# **Eligibility Response**

Inquiry ID:

1156742332

Processed:

11/14/2019 6:31 AM

Subscriber Not Found

## **Coverage Details**

#### **User Entered Information**

Payer

Humana (and subsidiaries) claims

Service Dates

11/14/2019

#### **Subscriber Information**

Member ID

H333224444

First Name

JOHN

Last Name

DOE

Date of Birth

09/05/1988

#### **Service Types Requested**

30 - Health Benefit Plan Coverage

### **Payer Returned Information**

Inquiry Rejected - Subscriber Demographic Info

Reason

Subscriber / Insured Not Found

Action

Please Correct and Resubmit

**Subscriber Information** 

DOE, JOHN

Member ID

H333224444