

## KAVANAUGH, ROBIN S Subscriber

**MEMBER ID** T7R429W06964  
**DOB** May 24, 1970  
**GENDER** Female  
**PLAN / COVERAGE DATE** Jan 01, 2021 - Dec 31, 9999  
**DATE OF SERVICE** May 12, 2023



THIRD PARTY ADMINISTRATOR, SUBJECT TO VARIOUS STATE AND FEDERAL REGULATIONS.

Either the patient's ID, name, date of birth, or address in the response does not match the information sent in the request. The response reflects the correct information. To avoid future errors in submission, please update this information in your computer system

### Subscriber Information

447 EAGLE CIRCLE  
CASSELBERRY, FL 32707  
**MEMBER ID** T7R429W06964

**CASE NUMBER** 60V3  
**GROUP NUMBER** 270182M1A0  
**PLAN SPONSOR NAME** TRAVELERS  
**PLAN NAME** TRAVELERS  
**PLAN NUMBER** 130

### Plan / Product Information

**ACTIVE COVERAGE** **INDIVIDUAL**

**INSURANCE TYPE** Preferred Provider Organization (PPO)  
**PLAN / PRODUCT** FL PPO ALTNET NETWORKBLUE 10P0

### Service Types

Health Benefit Plan Coverage

**ACTIVE COVERAGE**

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

### Service Types

Durable Medical Equipment  
Medical Care

### Payer Details

**PAYER** BCBSF  
**PAYER ID** BCBSF  
**CONTACT INFORMATION**

**BLUECARD ELIGIBILITY**  
P: 800-676-2583

### Other or Additional Payers

No Additional Payer Information

### Provider Details

**REQUESTING PROVIDER**

**NAME** BLATNOY, VITALY  
**NPI** 1669462123  
**SUBMITTER ID** G7887

### Benefit Disclaimer

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.



Coverage and Benefits Information

Medical Care - 1

ACTIVE COVERAGE NETWORK NOT APPLICABLE

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE INDIVIDUAL

INSURANCE TYPE Preferred Provider Organization (PPO)  
PLAN / PRODUCT FL PPO ALTNET NETWORKBLUE 10PO

Deductible - Health Benefit Plan Coverage

IN NETWORK INDIVIDUAL

COVERAGE DATE Jan 01, 2023 - Dec 31, 2023

\$800.00 Calendar Year  
- \$0.00 Year to Date

\$800.00 Remaining

OUT OF NETWORK INDIVIDUAL

COVERAGE DATE Jan 01, 2023 - Dec 31, 2023

\$1,600.00 Calendar Year  
- \$0.00 Year to Date

\$1,600.00 Remaining

Out of Pocket (Stop Loss) - Health Benefit Plan Coverage

IN NETWORK INDIVIDUAL

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$3,900.00 Calendar Year  
- \$40.00 Year to Date

\$3,860.00 Remaining

OUT OF NETWORK INDIVIDUAL

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$7,800.00 Calendar Year  
- \$0.00 Year to Date

\$7,800.00 Remaining

# Dialysis - 76

## Co-Payment - Dialysis

**IN NETWORK** **INDIVIDUAL**

\$40.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**PLACE OF SERVICE** Office

- HEMODIALYSIS

**IN NETWORK** **INDIVIDUAL**

\$50.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**PLACE OF SERVICE** Office

- HEMODIALYSIS SPECIALIST

## Co-Insurance - Dialysis

**IN NETWORK** **INDIVIDUAL**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- HEMODIALYSIS

**OUT OF NETWORK** **INDIVIDUAL**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

## Deductible - Dialysis

**IN NETWORK** **INDIVIDUAL**

\$0.00 Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 2023

**PLACE OF SERVICE** Office

# Durable Medical Equipment - DM

**ACTIVE COVERAGE** **NETWORK NOT APPLICABLE**

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

# Gynecological - BT

## Co-Payment - Gynecological

IN NETWORK INDIVIDUAL

\$40.00 Visit

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

IN NETWORK INDIVIDUAL

\$50.00 Visit

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- SPECIALIST

## Co-Insurance - Gynecological

OUT OF NETWORK INDIVIDUAL

30 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

## Deductible - Gynecological

IN NETWORK INDIVIDUAL

\$0.00 Calendar Year

BENEFIT DATE Jan 01, 2023 - Dec 31, 2023

- PREVENTIVE

# Home Health Care - 42

## Co-Insurance - Home Health Care

**IN NETWORK** **INDIVIDUAL** **AUTH REQUIRED**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**NAME** UTILIZATION MANAGEMENT  
**TYPE** Utilization Management Organization

P: 866-470-6244

**OUT OF NETWORK** **INDIVIDUAL** **AUTH REQUIRED**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

## Limitations - Home Health Care

**NETWORK NOT APPLICABLE** **AUTH REQUIRED**

60 Visits / Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**NETWORK NOT APPLICABLE** **AUTH REQUIRED**

60 Visits / Remaining

# Hospice - 45

## Co-Insurance - Hospice

**IN NETWORK** **INDIVIDUAL**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**OUT OF NETWORK** **INDIVIDUAL**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

Infertility - 83

Non-Covered - Infertility

OUT OF NETWORK

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Co-Insurance - Infertility

IN NETWORK

INDIVIDUAL

10 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Limitations - Infertility

IN NETWORK

\$20,000.00 Lifetime

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

# Maternity - 69

## Co-Payment - Maternity

**IN NETWORK** **INDIVIDUAL** \$40.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- INITIAL PRENATAL VISIT

**IN NETWORK** **INDIVIDUAL** \$50.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- INITIAL PRENATAL VISIT/SPECIALIST

## Co-Insurance - Maternity

**IN NETWORK** **INDIVIDUAL** 10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**IN NETWORK** **INDIVIDUAL** 0 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- DIAGNOSTIC LABORATORY AND XRAYS
- INITIAL PRENATAL VISIT
- PRENATAL VISIT

**OUT OF NETWORK** **INDIVIDUAL** 30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

## Deductible - Maternity

**IN NETWORK** **INDIVIDUAL** \$0.00 Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 2023

- INITIAL PRENATAL
- PRENATAL VISIT



# Obstetrical - BU

## Co-Payment - Obstetrical

**IN NETWORK** **INDIVIDUAL**

\$40.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- INITIAL PRENATAL VISIT

**IN NETWORK** **INDIVIDUAL**

\$50.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- INITIAL PRENATAL VISIT/SPECIALIST

## Co-Insurance - Obstetrical

**IN NETWORK** **INDIVIDUAL**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**IN NETWORK** **INDIVIDUAL**

0 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- DIAGNOSTIC LABORATORY AND XRAYS
- INITIAL PRENATAL VISIT
- PRENATAL VISIT

**OUT OF NETWORK** **INDIVIDUAL**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

## Deductible - Obstetrical

**IN NETWORK** **INDIVIDUAL**

\$0.00 Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 2023

- INITIAL PRENATAL
- PRENATAL VISIT

## Skilled Nursing Care - AG

### Co-Insurance - Skilled Nursing Care

**IN NETWORK** **INDIVIDUAL**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

**NAME** UTILIZATION MANAGEMENT

**TYPE** Utilization Management Organization

P: 866-470-6244

**OUT OF NETWORK** **INDIVIDUAL**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

### Limitations - Skilled Nursing Care

**NETWORK NOT APPLICABLE**

60 Days / Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

**NETWORK NOT APPLICABLE**

60 Days / Remaining

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

## Surgical - 2

### Co-Payment - Surgical

**IN NETWORK** **INDIVIDUAL**

\$40.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**PLACE OF SERVICE** Office

**IN NETWORK** **INDIVIDUAL**

\$50.00 Visit

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**PLACE OF SERVICE** Office

- SPECIALIST

### Co-Insurance - Surgical

**IN NETWORK** **INDIVIDUAL**

10 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

**OUT OF NETWORK** **INDIVIDUAL**

30 %

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 9999

### Deductible - Surgical

**IN NETWORK** **INDIVIDUAL**

\$0.00 Calendar Year

**BENEFIT DATE** Jan 01, 2023 - Dec 31, 2023

**PLACE OF SERVICE** Office