO BOX 6474, INDIANAPOLIS, IN phone: [\(877\)702-0990](tel:(877)702-0990)
Office visit copay:
Name: WEILER, NATHAN J
Relationship to insured: Self
Date of birth: 11/20/1984
Group/Policy#:
ID/Cert#: 2HQ5NF8HJ98
Issued: 05/01/2015