

## PASCARELLA, EUGENE Subscriber

**MEMBER ID** 8480410  
**DOB** May 15, 1929  
**GENDER** Male  
**PLAN / COVERAGE DATE** May 12, 2023  
**ELIGIBILITY DATE** Jan 01, 2022  
**DATE OF SERVICE** May 12, 2023



### Subscriber Information

1042 HENLEY DOWNS PL  
LAKE MARY, FL 32746  
**MEMBER ID** 8480410

**PLAN NETWORK ID** WMR

### Plan / Product Information

**ACTIVE COVERAGE** **INDIVIDUAL**

**PLAN / PRODUCT** No Premium (HMO) (H1032213000)  
**GROUP OR POLICY NUMBER** FL117  
**PLAN NUMBER** 444-213-000

- For additional benefit information regarding this member please contact our Customer Service Team.

### Service Types

Health Benefit Plan Coverage

### Payer Details

**PAYER** WELLCARE HEALTH PLANS  
**PAYER ID** WELLCAREMC

### Other or Additional Payers

No Additional Payer Information

### Provider Details

#### REQUESTING PROVIDER

**NAME** TERENCEVA, STELLA  
**NPI** 1225352610

#### PRIMARY CARE PROVIDER

**NAME** SHAY, SAMUEL  
**NPI** 1659326692

P: 407-831-4040

#### HEALTH CARE FACILITY

**NAME** ADVENTIST HEALTH SYS SUNBELT I  
**TYPE** Independent Physicians Association (IPA)

Coverage and Benefits Information

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE INDIVIDUAL

PLAN / PRODUCT No Premium (HMO) (H1032213000)  
GROUP OR POLICY NUMBER FL117  
PLAN NUMBER 444-213-000

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Limitations

IN NETWORK

\$1,700.00 Year to Date

NETWORK NOT APPLICABLE

\$1,700.00 Year to Date

Audiology Exam - 71

Co-Payment - Audiology Exam

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE DIAGNOSTIC HEARING EXAM COPAY 5 # Final  
CoPay For This Member= \$5.0 #

Cancer - 87

Co-Insurance - Cancer

NETWORK NOT APPLICABLE

20 %

- MEDICARE CHEMOTHERAPY COINS 20 # Final CoInsurance  
For This Member= 20.0% #

NETWORK NOT APPLICABLE

20 %

- MEDICARE RADIATION THERAPY COINS 20 OUTPT FAC #  
Final CoInsurance For This Member= 20.0% #

## Chiropractic - 33

### Co-Payment - Chiropractic

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE COVERED CHIRO RULE # Final CoPay For This Member= \$5.0 #

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE ROUTINE CHIRO ( SUPPLEMENTAL ) # Final CoPay For This Member= \$5.0 #

## Diabetic Supplies - DS

### Co-Insurance - Diabetic Supplies

NETWORK NOT APPLICABLE

20 %

- MEDICARE DIABETIC SUPPLIES & EQUIPMENT SHOES AND INSERTS COINS 20 # Final CoInsurance For This Member= 20.0% #

## Diagnostic Lab - 5

### Co-Payment - Diagnostic Lab

NETWORK NOT APPLICABLE

\$30.00

- MEDICARE OUTPATIENT DIAGNOSTIC TESTS ADV COPAY 30 # Final CoPay For This Member= \$30.0 #

NETWORK NOT APPLICABLE

\$30.00

- MEDICARE OUTPATIENT DIAGNOSTIC TESTS COPAY 30 BASIC # Final CoPay For This Member= \$30.0 #

## Diagnostic Medical - 73

### Co-Payment - Diagnostic Medical

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE OUTPATIENT RADIOLOGY COPAY 50 ADV FAC  
# Final CoPay For This Member= \$50.0 #

## Dialysis - 76

### Co-Insurance - Dialysis

NETWORK NOT APPLICABLE

20 %

- MEDICARE DIALYSIS SERVICE AND SUPPLIES COINS 20 #  
Final CoInsurance For This Member= 20.0% #

## Durable Medical Equipment - DM

### Co-Insurance - Durable Medical Equipment

NETWORK NOT APPLICABLE

20 %

- MEDICARE PROSTHETICS AND ORTHOTICS COINS 20 #  
Final CoInsurance For This Member= 20.0% #

NETWORK NOT APPLICABLE

20 %

- MEDICARE DURABLE MEDICAL EQUIPMENT\_ALL OTHER  
COINS 20 # Final CoInsurance For This Member= 20.0% #

## Durable Medical Equipment Purchase - 12

### Co-Insurance - Durable Medical Equipment Purchase

NETWORK NOT APPLICABLE

20 %

- MEDICARE DURABLE MEDICAL EQUIPMENT MEDICAL  
SUPPLIES COINS 20 # Final CoInsurance For This Member=  
20.0% #

# Emergency Services - 86

## Co-Payment - Emergency Services

NETWORK NOT APPLICABLE

\$250.00

- MEDICARE AMBULANCE TRANSPORTATION COPAY 250 #  
Final CoPay For This Member= \$250.0 #

NETWORK NOT APPLICABLE

\$10.00

- MEDICARE URGENT CARE COPAY 10 # Final CoPay For  
This Member= \$10.0 #

# Hospital - 47

## Co-Payment - Hospital

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE ACUTE INPATIENT HOSPITAL ADMISSION  
COPAY 50 # Final CoPay For This Member= \$50.0 #

# Hospital - Ambulatory Surgical - 53

## Co-Payment - Hospital - Ambulatory Surgical

NETWORK NOT APPLICABLE

\$25.00

- MEDICARE AMBULATORY SURGICAL CENTER COPAY 25  
# Final CoPay For This Member= \$25.0 #

## Hospital - Inpatient - 48

### Co-Payment - Hospital - Inpatient

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE EMERGENCY ROOM TO INPATIENT HOSPITAL  
ADMISSION COPAY 50 # Final CoPay For This Member=  
\$50.0 #

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE EMERGENCY ROOM TO INPATIENT MENTAL  
HEALTH AND SUBSTANCE ABUSE COPAY 50 # Final CoPay  
For This Member= \$50.0 #

## Hospital - Outpatient - 50

### Co-Payment - Hospital - Outpatient

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE OUTPATIENT HOSPITAL NON-SURGICAL  
COPAY 50 # Final CoPay For This Member= \$50.0 #

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE OUTPATIENT HOSPITAL SURGICAL COPAY 50  
SURG # Final CoPay For This Member= \$50.0 #

## Immunizations - 80

### Co-Insurance - Immunizations

NETWORK NOT APPLICABLE

20 %

- MEDICARE IMMUNIZATIONS AND VACCINATIONS COINS  
20 # Final CoInsurance For This Member= 20.0% #

## Mental Health - MH

### Co-Payment - Mental Health

NETWORK NOT APPLICABLE

\$40.00

- MEDICARE OUTPATIENT MENTAL HEALTH COPAY 40 GRP  
# Final CoPay For This Member= \$40.0 #

## Mental Health Provider - Inpatient - CE

### Co-Payment - Mental Health Provider - Inpatient

NETWORK NOT APPLICABLE

\$50.00

- MEDICARE INPATIENT MENTAL HEALTH AND SUBSTANCE  
ABUSE COPAY 50 # Final CoPay For This Member= \$50.0 #

## Other Medical - 9

### Co-Payment - Other Medical

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE WALK IN CLINIC COPAY 5 # Final CoPay For  
This Member= \$5.0 #

### Co-Insurance - Other Medical

NETWORK NOT APPLICABLE

20 %

- MEDICARE PART B DRUGS COINS 20 # Final Coinsurance  
For This Member= 20.0% #

## Partial Hospitalization (Psychiatric) - BB

### Co-Payment - Partial Hospitalization (Psychiatric)

NETWORK NOT APPLICABLE

\$55.00

- MEDICARE PARTIAL HOSPITALIZATION COPAY 55 # Final  
CoPay For This Member= \$55.0 #

**Podiatry - 93**

**Co-Payment - Podiatry**

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE PODIATRY MEDICAL COPAY 5 # Final CoPay  
For This Member= \$5.0 #

**Professional (Physician) - 96**

**Co-Payment - Professional (Physician)**

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE OTHER HEALTH CARE PROFESSIONALS  
COPAY 5 SPC # Final CoPay For This Member= \$5.0 #

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE PHYSICIAN SERVICES OFFICE\_SPECIALIST  
COPAY 5 # Final CoPay For This Member= \$5.0 #



**Professional (Physician) Visit - Office - 98**

<b>Co-Payment - Professional (Physician) Visit - Office</b>	
<b>NETWORK NOT APPLICABLE</b>	\$5.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_SPECIALIST NEPH COPAY 5 # Final CoPay For This Member= \$5.0 #</li></ul>	
<b>NETWORK NOT APPLICABLE</b>	\$5.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_SPECIALIST PULMONOLOGIST COPAY 5 # Final CoPay For This Member= \$5.0 #</li></ul>	
<b>NETWORK NOT APPLICABLE</b>	\$5.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_SPECIALIST CARDIOLOGIST COPAY 5 # Final CoPay For This Member= \$5.0 #</li></ul>	
<b>NETWORK NOT APPLICABLE</b>	\$5.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_SPECIALIST ENDO COPAY 5 # Final CoPay For This Member= \$5.0 #</li></ul>	
<b>NETWORK NOT APPLICABLE</b>	\$0.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_PCP COPAY 0</li></ul>	

**Pulmonary Rehabilitation - BF**

<b>Co-Payment - Pulmonary Rehabilitation</b>	
<b>NETWORK NOT APPLICABLE</b>	\$5.00
<ul style="list-style-type: none"><li>MEDICARE PHYSICIAN SERVICES OFFICE_SPECIALIST PULMONOLOGIST COPAY 5 # Final CoPay For This Member= \$5.0 #</li></ul>	

## Renal - RN

### Co-Insurance - Renal

NETWORK NOT APPLICABLE

20 %

- MEDICARE DIALYSIS SERVICE AND SUPPLIES COINS 20 #  
Final CoInsurance For This Member= 20.0% #

## Skilled Nursing Care - AG

### Co-Payment - Skilled Nursing Care

NETWORK NOT APPLICABLE

\$0.00

- MEDICARE SKILLED NURSING FACILITY SNF COPAY 0 #  
Final CoPay For This Member= \$0.0 #

## Substance Abuse - AI

### Co-Payment - Substance Abuse

NETWORK NOT APPLICABLE

\$40.00

- MEDICARE OUTPATIENT SUB ABUSE COPAY 40 IND #  
Final CoPay For This Member= \$40.0 #

NETWORK NOT APPLICABLE

\$40.00

- MEDICARE OUTPATIENT SUB ABUSE COPAY 40 GRP #  
Final CoPay For This Member= \$40.0 #

## Substance Abuse Facility - Inpatient - CI

### Co-Payment - Substance Abuse Facility - Inpatient

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE OPIOID TREATMENT SERVICES COPAY 5 #  
Final CoPay For This Member= \$5.0 #

# Urgent Care - UC

## Co-Payment - Urgent Care

NETWORK NOT APPLICABLE

\$10.00

- MEDICARE URGENT CARE COPAY 10 # Final CoPay For This Member= \$10.0 #

# Vision (Optometry) - AL

## Co-Payment - Vision (Optometry)

NETWORK NOT APPLICABLE

\$5.00

- MEDICARE DIAGNOSTIC EYE EXAM COPAY 5 # Final CoPay For This Member= \$5.0 #