

Eligibility Response

Inquiry ID:
218559495
Processed:
4/17/2014 8:52 PM
Active Coverage

Coverage Details

User Entered Information

Payer
United Health Care

Subscriber Information

Member ID
12345678
First Name
John
Last Name
Doe
Date of Birth
1/15/2000

Service Types Requested

12 - Durable Medical Equipment Purchase

Payer Returned Information

Subscriber Information

Doe, John
Member ID
12345678
Date of Birth
1/15/2000
General
General

Health Care Facility
Provider

ZIRMED, DEMO
NPI
1234567890
Health Benefit Plan Coverage -
Active Coverage
In Network
Family Coverage

Deductible
\$1500.00 Calendar Year

Deductible
\$1500.00 Remaining
Out of Network
Family Coverage

Deductible
\$2000.00 Remaining

Deductible
\$2000.00 Calendar Year
General
Commercial

Coverage Description
CHOICE PLUS
Plan Sponsor
TEST DATA
Address
P.O. BOX 30555
SALT LAKE CITY, UT 841300555
Payer ID
87726

Individual Coverage

Deductible
\$500.00 Calendar Year

Deductible
\$0.00 Year to Date

Deductible
\$500.00 Remaining

Commercial
Family Coverage

Out of Pocket (Stop Loss)
\$2000.00 Calendar Year

Out of Pocket (Stop Loss)
\$0.00 Year to Date

Out of Pocket (Stop Loss)
\$2000.00 Remaining

Commercial
Individual Coverage

Out of Pocket (Stop Loss)
\$1000.00 Calendar Year

Out of Pocket (Stop Loss)
\$0.00 Year to Date

Out of Pocket (Stop Loss)
\$1000.00 Remaining

Family Coverage

Deductible
\$0.00 Year to Date
Durable Medical Equipment Purchase
Active Coverage
In Network
Individual Coverage

Co-Insurance
20.00 % Visit
Out of Network
Individual Coverage

Co-Insurance
40.00 % Visit
General
Individual Coverage

Co-Payment

\$0.00 Visit

Limitations
\$0.00

Limitations
\$0.00

Payer Note

ADDITIONAL COVERED PER OCCURRENCE

Family Coverage

Deductible
\$0.00