

# Eligibility Response

Inquiry ID:  
1144135540  
Processed:  
11/1/2019 9:46 AM  
Failed at ZirMed

## Coverage Details

### User Entered Information

Payer  
Humana (and subsidiaries) claims

### Subscriber Information

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Member ID  
H333224444  
First Name  
JOHN  
Last Name  
DOE  
Date of Birth  
09/05/1988

### Service Types Requested

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30 - Health Benefit Plan Coverage

### Payer Returned Information

Inquiry Rejected - Information Receiver Demographic Data  
Reason  
Invalid/Missing Provider Name  
Action  
Please Correct and Resubmit

### Subscriber Information

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DOE, JOHN  
Member ID  
H333224444  
Date of Birth  
09/05/1988

General  
General

Cannot Process

Payer Note

INQUIRING PROVIDER NAME MATCHING REQUIRED (ABC CLINIC )