



DIAGNOSTIC MEDICAL GROUP
OF SOUTHERN CALIFORNIA



**How to verify
Eligibility**

Background

What is HMO (Health Maintenance Organization)?

- An HMO is a kind of health insurance that has a list of providers, such as doctors, medical groups, hospitals, and labs. You must get all of your health care from the providers on this list. This list is called a network.
- Usually you have a main doctor; PCP (primary care provider), who is part of a medical group that has a contract with the HMO. Your main doctor is your primary care doctor and manages your care. If you need to see specialists, get tests, or be in the hospital, your doctor will request authorization and the medical group must approve the service.
- Usually you pay a fee, called a co-pay, for each service.
- You may also have a yearly deductible. This is the amount you must pay each year before your HMO pays for any services.
- An HMO has a service area. You must live or work in one of the zip codes in the service area to join the HMO.

What is PPO (Preferred provider Organization)?

- A PPO is good plan for people who want to see providers without prior approval from their health plan or medical group and who do not want to choose a primary care doctor. You get most of your health care from a network of doctors and other providers. You can choose to go outside of the network for some care and pay a higher cost. You usually pay a yearly deductible before the PPO starts to pay some or all of your bills. You usually pay a co-insurance, or percent of the bill, when you get a covered service. The PPO pays the rest.
- Patient with PPO need to bring RX or doctor's note; We need to get Pre-cert for CT, MRI, vascular.

What is POS (Point of Service)?

- A point of service plan, or POS plan, is a type of managed care health insurance system. It combines characteristics of the health maintenance organization (HMO) and the preferred provider organization (PPO).

What is EPO (Exclusive Provider Organization)?

- An exclusive provider organization (EPO) plan is a network of individual medical care providers, or groups of medical care providers, who have entered into written agreements with an insurer to provide health insurance to subscribers. As a member of an EPO, you can use the doctors and hospitals within the EPO network, but cannot go outside the network for care.

What's IPA (Independent Physician Association)?

- IPA is groups of physicians and specialists with individual offices who have formed organizations to contract, manage and share financial responsibilities for providing services to health plan members.
- They are the one who approves your referral from your PCP, which is also called Authorization

What's Health Plan & Network?

- Health Plan for examples are Health Net, Blue Cross, Blue Shield, Aetna, United Healthcare, Cigna, Molina, etc...

What's Medi-Cal?

- Medi-Cal is CA health care for people with low or no incomes. Some people who have Medi-Cal are in a Medi-Cal Managed Care plan. These plans have networks of providers, including doctors, pharmacies, clinics, labs, and hospitals. Medi-Cal covers the basic benefits that all health plans cover. Medi-Cal also covers prescription drugs, vision care, and hearing care.

What's Medicare?

- Medicare is a national health insurance program for seniors (65+) or those with disabilities.
- Straight Medicare is similar to PPO
- HMO/PPO Medicare

What's Commercial Insurance?

- Provided by your workplace or you purchase by yourself.

What is Covered Ca?

- Covered California is a free service that connects Californians with brand-name health insurance under the Patient Protection and Affordable Care Act. It's the only place where you can get financial help when you buy health insurance from well-known companies. That means when you apply, you may qualify for a discount on a health plan through Covered California, or get health insurance through the state's Medi-Cal program.

INDEX

	HMO	PPO
Allied Pacific APC	Aetna	Anthem Blue Cross
Medi-Cal	Anthem Blue Cross	Blue Shield
Medicare	Blue Shield	Cigna
Straight	Central Health	United Healthcare
HMO	Health Net	
	LA Care	
	Molina Healthcare	
	Optum	
	Scan	
	Wellcare	
	Carelon Health	



2024 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$29,161 to \$36,450 (>200% to ≤250% FPL)	\$21,871 to \$29,160 (>150% to ≤200% FPL)	up to \$21,870 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$60*	\$50	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$60*	\$50	\$35	\$15	\$5	\$35	\$15
Specialist Visit		\$95*	\$90	\$85	\$25	\$8	\$65	\$30
Emergency Room Facility	Full cost per service until out-of-pocket maximum is met	40% after deductible is met	\$450	\$350	\$150	\$50	\$350	\$150
Laboratory Tests		\$40	\$50	\$50	\$20	\$8	\$40	\$15
X-Rays and Diagnostics	40% after deductible is met	\$95	\$95	\$40	\$8	\$75	\$30	
Imaging		\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance ***	\$75 copay or 10% coinsurance **	
Tier 1 (Generic Drugs)		\$17**	\$19	\$15	\$5	\$3	\$15	\$7
Tier 2 (Preferred Drugs)	Full cost per script until out-of-pocket maximum is met	40% up to \$500 per script after drug deductible is met	\$60**	\$55	\$25	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)		20% up to \$250** per script	\$90**	\$85	\$45	\$15	\$85	\$25
Tier 4 (Specialty Drugs)		20% up to \$250** per script		15% up to \$250 per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	Individual: \$6,300 Family: \$12,600	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$150 Family: \$300	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,450 individual \$18,900 family	\$9,100 individual \$18,200 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family	

Drug prices are for a 30 day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits.

After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or Federal Mental Health Parity and Addiction Equity Act (MHPAEA).

Figure 1. “Workflow View” for Schedule List

1. Using the “Workflow View” tab, print appointment list of interest by room, date and location by choosing the corresponding “Resource”, “Date from … to…”, and “Facility” as show in the above example.
2. Click on “Search” to show the complete list of all the scheduled appointments
3. Click on “Start” shown in the bright red circle to sort the list by descending time
4. Finally click “Print” to print

Figure 2. “Search Patients” for patient chart

1. Go to “Search Patients” and search for the first appointment on the list by date of birth as shown in Fig. 2
2. Click on “Name” to sort by the descending alphabetical order
3. Once the corresponding patient is located, double click on the name to open patient’s demographics

- Click on “Radiology” tab to double check for multiple exams on the same day (Fig. 3a); if there are two exams scheduled for the same day (Fig. 3b), remember to obtain authorizations for both exams and collect copays/deductibles if applicable.

The screenshot shows the Radiology Order Window interface. On the left, a list of previous orders is displayed. In the center, the 'Order Window' is open for a new appointment. The 'Procedures' tab is selected. The appointment details are as follows:

- Accession Number: 11497215
- Service Facility: ITY OF INDUSTRY
- Due Date: 10/17/2017
- Priority: Routine
- Referring Physician: LEE, DAVID P (1205854577) 2705 S. DIAMO
- Primary Payer: ALLIED PACIFIC OF CALIF IPA (Default Payer)
- Clinical Notes: Insert Clinical Notes Here...
- Procedure: U/S ABDOMINAL COMP (KID/GB/LIV/...)
- Status: Scheduled
- Description: U/S ABDOMIN...
- Code: 76700
- Resource: US
- Modifier 1: (dropdown menu)

Figure 3a

The screenshot shows the Radiology Order Window interface. On the left, a list of previous orders is displayed. In the center, the 'Order Window' is open for a new appointment. The 'Procedures' tab is selected. The appointment details are as follows:

- Accession Number: 11497341
- Service Facility: ITY OF INDUSTRY
- Due Date: 10/17/2017
- Priority: Routine
- Referring Physician: G, YUH-HUEY (1588639538) DIAMOND BAR
- Clinical Notes: Insert Clinical Notes Here...
- Procedure: U/S THYROID
- Status: Scheduled
- Description: U/S THYROID
- Code: 76700
- Resource: US
- Modifier 1: (dropdown menu)

Figure 3b

Screenshot of the "Patient Chart: LU, WU-CHENG" interface showing the "Insurance" tab.

Insurance Plan:

Insurance Plan	Default designation	Policy Number
ALLIED PACIFIC OF CALIF IPA	Default Primary	94564704E

General:

Insurance Plan	ALLIED PACIFIC OF CALIF IPA
Policy Number	94564704E
Policy Group Number	Policy Group Name
Effective Date	Expiration Date

Insurance Plan Note:

Effective Aug 2012-- Start accepting these exams:
 MYOVIEW-78465
 THYROID THERAPY 79005 & I-131
 WHOLE BODY SCAN & GALLIUM SCAN

Insured Person:

Buttons: Use Self, Use Emergency Contact, Clear All Fields

Name	Prefix	First	Middle	Last	Suffix
	▼	WU-CHENG		LU	
General	Relation	Self			
Date of Birth	Sex	08/09/1930	Male		
Social Security Number					

Figure 4. “Insurance Plan” details and referral guidelines

1. If entered correctly, the “Insurance Plan” field should be the IPA/payer for an HMO plan, “Policy Number” field should be the member ID#, and “Policy Group Name” should be the HMO Health Plan. And this basically tells you all the websites you need to check for this patient.
2. First, highlight with mouse or by double clicking on the member ID and press Ctrl+C to copy.

ALLIED PACIFIC OF CALIFORNIA (APC)

Website: [APC](https://provider-portal.nmm.cc/login)

1. Key in Username
2. Key in Password

3. Select "APC/APCMG/EHIPA/Subs"

4. Click "Log in"

1. Click "Eligibility"
2. Click "Search Eligibility"
3. Select "OTHER"

4. Key in "Member ID or Last Name and First Name"
5. Key in "DOB"
6. Click "Search"

Member Eligibility

ALLIED PACIFIC OF CALIFORNIA

Quality Overview

Eligibility

Search Eligibility

Member Request

Authorization

Claims

Case Management

New Documents

HCC

Resources

Contact Us

Vendor Portal

Pathways (ACO Portal)

Account Settings

Logout

Member Search

Provider: OTHER
Last Name:

Member ID: XXXXXX
First Name:
DOB (MM/DD/YYYY): XXXXXX

SEARCH RESET

Members

Print

IPA	MEMBER ID	FULL NAME	GENDER	DATE OF BIRTH	LANGUAGE	HEALTH PLAN	OPTION	START DATE	TERM DATE	ELIGIBLE
APC	XXXXXX	XXXXXX	F	XXXXXX	CHI	WELLCARE SENIOR	005	07/01/2018		Yes

ELIGIBILITY PROVIDED BY THE IPA DOES NOT GUARANTEE THE MEMBER'S UP-TO-DATE ELIGIBILITY INFORMATION. PLEASE VERIFY ELIGIBILITY AT THE TIME OF SERVICE WITH THE MEMBER'S HEALTH PLAN. THE IPA IS NOT RESPONSIBLE FOR SERVICES RENDERED FOR MEMBERS NOT ELIGIBLE WITH THE IPA AT THE TIME OF SERVICE.

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Make sure the patient is ELIGIBLE "Yes" then click on the MEMBER ID If it's "No" but the TERM Date is before the examination date, we can still take her. Otherwise check with patient for insurance update.

Member Eligibility and Assessment

ALLIED PACIFIC OF CALIFORNIA

Member Search / Member Eligibility and Assessment

Print

Eligibility

Authorization History

Claim History

Member Information
Member ID: XXXXXX
Member Name: XXXXXX
Date of Birth: XXXXXX
Gender / Age: XXXXXXXXXXXXXXXX
Address: XXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXX
Phone: XXXXXX
Language: CHI

Member Benefit Information
IPA: APC
Health Plan: WELLCARE SENIOR
Benefit Option: 005
PCP OV Co-pay: COPAY OV/SP \$0
Benefits Effective: 07/01/2018
Benefits Termed:

Primary Care Provider Information
PCP Name: YAO, YU
Provider ID: PCP-A5370
Specialty: INTERNAL MEDICINE
Phone Number: (626) 288-1918
Fax Number: (626) 288-0796
Termination:

Click "Authorization History"

Code	Sub Code	Description	From	To
COC	ONC WC	CONTINUITY OF CARE	11/01/2020	05/01/2021

ELIGIBILITY PROVIDED BY THE IPA DOES NOT GUARANTEE THE MEMBER'S UP-TO-DATE ELIGIBILITY INFORMATION. PLEASE VERIFY ELIGIBILITY AT THE TIME OF SERVICE WITH THE MEMBER'S HEALTH PLAN. ADV IS NOT RESPONSIBLE FOR SERVICES RENDERED FOR MEMBERS NOT ELIGIBLE WITH THE IPA AT THE TIME OF SERVICE.

Health Assessment

Member Documents

ALLIED PACIFIC OF CALIFORNIA Authorization History

Member Name:

PANG, LAISEE

Member ID:

3541000001

Count:

21

IPA	AUTH NUMBER	REFER TO PROVIDER	STATUS	EXPIRED DATE
APC	2023121379998701045	DIAGNOSTIC MEDICAL GROUP,	APPROVED	06/11/2024
APC	2023112879998702694	DIAGNOSTIC MEDICAL GROUP,	APPROVED	05/26/2024

Click on the AUTH NUMBER to see if that's the order that you're looking for.

Authorization Detail

[Back](#)[Print](#)**Auth Number:** APC - 20231213799998701045**Status:**

APPROVED

Request Date: 12/13/2023**Expiration Date:**

06/11/2024

Referral Type: ROUTINE REFERRAL**Retro Date:****Patient Name:** XXXXXXXXXX**Date of Birth:**

07/30/1954

F

Address: XXXXX XXXXXXXX XXXXXXXXXX**Member ID:**

XXXXXXXXXXXX

City, State, Zip: XXXXX XXXXXXXX XXXXXXXX**Member PCP:**

YAO, YU

Health Plan: WELLCARE SENIOR**Request Provider:** THE ONCOLOGY INSTITUTE OF HOPE AND INNOV,**Referral To:** DIAGNOSTIC MEDICAL GROUP,**Address:**

18575 E. GALE AVE, SUITE 105

Specialty: (R) RADIOLOGY

CITY OF INDUSTRY, CA 91748-1382

POS: (11) OFFICE**Phone Number:**

(626) 363-1733

Fax Number:**Check the status, expiration date, patient's info, Health Plan, diagnose & CPT code**

REFERENCE	DIAG CODE	DESCRIPTION
1	C49.A3	GASTROINTESTINAL STROMAL TUMOR SMALL INTESTINE

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
71270	CT THORAX W/O & W/DYE		C49.A3	1
74178	CT ABD & PELV 1/> REGNS		C49.A3	1

Notes**SUBJECT****NOTES**

Authorization Detail

Auth Number:	APC-2023121379998701045	Status:	APPROVED
Request Date:	12/13/2023	Expiration Date:	06/11/2024
Referral Type:	ROUTINE REFERRAL	Retro Date:	
Patient Name:	XXXXXX	Date of Birth:	07/30/1954
Address:	XXXXXXXXXXXXXXXXXXXX	Member ID:	XXXXXX
City, State, Zip:	WEST COVINA, CA 91791	Member PCP:	YAO, YU
Health Plan:	WELLCARE SENIOR		
Request Provider:	THE ONCOLOGY INSTITUTE OF HOPE AND INNOV.		
Referral To:	DIAGNOSTIC MEDICAL GROUP,	Address:	18575 E. GALE AVE, SUITE 105
Specialty:	(R) RADIOLOGY		CITY OF INDUSTRY, CA
POS:	(11) OFFICE		91748-1382
		Phone Number:	(626)363-1733
		Fax Number:	

REFERENCE	DIAG CODE	DESCRIPTION
1	C49.A3	GASTROINTESTINAL STROMAL TUMOR SMALL INTESTINE

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
71270	CT THORAX W/O & W/DYE		C49.A3	1
74178	CT ABD & PELV 1/> REGNS		C49.A3	1

Notes

SUBJECT	NOTES

Change the print scale to 90

Destination

Front Desk

Copies

1

Orientation

Portrait

Landscape

Pages

Current

Color mode

Black and white

Fewer settings

Paper size

Letter

Scale

 Fit to page width Scale

90

Pages per sheet

1

Margins

Default

Two-sided printing

Off

Print

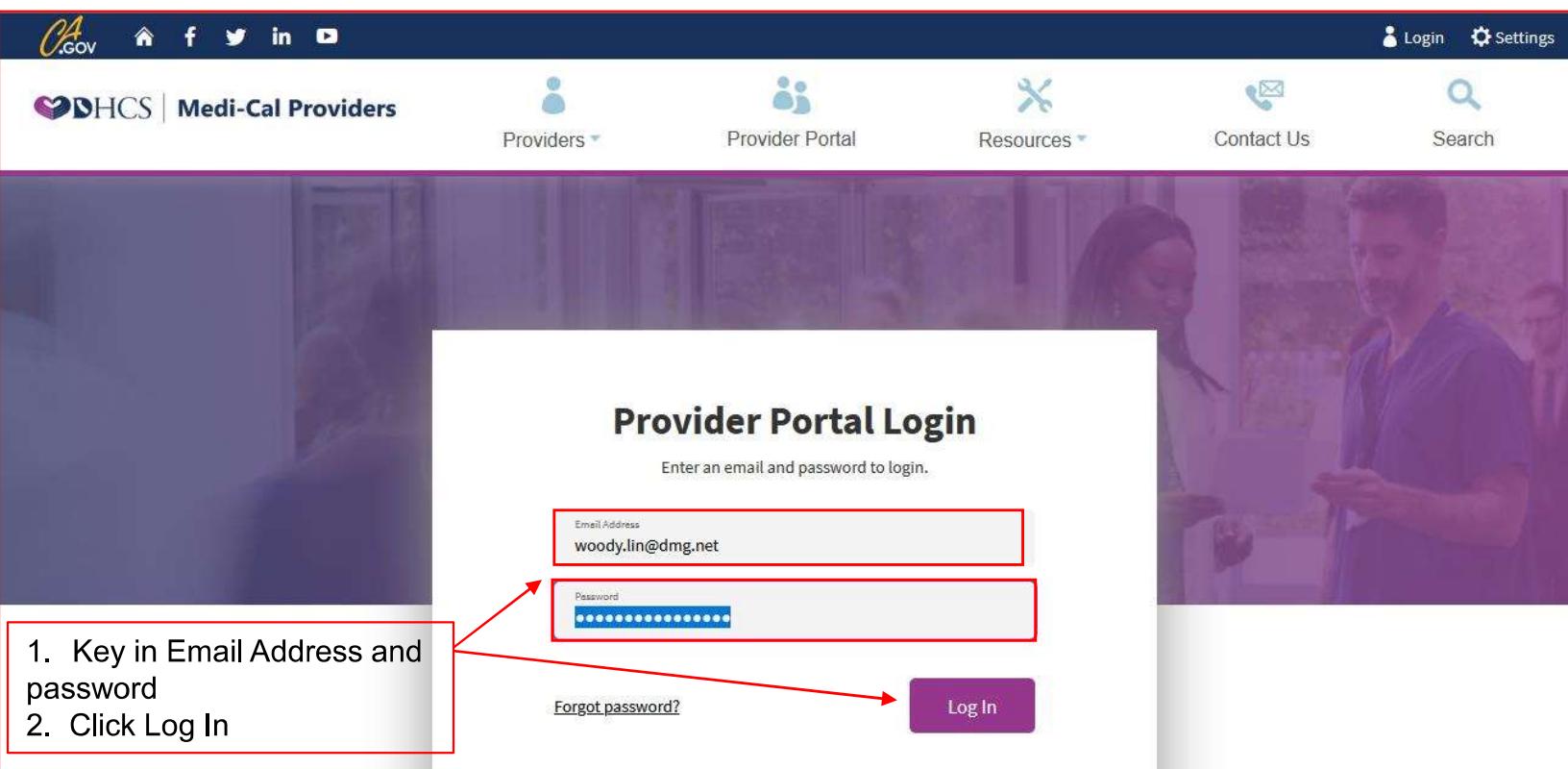
Cancel

Print Setting

All we need just the first page of the Authorization. Don't print out the other pages to save the environments.

MEDI-CAL

Website: [MEDI-CAL](#)



The screenshot shows the Medi-Cal Provider Portal login page. At the top, there's a navigation bar with icons for home, social media, and account settings. Below that is a secondary navigation bar with links for 'Providers', 'Provider Portal', 'Resources', 'Contact Us', and 'Search'. The main content area has a purple background image of two healthcare professionals. A white login form is centered. It contains fields for 'Email Address' (woody.lin@dmg.net) and 'Password' (represented by a series of blue dots). Below the password field is a 'Forgot password?' link. To the right of the password field is a purple 'Log In' button. A red box highlights the email and password fields, and a red arrow points from the text '1. Key in Email Address and password' to this box. Another red arrow points from the text '2. Click Log In' to the 'Log In' button.

1. Key in Email Address and password
2. Click Log In

Provider Portal Login

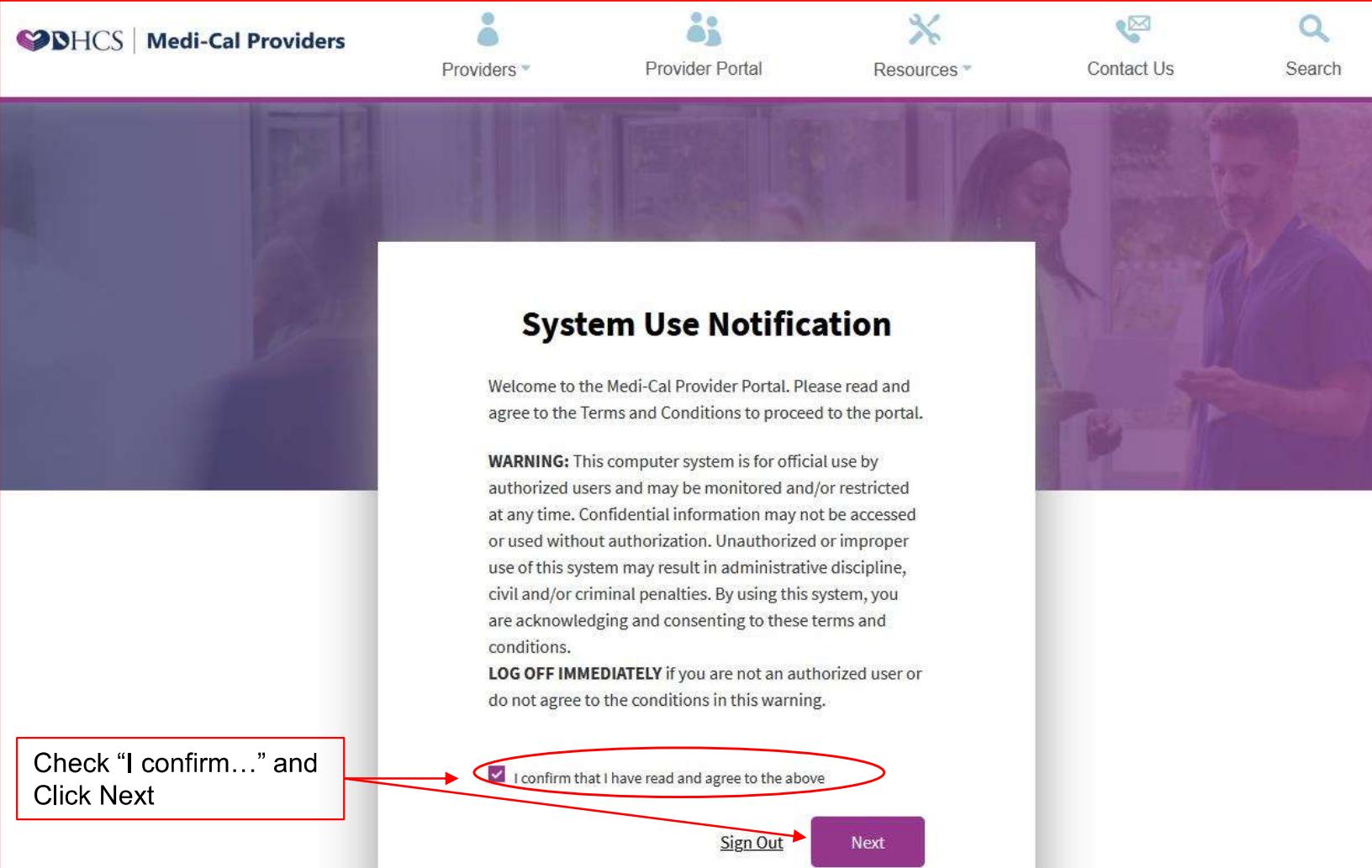
Enter an email and password to login.

Email Address
woody.lin@dmg.net

Password

Forgot password?

Log In



The screenshot shows the Medi-Cal Provider Portal system use notification page. At the top, there's a navigation bar with icons for home, social media, and account settings. Below that is a secondary navigation bar with links for 'Providers', 'Provider Portal', 'Resources', 'Contact Us', and 'Search'. The main content area has a purple background image of two healthcare professionals. A white notification box is centered. It features a heading 'System Use Notification' and a welcome message: 'Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.' Below this is a 'WARNING:' section containing a detailed legal notice about system monitoring and user rights. At the bottom, it says 'LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning.' A red box highlights the text 'Check "I confirm..." and Click Next' and points to a checkbox labeled 'I confirm that I have read and agree to the above'. Another red arrow points from the text 'Check "I confirm..." and Click Next' to this checkbox. A red oval surrounds the checkbox. At the bottom right are 'Sign Out' and 'Next' buttons.

Check "I confirm..." and Click Next

I confirm that I have read and agree to the above

Sign Out

Next

My Profile and Preferences

Name: woody lin

Organization: CHEN, DAVID C P MD INC

Role: Provider - Processor

Email: woody.lin@dmg.net

Business Phone: 626-363-1733

Mobile Phone: 626-384-1436

[Edit](#)

Notifications

Welcome to the Medi-Cal provider portal! [View All](#)

PIN Management

[View All](#)

Search by provider name or NPI

1285785519
CHEN, DAVID C P MD INC [Manage](#)

Communication Center

[View](#)

[Search for Correspondence](#)

[New Correspondence](#)

✉ Transaction Center →

📢 News and Bulletin →

Coming soon

Transaction Center

Please check back soon to access our brand-new transaction center! You'll be able to complete all of your transactions and stay on top of your tasks here with our new and improved features.

- ✓ Quick lookup for eligibility
- ✓ Access all your claims
- ✓ Transaction status

Select an NPI to access transaction services.

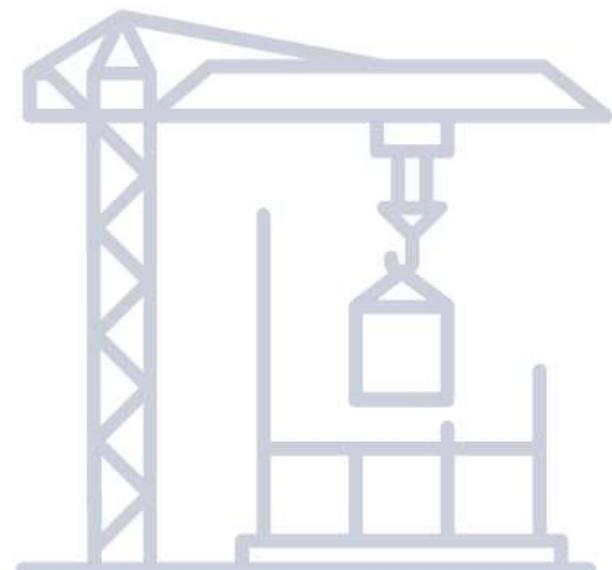
NPI

1285785519 - CHEN, DAVID C P MD INC

[Enter Transaction Services](#)

[Access Transaction Testing Center](#)

[Batch Eligibility \(270/271\) Testing](#)



1. Select 1285785519 from the pull down
2. Click Enter Transaction Services



Click "Transaction Center"



Medi-Cal Transaction Services

Eligibility[Eligibility Benefit Inquiry \(270\)](#)[Single Subscriber](#)**Click on "Single Subscriber"**[Eligibility Benefit Response \(271\)](#)[Share of Cost \(SOC\)/Spend Down Clearance](#)[Multiple Subscribers](#)

Single Subscriber

1. Key in Subscriber ID

* Indicates required field

Single Subscriber Eligibility

* Subscriber ID

3. Key in today's date

* Subscriber Birth Date

 mm / dd / yyyy

* Issue Date

 mm / dd / yyyy

* Service Date

 mm / dd / yyyy**2. Key in DOB****4. Click Submit**

Make sure it's Eligible

Single Subscriber Response

Eligibility Transaction Performed by: 1285785519 on Friday, December 29, 2023 at 8:52:07 AM

 Eligibility Message: SUBSCRIBER LAST NAME: ALONZO. EVC #: 975CH06K2G. CNTY CODE: 19. PRMY AID CODE: P5. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.	
Subscriber Name: XXXXXXXX XXXXXXXXXXXX	Subscriber ID: XXXXXXXX
Subscriber Birth Date: 08/14/2005	Issue Date: 12/29/2023
Primary Aid Code: P5	First Special Aid Code:
Second Special Aid Code:	Third Special Aid Code:
Responsible County: 19-Los Angeles	Medicare ID:
Service Date: 12/29/2023	Trace Number/Eligibility Verification Confirmation Number: 975CH06K2G

Check patient's info

*** Hit Ctrl+P to print this page

Single Subscriber Response

Eligibility Transaction Performed by: 1285785519 on Friday, December 29, 2023 at 8:52:07 AM

Eligibility Message: SUBSCRIBER LAST NAME: ALONZO, EVC #: 975CH06K2G, CNTY CODE: 19, PRMY AID CODE: PS, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.

Subscriber Name: XXXXXXXXXXXXXXXX

Subscriber Birth Date: 08/14/2005

Primary Aid Code: PS

Second Special Aid Code:

Responsible County: 19 Los Angeles

Service Date: 12/29/2023

Subscriber ID: XXXXXXXXX

Issue Date: 12/29/2023

First Special Aid Code:

Third Special Aid Code:

Medicare ID:

Trace Number/Eligibility Verification Confirmation Number:

975CH06K2G

Change the print scale to 90

Destination

Save to PDF

Pages

All

Color mode

Color

Fewer settings

Scale

Fit to page width
 Scale

Pages per sheet

1

Margins

Default

Options

Print headers and footers
 Print backgrounds

[Print using the system dialog...](#)

Save

Cancel

Print Setting

1. Select Save as PDF; file name Medi-cal
2. Import into Candalis Patient's Order Attachment

MEDICARE (STRAIGHT)

Website: [MEDICARE](#)

Noridian Healthcare Solutions Noridian Medicare Portal

User Manual Contact Us Help

Availability

System Normal

All Functions Available

Hours of Availability

1. Key in username
2. Key in password
3. Click Login

Login

Enter your Username and Password created during the registration process.

* Username
Please type your username
Username is required.

* Password
Please type your password (Do not autofill)
Password is required.

Forgot Username?
Forgot/Unlock Password?

Login

Notifications & Updates

See All >

DME Weekly Educational Events for December 18 - 22, 2023

12/14/2023 | 11:27 AM

Portal, IVR and Customer Service Limited Availability on

Please choose the delivery method for your one-time passcode.

Email c*****8@yahoo.com

Text (SMS) ***-***-8151

Submit Cancel

1. Select email or text for the passcode
Write down the passcode it's good for 24 hours
2. Click Submit

Please enter the one-time passcode you just received by Text(SMS).

Request new one-time passcode << Change Delivery Method

1. Key in the pass code
2. Click Login

Last Login on 12/12/2023 02:24 PM CST | Failed attempts: 0

Home User Manual Contact Us Help

Eligibility or MBI Lookup Claim Status Appeals Remittance Advices Financials Same or Similar DME Prior Authorizations Provider Audit Provider Enrollment

Availability

System Normal

All Functions Available

Hours of Availability

Click Eligibility or MBI Lookup

Notifications & Updates

See All >

DME Weekly Educational Events for December 11 - 15, 2023

12/11/2023 | 09:41 AM

Portal, IVR and Customer Service Limited Availability on

December 29 - 31, 2023

12/04/2023 | 15:03 PM

Portal, IVR and Customer Service Limited Availability on

December 15 - 17, 2023

11/28/2023 | 09:33 AM

Eligibility

View Medicare beneficiary details including deductible, Part D Enrollment, HMO, MSP, Inpatient Summary and Preventive Services.

Claim Status

Inquire on the status of a claim, complete a Self-Service Reopening or Recoupment Request, view and respond to ADRs, and view claims reviewed by the CERT.

MBI LookUp

Retrieve a patient's Medicare Beneficiary Identifier (MBI).

Eligibility Benefits Inquiry

Provider/Supplier Details

* TIN or SSN:

Provider/Supplier: DAVID C P CHEN, M.D., INC

* NPI:

* Program: MEDB

* PTAN:

[View my Provider/Supplier Combinations](#)

Beneficiary Details

Complete beneficiary details are required per the CMS HIPAA Eligibility Transaction System (HETS) criteria. Nicknames, Social Security Numbers, or name-only searches are not permitted.

* Medicare Number: 

[Clear Beneficiary Details](#)

Medicare Number is required.

* Last Name:

Last Name is required.

* Provide at least one of the following:

First Name:

Date of Birth: 

Please provide either the first name or date of birth above.

1. Key in Medicare number
2. Last Name
3. DOB

Prior Auth Lookup Tool

Do you wish to use Prior auth Look up tool?

No

Yes

Optional Details

The allowable date span is up to 4 years in the past and up to four months in the future, based on today's date.

Select one of the default date options below:

Date of service 12/12/2022 through 01/12/2024

Date of service 12/12/2023

Provide date of service below 

4. Select Date of Service

From Date: 

To Date: 

5. Click Submit Inquiry

[Submit Inquiry](#)

[Clear Form](#)

Eligibility Benefits Response

[New Inquiry](#)[Print Page](#)

Beneficiary: XXXXXXXXXX

Gender: F

DOB: 10/02/1944

Date of Death:

Medicare Number: XXXXXXXXXX

Transaction ID: 412069381

Provider/Supplier: DAVID C P CHEN, M.D.,

DNC

NPI: 1285785519

PTAN: WB205

TIN or SSN: 954136855

From Date of Service: 12/19/2023

To Date of Service: 12/19/2023

Related Inquiries[View Claim Status](#)[View All](#)[Eligibility](#)[HMO/MA](#)[MSP](#)[HHIEH](#)[Hospice](#)[DSMT](#)[MMT](#)[Hospital/SNF](#)[ESRD](#)[Preventive](#)[MDPP](#)

Eligibility

Part A - Beneficiary Details

Effective Date: 07/01/2010

Termination Date:

Entitlement Reason: 0-Beneficiary insured due to age OASI

Check Part B to make sure it's active and it does not have a termination date.

Part B - Beneficiary Details

Effective Date: 10/01/2009

Termination Date:

Entitlement Reason: 0-Beneficiary insured due to age OASI

Part B - Benefit Information

This patient has QMB for part of the date span chosen. The patient may or may not be responsible for the deductible depending on QMB status. Please contact the patient's Medicaid agency.

Benefit Period: 01/01/2023 - 12/31/2023

QMB Enrolled: Yes

Base Deductible: \$0.00

Remaining Deductible:

Coinsurance Percentage: 0

Ineligible Period

Start Date:

End Date:

The beneficiary is ineligible for Medicare benefits for any one of the following reasons:

- Classified as unlawfully present in the United States.
- Deported from the United States.
- Incarcerated

When QMB is Yes that means that the patient has Medi-cal.

Beneficiary Address:XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX**Occupational Therapy Information**

Amount Used: \$0.00

Benefit Year: 2023

Start Date: 01/01/2023

End Date: 12/31/2023

Physical and Speech Therapy Information

Amount Used: \$0.00

Benefit Year: 2023

Start Date: 01/01/2023

End Date: 12/31/2023

Blood Deductible Information

Amount Remaining: 3

Benefit Year: 2023

Units Excluded: 3

Start Date: 01/01/2023

End Date: 12/31/2023

Part D Enrollment Data

Contract Name: SILVERSCRIPT INSURANCE COMPANY

Contract Number: S5601

Contract Phone Number: (866)235-5660

Physical and Speech Therapy Information

Amount Used: \$0.00	Benefit Year: 2024
Start Date: 01/01/2024	End Date: 12/31/2024
Amount Used: \$0.00	Benefit Year: 2023
Start Date: 01/01/2023	End Date: 12/31/2023
Amount Used: \$0.00	Benefit Year: 2022
Start Date: 01/01/2022	End Date: 12/31/2022

Blood Deductible Information

Amount Remaining: 3	Benefit Year: 2024	Units Excluded: 3
Start Date: 01/01/2024	End Date: 12/31/2024	
Amount Remaining: 3	Benefit Year: 2023	Units Excluded: 3
Start Date: 01/01/2023	End Date: 12/31/2023	
Amount Remaining: 3	Benefit Year: 2022	Units Excluded: 3
Start Date: 01/01/2022	End Date: 12/31/2022	

Part D Enrollment Data

Contract Name: SILVERSCRIPT INSURANCE COMPANY

Contract Number: 55601

Contract Phone Number: (866)235-5660

Contract Website: www.adtnamedicare.com

Enrollment and Disenrollment Date: 02/01/2016

Part D enrollment prescription drug coverage: OT

PBP Plan Number: 064

PBP Plan Name: SilverScript Choice

Contract Address: 445 Great Circle Road
Nashville TN 37228

Straight Medicare doesn't have a HMO IPA Assigned

Health Maintenance Organization/Medicare Advantage (HMO/MA) Benefit Information

No benefits available for the requested date span.

Medicare Secondary Payer (MSP) Benefit Information

The diagnosis codes listed are associated with the patient's Medicare Secondary Payer (MSP) insurance. Providers should contact the MSP to verify if services are related, even if your diagnosis code is not an exact match.

Note: Claims with a diagnosis code within a family of diagnosis codes may also edit for this MSP insurance, even if your diagnosis code is not an exact match.

Insurer Name: MERCURY INSURANCE

Policy Number: CABAD0047865

MSP Diagnosis Code: S1990XA,S3992XA

Effective Date: 04/19/2021

Termination Date: 05/19/2023

Insurer Type: 47 - Medicare Secondary, Other Liability Insurance Is Primary

Source Code: Source Code- 10-11110-Self Reports

Ongoing Responsibility of Medical:

Patient Relationship: Patient Relationship- 01-Patient is Insured

Date the national file was last updated: Mon Oct 16 00:00:00 CDT 2023

Group Number(or Date of Loss): DOL 04192021

Address: PO BOX 10730

SANTA ANA ,CA 92711

When you see the patient has (MSP) need to double check if the Exam is relate to this incident. If yes, we can't take this patient. For this case there's already a termination date on the case, which means this case is already over.

Home Health Episode History (HHEH) Benefit Information

No benefits available for the requested date span.

MEDICARE (HMO)

Website: [MEDICARE](#)



Noridian Medicare Portal

[User Manual](#) [Contact Us](#) [Help](#)

Availability

● System Normal

All Functions Available

Hours of Availability

1. Key in username
2. Key in password
3. Click Login

Login

Enter your Username and Password created during the registration process.

* Username

Please type your username

Username is required.

[Forgot Username?](#)

* Password

Please type your password (Do not autofill)

Password is required.

[Forgot/Unlock Password?](#)

Login

Notifications & Updates

[See All >](#)

DME Weekly Educational Events for December 18 - 22, 2023

12/14/2023 | 11:27 AM

[Portal, IVR and Customer Service Limited Availability on](#)

Please choose the delivery method for your one-time passcode.

Email c*****8@yahoo.com

Text (SMS) ***-***-8151

Submit

Cancel

1. Select email or text for the passcode
Write down the passcode it's good for 24 hours
2. Click Submit

Please enter the one-time passcode you just received by Text(SMS).

1. Key in the pass code
2. Click Login

Login

[Request new one-time passcode](#)

[<< Change Delivery Method](#)



Noridian Medicare Portal

Last Login on 12/12/2023 02:24 PM CST | Failed attempts: 0

[Home](#) [User Manual](#) [Contact Us](#) [Help](#)

Eligibility or MBI Lookup

Claim Status

[Appeals](#)

[Remittance Advices](#)

[Financials](#)

[Same or Similar DME](#)

[Prior Authorizations](#)

[Provider Audit](#)

[Provider Enrollment](#)

Availability

● System Normal

All Functions Available

Hours of Availability

Click Eligibility or MBI Lookup

Notifications & Updates

[See All >](#)

DME Weekly Educational Events for December 11 - 15, 2023

12/11/2023 | 09:41 AM

[Portal, IVR and Customer Service Limited Availability on](#)

[December 29 - 31, 2023](#)

12/04/2023 | 15:03 PM

[Portal, IVR and Customer Service Limited Availability on](#)

[December 15 - 17, 2023](#)

11/28/2023 | 09:33 AM

Eligibility

View Medicare beneficiary details including deductible, Part D Enrollment, HMO, MSP, Inpatient Summary and Preventive Services.

Claim Status

Inquire on the status of a claim, complete a Self-Service Reopening or Recoupment Request, view and respond to ADRs, and view claims reviewed by the CERT.

MBI LookUp

Retrieve a patient's Medicare Beneficiary Identifier (MBI).

Eligibility Benefits Inquiry

Provider/Supplier Details

* TIN or SSN:

Provider/Supplier: DAVID C P CHEN, M.D., INC

* NPI:

* Program: MEDB

* PTAN:

[View my Provider/Supplier Combinations](#)

Beneficiary Details

Complete beneficiary details are required per the CMS HIPAA Eligibility Transaction System (HETS) criteria. Nicknames, Social Security Numbers, or name-only searches are not permitted.

* Medicare Number: 

[Clear Beneficiary Details](#)

Medicare Number is required.

* Last Name:

Last Name is required.

* Provide at least one of the following:

First Name:

Date of Birth: 

Please provide either the first name or date of birth above.

1. Key in Medicare number
2. Last Name
3. DOB

Prior Auth Lookup Tool

Do you wish to use Prior auth Look up tool?

No

Yes

Optional Details

The allowable date span is up to 4 years in the past and up to four months in the future, based on today's date.

Select one of the default date options below:

Date of service 12/12/2022 through 01/12/2024

Date of service 12/12/2023

Provide date of service below 

4. Select Date of Service

From Date: 

To Date: 

5. Click Submit Inquiry

[Submit Inquiry](#)

[Clear Form](#)

Eligibility

Part A - Beneficiary Details

Effective Date: 10/01/2020

Termination Date:

Entitlement Reason: 0-Beneficiary insured due to age OASI

Check Part B to make sure it's active and it does not have a termination date.

Part B - Beneficiary Details

Effective Date: 01/01/2021

Termination Date:

Entitlement Reason: 0-Beneficiary insured due to age OASI

Part B - Benefit Information

Benefit Period: 01/01/2023 - 12/31/2023

QMB Enrolled: No

Base Deductible: \$226.00

Remaining Deductible: \$226.00

Coinsurance Percentage: 0.2

Ineligible Period

Start Date:

End Date:

The beneficiary is ineligible for Medicare benefits for any one of the following reasons:

- Classified as unlawfully present in the United States.
- Deported from the United States
- Incarcerated

Beneficiary Address:

XXXXXX-XXXXXX

XXXXXX-XXXXXX-XXXXXX

Occupational Therapy Information

Amount Used: \$0.00

Benefit Year: 2023

Start Date: 01/01/2023

End Date: 12/31/2023

Physical and Speech Therapy Information

Amount Used: \$0.00

Benefit Year: 2023

Start Date: 01/01/2023

End Date: 12/31/2023

Blood Deductible Information

Amount Remaining: 3

Benefit Year: 2023

Units Excluded: 3

Start Date: 01/01/2023

End Date: 12/31/2023

Part D Enrollment Data

Contract Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.

Contract Number: H5649

Contract Phone Number: (626)388-2390

Contract Website: www.centralhealthplan.com

Enrollment and Disenrollment Date: 05/01/2021

Part D enrollment prescription drug coverage: DT

PBP Plan Number: 001

PBP Plan Name: Central Health Medicare Plan

Contract Address: 2400 E Katella Ave.
Ste 1100
Anaheim CA 92806

Make sure the HMO IPA is the same as listed in our system. This sample is Central Health (CN) and make sure that it's still active and no termination date

Health Maintenance Organization/Medicare Advantage (HMO/MA) Benefit Information

Insurer Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.

Plan Code Number: H5649

MA PBP Plan Number: 001

MA PBP Plan Name: Central Health Medicare Plan

Effective Date: 05/01/2021

Termination Date:

MA Plan Type: HMO Medicare Risk

MA Bill Option Codes: C

Address: 2400 E Katella Ave.
Ste 1100
Anaheim ,CA 92806

Make sure there's no MSP

Phone Number: (626)388-2390

Contract Web Site: www.centralhealthplan.com

Medicare Secondary Payer (MSP) Benefit Information

No benefits available for the requested date span.

Home Health Episode History (HHEH) Benefit Information

No benefits available for the requested date span.

Hospice Period

No benefits available for the requested date span.

Diabetic Self-Management Training (DSMT)

Click on below button to view the details.

[View DSMT Details](#)

Medical Nutrition Training (MNT)

Click on below button to view the details.

[View MNT Details](#)

Hospital/SNF - Inpatient SNF Hospital Summary

No benefits available for the requested date span.

End Stage Renal Disease (ESRD) Benefit Information

No benefits available for the requested date span.

Make sure she's not in nursing home or hospital

LA CARE HEALTH PLAN

Website: [LA CARE](#)



Sign-In

Enter your username and password to login.

1. Key in User Name
2. Key in Password
3. Click Agree and Login

User Name:

Password:

This system and program are the property of L. A. Care Health Plan and can be accessed only by authorized users for authorized business purposes only. Unauthorized use of this system and/or program is strictly prohibited; and the user may be subject to fines and/or criminal prosecution. L. A. Care Health Plan regularly monitors and logs all activity conducted on this system and/or program, including any information or data submitted or retrieved. By accessing, using, or submitting information or data by or through this system and/or program, you are consenting to abide by all applicable California State and Federal rules and regulations including those regarding patient privacy and data, as well as the [Privacy Policy](#) and [Terms & Conditions](#). If you do not agree to the above, please immediately leave this website and stop use of this program and/or system.

[Forgot your username or password?](#)

[Agree and Login](#)



[Home](#) | [Potential Members](#) | [I Am A Member](#) | [Providers](#) | [About L.A. Care](#) | [Sign Out](#)



[Portal Home](#)

[Browse Affiliation](#)

[Member Summary](#)

[Member Eligibility Verification](#)

[Search All Claims](#)

[Search a Claim](#)

[Incentive Programs](#)

L.A. Care Health Plan is committed to providing our Provider Network with the tools necessary to deliver high quality of care and streamline administrative tasks. L.A. Care Connect was designed to make it easier and faster for you.

If you are in need of technical support contact our Help Desk at (213) 694-1250 ext. 4444.

[Click Member Eligibility Verification](#)

► **Important Notification: Chief Medical Officer and Provider Helpline Contact Information**



- [Portal Home](#)
- [Browse Affiliation](#)
- [Member Summary](#)
- [Member Eligibility Verification](#)
- [Search All Claims](#)
- [Search a Claim](#)
- [Incentive Programs](#)
- [Forms](#)
- [UM Letter Templates](#)
- [Reports](#)



Search for a Specific Member Eligibility Verification:

Member ID : Enter Member ID as it appears on Member ID card

or

Social Security Number : 1. Key in Member ID or SSN

Last Name : Required if no CIN or SSN

and

First Name : Complete first name required if no CIN or SSN

and

*Date of Birth : MM/DD/YYYY 2. Key in DOB

*Date of Service : MM/DD/YYYY

* Required

3. Click Submit



- [Portal Home](#)
- [Browse Affiliation](#)
- [Member Summary](#)
- [Member Eligibility Verification](#)
- [Search All Claims](#)
- [Search a Claim](#)
- [Incentive Programs](#)
- [Forms](#)
- [UM Letter Templates](#)
- [Reports](#)



As of 12/26/2023 XXXXXXXXXXXXXXXX is eligible for L.A. Care Covered

Member Information:

Last Name: XXXXX

First Name: XXXXXXX

Date of Birth: 12/07/1960

Gender: M

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Head of Household Name: XXXXXXXXXX

Phone:

Spoken Language: English

Written Language: English

Check Co-Pay

Check it's eligible

Check patient's info

L.A. Care Covered

Eligible

Member ID: XXXXXXXX

Benefit Plan: L.A. Care Covered Silver 94 HMO

PPG: ALLIED PACIFIC IPA

Affiliated Hospital:

Primary Care Physician/Clinic: CHANG, HENRY

Primary Care Physician/Clinic Address: 2707 E VALLEY BLVD STE 208, WEST COVINA, 91792 CA

Primary Care Physician/Clinic Phone: (626) 581-0486

Current Enrollment Effective Date: 08/01/2023

Disenrollment Date: 12/31/2023

Renewal Date:

California Children Services(CCS):

Check IPA

Check Termed Date

Print Setting

Hit Ctrl+P to print this page

CENTRAL HEALTH

Website: [CentralHealth](#)



CENTRAL HEALTH MEDICARE PLAN

[CHMP HOME](#) | [BROKERS](#) | [PROVIDERS](#) | [COVID-19](#)

- [Compliance Program](#)
- [Contact Us](#)
- [Tutorial](#)
- [Provider Resources](#)
- [Sign In](#)

Welcome Central Health Medicare Plan Providers

Welcome to the Central Health Medicare Plan provider site. This site is designed to help you manage your daily operations.

If you have any questions or concerns, please call our Provider Relations Department at 626-388-2390, extension 2284.

Thank you again for partnering with us to deliver quality health care to our members!

Please enter your username And password. [Click Here To Register](#) if you don't have an account.

Account Information

User name (Your Email Address)

christina.chung@dmg.net

Password

[Sign In](#)

| [Register Now](#)

1. Key in User name
2. Key in Password
3. Click Sign In



[CHMP HOME](#) | [BROKERS](#) | [PROVIDERS](#) | [COVID-19](#)

Search Member Eligibility

Please enter your search criteria

Member ID

Not all fields are required.

Last Name

OR

If you are having trouble locating the member characters of the members first and last name

First Name

OR

Date of Birth

[Search Members](#)

1. Key in Member ID or Last Name & First Name
2. Click Search Members



Check patient's info

Member Detail

ID Number: XXXXXXXXXX
Last Name: XXXX
First Name: XXXXXXXX

MI: Birth: 12/06/1953 Sex: F

IPA PCP HISTORY

IPA/Medical Group: ALLIED PACIFIC IPA, A PRO MED CORP

Plan Code: MA001 Effective Date: 12/01/2018 Term Date:

PCP Fullname: MARY WANG

Check IPA

Check Term Date

*** Hit Ctrl + P to print this page

Central Provider Access

Member Detail

ID Number: XXXXXXXXXX
Last Name: XXXX First Name: XXXXXXXX MI: Birth: 08/01/1955 Sex: F

Go Back To Search Result? New Search

IPA PCP HISTORY

IPA/Medical Group	Plan Code	Effective Date	Term Date	PCP Fullname
ALLIED PACIFIC IPA, A PRO MED CORP	MA001	08/01/2020		RON Y. GU

Change the print scale to 90

Print 1 sheet of paper

Destination: HP LaserJet Pro M6

Pages: All

Copies: 1

Layout: Portrait

More settings

Paper size: Letter

Pages per sheet: 1

Margins: Default

Quality: 600 dpi

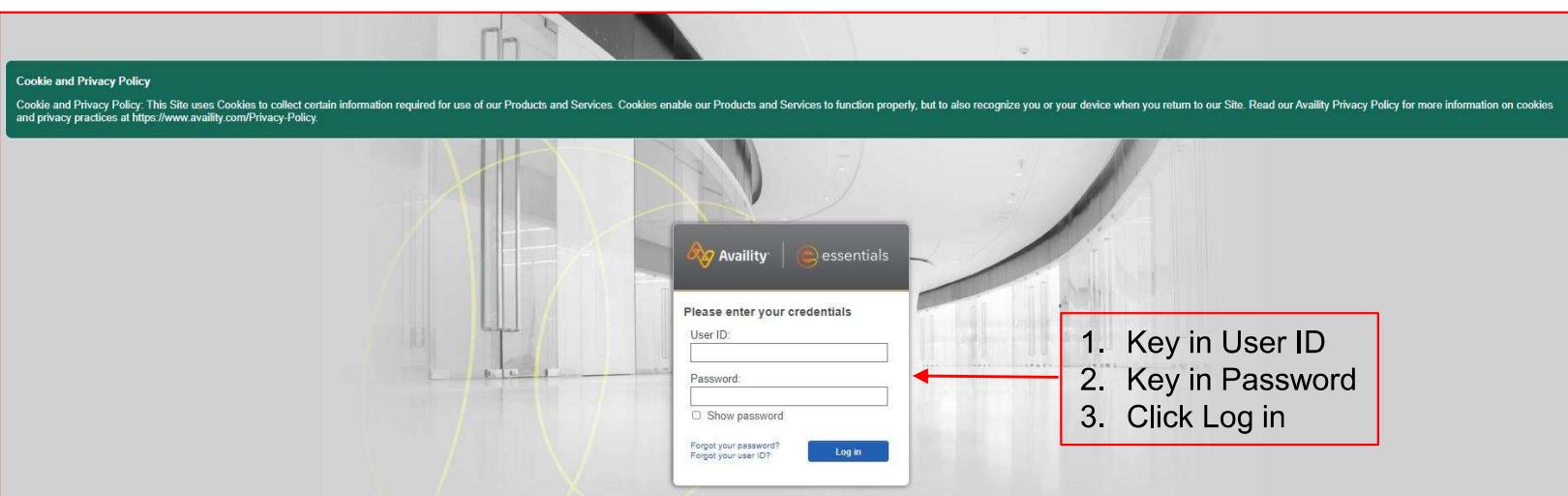
Scale: Custom 90

Options: Headers and footers (unchecked), Background graphics (checked)

Last Updated On 10/14/2021 Copyright © 2010-2023 Central Health Medicare Plan.

ANTHEM BLUE CROSS (BX HMO)

Website: [BlueCross](#)



A screenshot of the Availity dashboard. At the top, there's a dark header bar with the Availity logo, navigation links like "Home", "Notifications", and "My Favorites", and a search bar. Below the header is a navigation menu with "Patient Registration", "Claims & Payments", "Clinical", "My Providers", "Payer Spaces", "More", and "Reporting". The main content area has a section titled "Notification Center" which says "You have no notifications." Below this is a "My Top Applications" section featuring four cards: "EB" (Eligibility and Benefits Inquiry), "CS" (Claim Status), "A&R" (Authorizations & Referrals), and "PC" (Professional Claim). A red box surrounds the "EB" card, and a red arrow points from the text "Click Eligibility and Benefits Inquiry" towards it.

Eligibility & Benefits

Fields marked with an asterisk * are required.

* Organization

DIAGNOSTIC MEDICAL GROUP

* Payer

ANTHEM - CA

Provider Information

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider

DIAGNOSTIC MEDICAL GROUP (NPI: 1285785519 • Tax ID: 954136855)

[Clear Section](#)

1. Select ANTHEM-CA
2. Select Diagnostic Medical Group

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI

1285785519

Provider Tax ID

954136855

Organization or Provider Last Name

DIAGNOSTIC MEDICAL GROUP

Provider First Name

Patient Information

Single Patient

Multiple Patients

Patient Search Option

Patient ID, Date of Birth

3. Select Patient ID, Date of Birth
4. Key in Patient ID
5. Key in DOB

* Patient ID

* Date of Birth

mm/dd/yyyy

Patient's Relationship to Subscriber

Self

6. Select Self
7. Select Today's Date

Service Information

* As of Date

12/26/2023

* Benefit / Service Type

MRI/CAT Scan - 62 x Diagnostic X-Ray - 4 x

Mammogram, Low Risk Patient - CN x

Submit another patient

Submit

8. For U/S, DEXA & Diagnostic Mammo Select "Diagnostic X-Ray"
- For MRI & CT Select "MRI/CT Scan"
- For Mammogram Screening Select "Mammogram, Low Risk Patient"

9. Click Submit

Check Patient's Info

XXXXXX
28
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Member Status: Active Coverage Date of Birth: May 1, 1992 Gender: Female

Current Plan Effective Date: Jan 1, 2023 - Jan 1, 2024

Relationship to Subscriber: Self

1. Click Print

Member ID: XXXXXXXX
Contract Code / Case Number: 78Y1
Prior ID Number: XXXXXXXX
Issue Number: DKH
Group Number: 78Y100
Plan Number: 040

Anthem BlueCross
Payer: ANTHEM BLUE CROSS

Other or Additional Payer Information:
No additional payer information provided.

Check Effective Date

Messages
INTERPROFESSIONAL CONSULTATION
MEMBERS BENEFIT PLAN ONLY COVERS URGENT AND EMERGENT SERVICES OUTSIDE OF 20MILES FROM MEDICAL GROUP OR PHYSICIAN NAME AND LOCATION. IF SERVICE RENDERED IS NOT DEEMED URGENT/EMERGENT, SERVICE MAY NOT BE COVERED

Check IPA

Services Restricted to Following Provider
Name: ALLIED PACIFIC OF CALIFORNIA IPA
Category: Services Restricted to Following Provider
Type: Independent Physicians Association (IPA)
NPI: 1477760940
Primary Care Provider Start Date: Jan 1, 2023
Primary Care Provider End Date: Jan 1, 2024
841 W VALLEY BLVD STE 107
ALHAMBRA, CA 91803-3251
Contact Information: P: 626-282-3657

Benefit Information Collapse

Diagnostic X-Ray - 4

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible	Limitations	Authorization
In Network Coverage Level: Individual	—	\$8 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	—
In Network Coverage Level: Individual • PHYSICIAN BENEFIT	10%	—	Refer to: Health Benefit Plan Coverage	—	—
In Network Coverage Level: Individual Benefit Start Date: Jan 1, 2023 Benefit End Date: Dec 31, 2023	—	—	\$0 / Calendar Year(s)	—	—
In Network Place of Service: Inpatient Hospital Coverage Level: Individual • PHYSICIAN BENEFIT	10%	—	Refer to: Health Benefit Plan Coverage	—	—

Check Co-pay

Select details to print:

- General Information
- Patient, Plan, and Provider Information
- Plan Maximum and Deductibles
- Health Benefit Plan Coverage
- Benefit Information
- Diagnostic X-Ray - 4

- 1. Check Benefit Information
2. Click Print**

Cancel **Print**

Print 1 sheet of paper

Destination Front Desk

Pages All

Copies 1

More settings

Paper size Letter

Pages per sheet 2

Margins Default

Quality 600 dpi

Scale Custom 100

Two-sided Print on both sides

Options Headers and footers Background graphics

Print Cancel

Change Pages per Sheet to 2

Change the print scale to 100

XXXXXX
XXXXXX

Member Status Date of Birth Gender Current Plan Effective Date Relationship to Subscriber

Contract Code / Case Number: XXXXXXXX Payer: ANTHEM BLUE CROSS

Prior ID Number: XXXXXXXX Group Number: 78Y100 Plan Number: 540 Other or Additional Payer Information: No additional payer information provided.

Messages: INTERPROFESSIONAL CONSULTATION. MEMBERS BENEFIT PLAN ONLY COVERS URGENT AND EMERGENCY CARE. NO REFERRALS ARE NEEDED FROM MEDICAL GROUP OR PHYSICIAN NAME AND LOCATION IF SERVICE RENDERED IS NOT DEEMED URGENT/EMERGENT. SERVICE MAY NOT BE COVERED.

+ Provider Information

Requesting Provider Primary Care Provider Services Restricted to Following Provider Name: DIAGNOSTIC MEDICAL GROUP Name: ALLIED PACIFIC OF CALIFORNIA INC Category: Requesting Provider Category: Primary Care Provider Description: Type: Independent Physician Association NPI: 001-1001-00001 Primary Care Provider Start Date: Jan 1, 2023 Primary Care Provider End Date: Jan 1, 2024 Address: 101 W VALLEY BLVD STE 107 ALHAMBRA, CA 91003-2251 Contact Information: P: 626-966-3657

Benefit Information FILTER BY NETWORK

+ Diagnostic X-Ray - 4

Information / Details Co-Insurance Co-Payable Benefit Deductible Limitations Authorization

Coverage Level: Individual — — \$0 Cancer Neth — —

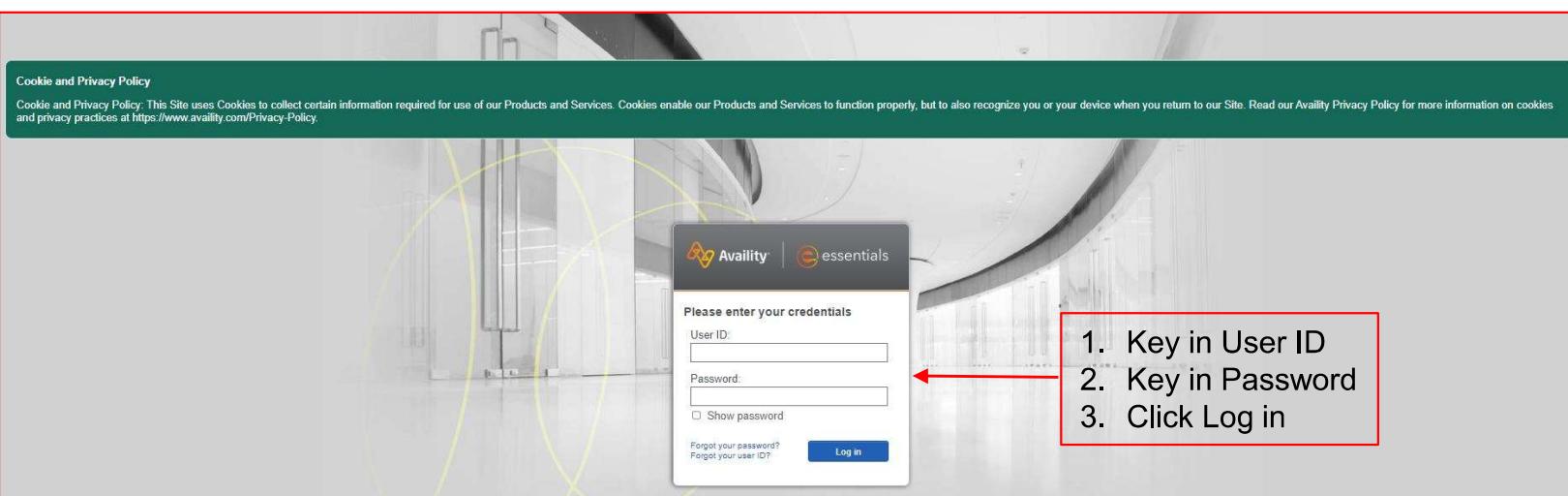
Plan of Service: Individual/Broker Coverage Level: Individual + PHYSICIAN BENEFIT 10% — Refer to Health Benefit Plan Coverage Non-Covered

LEADERSHIP INSURANCE BY PAYOR PLAN. 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 DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

1/2

MOLINA HEALTHCARE

Website: [Molina](https://www.molina.com)



A screenshot of the Molina Healthcare dashboard. At the top, there is a navigation bar with links for "Home", "Notifications", "My Favorites", "Patient Registration", "Claims & Payments", "Clinical", "My Providers", "Payer Spaces", "More", and "Reporting". Below the navigation bar is a section titled "Notification Center" which displays the message "You have no notifications.". Underneath this is a section titled "My Top Applications" featuring four cards: "EB" (Eligibility and Benefits Inquiry), "CS" (Claim Status), "A&R" (Authorizations & Referrals), and "PC" (Professional Claim). A red box surrounds the "EB" card, and a red arrow points from this box to the text "Click Eligibility and Benefits Inquiry" located above the card.

Fields marked with an asterisk * are required.

* Organization

DIAGNOSTIC MEDICAL GROUP

* Payer ?

MOLINA HEALTHCARE CALIFORNIA

Provider Information

[Clear Section](#)

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider ?

DIAGNOSTIC MEDICAL GROUP (NPI: 1285785519 • Tax ID: 954136855)

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI ?

1285785519

Provider Tax ID ?

954136855

Organization or Provider Last Name ?

DIAGNOSTIC MEDICAL GROUP

Provider First Name

Patient Information

[Member Search](#)

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page.

Member Search Option(s) ?

Member ID, Date of Birth, State

Member ID/Policy Number

Enter Member ID



▲ At least 2 characters are required

Date of Birth

mm/dd/yyyy

▲ This field is required.

State

California

[Clear](#)

[Search](#)

Patient Information

Member Search

Provider should understand that below "Search" button is only a Member Search request and not an Eligibility & Benefits request.

Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page.

Member Search Option(s) [?](#)

Member ID, Date of Birth, State

Member ID/Policy Number

621231024

Date of Birth

03/05/1967

State

California

Clear

Search

Member	ID	Relationship	DOB	Payer	Coverage	Status
WANG, HUNG	621231024	Subscriber	03/05/1967	MOLINA COMMERCIAL	UNKNOWN - UNKNOWN	N/A

Service Information

* As of Date [?](#)

12/27/2023

* Benefit / Service Type [?](#)

Diagnostic X-Ray - 4 MRI/CAT Scan - 62
Mammogram, Low Risk Patient - CN

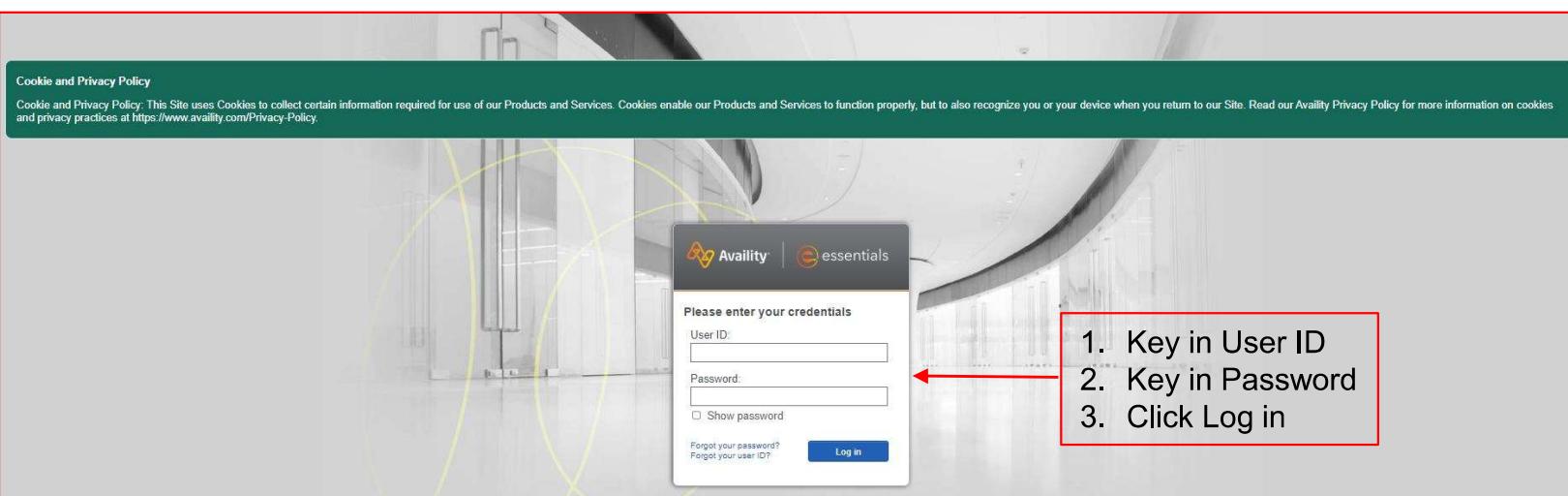
Submit another patient

Submit

DID NOT FIND A PATIENT EXAMPLE YET

AETNA

Website: [Aetna](#)



A screenshot of the Aetna Availity dashboard. The top navigation bar includes links for "Home", "Notifications", "My Favorites", "Patient Registration", "Claims & Payments", "Clinical", "My Providers", "Payer Spaces", "More", and "Reporting". Below the navigation is a "Notification Center" section showing a message: "You have no notifications." Under "My Top Applications", there are four cards: "EB" (Eligibility and Benefits Inquiry), "CS" (Claim Status), "A&R" (Authorizations & Referrals), and "PC" (Professional Claim). A red box with the text "Click Eligibility and Benefits Inquiry" has a red arrow pointing to the "EB" card.

Fields marked with an asterisk * are required.

* Organization

DIAGNOSTIC MEDICAL GROUP

* Payer ?

AETNA (COMMERCIAL & MEDICARE)

Provider Information

[Clear Section](#)

Select a provider or enter one of the following: Provider NPI, Provider Tax ID, or Payer Assigned Provider ID

Provider ?

DIAGNOSTIC MEDICAL GROUP (NPI: 1285785519 • Tax ID: 954136855)

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI ?

1285785519

Payer Assigned Provider ID ?

Organization or Provider Last Name ?

DIAGNOSTIC MEDICAL GROUP

Provider Tax ID ?

954136855

Provider First Name

DAVID

1. Select AETNA
2. Select Diagnostic Medical Group
3. Key in DAVID

Patient Information

Single Patient

Multiple Patients

Patient Search Option ?

Patient ID, Date of Birth

4. Select Patient ID, Date of Birth
5. Key in Patient ID
6. Key in DOB

* Patient ID ?

! Please enter a valid Patient ID.

* Date of Birth

mm/dd/yyyy

! Enter a valid date that is not in the future.

Patient's Relationship to Subscriber ?

Self

7. Select Self
8. Select Today's Date

Service Information

* As of Date ?

12/26/2023

* Benefit / Service Type ?

MRI/CAT Scan - 62 x Diagnostic X-Ray - 4 x
Mammogram, Low Risk Patient - CN x

Submit another patient

Submit

9. For U/S, DEXA & Diagnostic Mammo Select "Diagnostic X-Ray"
- For MRI & CT Select "MRI/CT Scan"
- For Mammogram Screening Select "Mammogram, Low Risk Patient"

10. Click Submit

XXXXXX
XXXXXXXXXXXXXX
XXXXXXXXXXXXXX

Check patient's info

Member Status

Active Coverage

Date of Birth

Sep 14, 1962

Gender

Male

Relationship to Subscriber

Self

[Member ID Card](#)[Patient Cost Estimator](#)[Aetna Provider Referral Directory](#)

Check it's Active

XXXXXX



Payer: AETNA INC

Member ID:

Group Number:

Group Name:

Plan Number:

Plan Begin Date:

Eligibility Begin Date:

Other or Additional Payer Information

No additional payer information provided.

▼ Provider Information

Requesting Provider

Name: DIAGNOSTIC MEDICAL GROUP

Category: Requesting Provider

NPI: 1285785519

FILTER BY NETWORK

[Out of Network](#)[In Network](#)[All Networks](#)

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Health Maintenance Organization (HMO)

Plan / Product: HMO Basic Gold

Coverage Level: Employee and Spouse

	Information / Details	Individual	Family	
Annual Deductible	In Network Plan Start Date: Jan 1, 2023	\$0 / Calendar Year(s) -\$0 Year to Date	\$0 Remaining -\$0 Year to Date	\$0 / Calendar Year(s) -\$0 Year to Date
Out Of Pocket	In Network • MAXIMUM SAVINGS • INT MED AND RX	\$7,000	\$14,000	
	In Network	\$6,290.38 Remaining	\$10,598.42 Remaining	

Unlimited

Coverage Level: Employee and Spouse

Limitations

Coverage Level: Employee and Spouse

- We are unable to determine your participation status with this patient's network.
Services rendered by providers that are not part of the patient's network are not covered.

Service Level Contact Information

Name: CHAN, STEVE L
Category: Primary Care Provider
Type: Primary Care Provider
Period Start Date: Mar 1, 2023
660 North Diamond Bar Blvd.
Suite 118
Diamond Bar, CA 91765

Name: Chan, Steve L
Category: Primary Care Provider
Type: Gateway Provider
660 North Diamond Bar Blvd.
Suite 118
Diamond Bar, CA 91765

Name: Allied Pacific of California IPA
Category: Primary Care Provider
Type: Independent Physicians Association (IPA)
Payer Assigned Provider ID: 50519
1668 South Garfield Avenue
2nd Floor
Alhambra, CA 91801

Check IPA

Benefit Information Expand

Diagnostic X-Ray - 4

Active Coverage

Coverage Level: Employee and Spouse

Information / Details

Co-Insurance

Co-Payment

Benefit Deductible ? Limitations ?

Authorization ?

In Network

Coverage Level: Employee and Spouse

- MAXIMUM SAVINGS
- Routine Mammogram
- Xray and Lab by a Primary Care Physician
- Xray and Lab by a Specialist

\$0

Refer to: Health Benefit Plan Coverage

Check Co-Pay

Select details to print:

- General Information
 Patient, Plan, and Provider Information
- Plan Maximum and Deductibles
 Health Benefit Plan Coverage - 30
- Benefit Information
 Diagnostic X-Ray - 4

1. Check Benefit Information
2. Click Print

- Additional Information
 Contacts

Cancel Print

Date of Birth: 01/14/1982 Transaction ID: 0000000000000000 Transaction Time: Dec 20, 8:11 PM Customer ID: 1000000000000000

[Feedback](#)

Member Status	Date of Birth	Gender	Relationship to Subscriber
Active	01/14/1982	Male	Self

[Member ID Card](#) [Patient Care Summary](#) [Aetna Provider Referral Directory](#)

Member ID: XXXXXXXX Group Number: 0100000000000000000000 Payer: AETNA INC
Group Name: AMERICA CHUNG NAME LLC Plan Number: SAC38001 Plan Begin Date: Mar 1, 2023 Plan End Date: Mar 1, 2023 Other or Additional Payer Information: No additional payer information provided.

+ Provider Information

Requesting Provider Name: DIAGNOSTIC MEDICAL GROUP, DAVID Category: Requesting Provider NPI: 1234567890

Benefit Information [Edit](#)

FILTER BY NETWORK: [Out of Network](#) [In Network](#) [All Networks](#)

+ Diagnostic X-Ray - 4

Coverage Level: Employee and Spouse

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible	Limitations	Authorization
Coverage Level: Employee and Spouse + MAXIMUM \$10000 + Radiology/Mammogram + X-ray and Lab by a Primary Care Physician + X-ray and Lab by a Specialist	0%	0%	Refer to Health Benefit Plan Coverage	—	—
Coverage Level: Employee and Spouse + MAXIMUM \$10000 + Outpatient X-ray and Lab. ONLY WITHIN DOB IN DOP	0%	0%	Refer to Health Benefit Plan Coverage	—	—
Coverage Level: Employee and Spouse + MAXIMUM \$10000 + Radiology/Mammogram + X-ray and Lab by a Primary Care Physician + X-ray and Lab by a Specialist + Outpatient X-ray and Lab	0%	0%	Refer to Health Benefit Plan Coverage	—	—
Coverage Level: Employee and Spouse + Plan Requires Referral And Preauth	—	—	Refer to Health Benefit Plan Coverage	—	—

1 of 1

Change Pages per Sheet to 2

Change the print scale to 100

Print 1 sheet of paper

Destination [Front Desk](#)

Pages All

Copies 1

More settings

Paper size Letter

Pages per sheet 2

Margins Default

Quality 600 dpi

Scale Custom 100

Two-sided Print on both sides

Options Headers and footers Background graphics

[Print](#) [Cancel](#)

Information / Details

Coverage Level: Employee and Spouse
+ Plan includes HMO, but program limitations may apply. In reference to Third Party Discount Networks, Final determination is made at the time of claim processing.
+ CDMBREGUL

Non-Covered

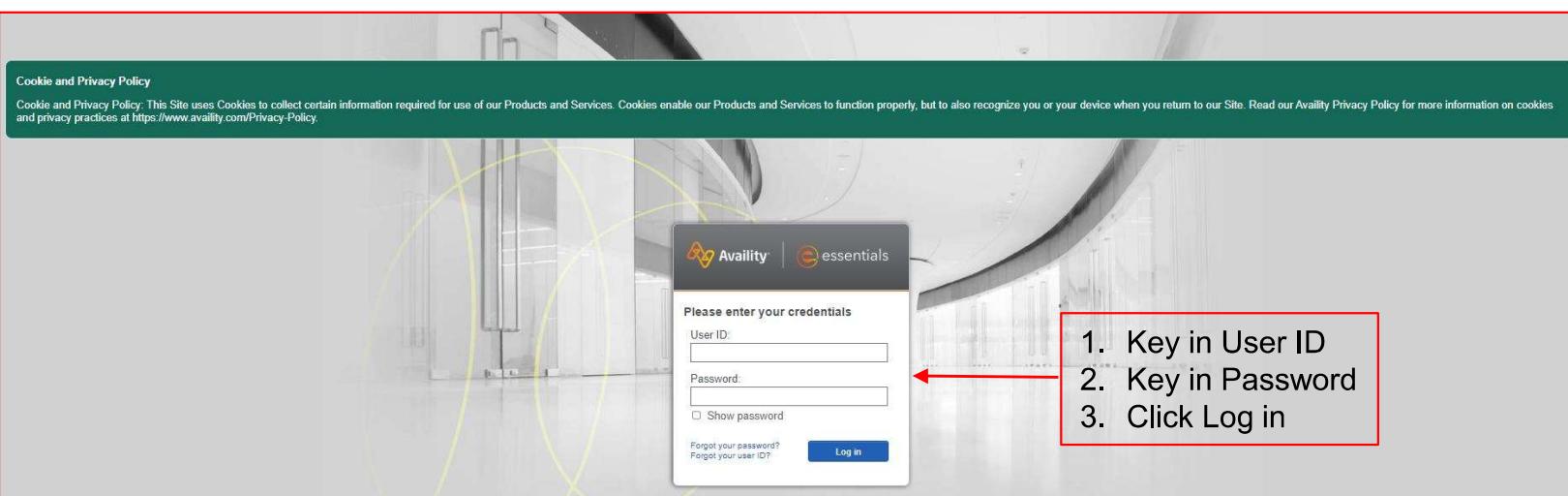
Coverage Level: Employee and Spouse

Benefit Disclaimer

THE PROVIDER UNDERSTANDS THAT RECEIPT OR USE OF THIS INFORMATION DOES NOT GUARANTEE PAYMENT OF ANY HEALTH CARE CLAIM BY AETNA AND SUCH INFORMATION IS SUBJECT TO CHANGE, EVEN RETROACTIVELY, AT ANY TIME.

WELLCARE

Website: [Wellcare](#)



A screenshot of the Wellcare dashboard. At the top, there's a navigation bar with links like "Home", "Notifications", "My Favorites", "Patient Registration", "Claims & Payments", "Clinical", "My Providers", "Payer Spaces", "More", and "Reporting". Below the navigation is a "Notification Center" section showing a message: "You have no notifications." Under "My Top Applications", there are four cards: "EB" (Eligibility and Benefits Inquiry), "CS" (Claim Status), "A&R" (Authorizations & Referrals), and "PC" (Professional Claim). A red box with the text "Click Eligibility and Benefits Inquiry" and a red arrow point to the "EB" card.

Eligibility & Benefits

Fields marked with an asterisk * are required.

* Organization

DIAGNOSTIC MEDICAL GROUP

* Payer

WELLCARE HEALTH PLANS

Provider Information

Select a provider or enter one of the following: Provider NPI, Provider Tax ID, or Payer Assigned Provider ID

Provider

DIAGNOSTIC MEDICAL GROUP (NPI: 1285785519 • Tax ID: 954136855)

[Clear Section](#)

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI

1285785519

Provider Tax ID

954136855

Payer Assigned Provider ID

Organization or Provider Last Name

DIAGNOSTIC MEDICAL GROUP

Provider First Name

Patient Information

Single Patient

Multiple Patients

Patient Search Option

Patient ID, Date of Birth

3. Select Patient ID, Date of Birth
4. Key in Patient ID
5. Key in DOB

* Patient ID

mm/dd/yyyy

* Date of Birth

Patient's Relationship to Subscriber

Self

6. Select Self
7. Select Today's Date

Service Information

* As of Date

12/20/2023

* Benefit / Service Type

Diagnostic X-Ray - 4 x MRI/CAT Scan - 62 x

Mammogram, Low Risk Patient - CN x

clear

Submit another patient

Submit

8. For U/S, DEXA & Diagnostic Mammo Select "Diagnostic X-Ray"
- For MRI & CT Select "MRI/CT Scan"
- For Mammogram Screening Select "Mammogram, Low Risk Patient"

9. Click Submit

Check Patient's Info

XXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

Member Status: Active Coverage

Date of Birth: Jul 18, 1958

Gender: Female

Current Plan Effective Date: Dec 20, 2023

Relationship to Subscriber: Self

WellCare
Payer: WELLCARE HEALTH PLANS

Member ID: XXXXXX

Plan Network ID: RMR

Eligibility Begin Date: Jul 1, 2023

Eligibility End Date: Dec 31, 2023

Other or Additional Payer Information: No additional payer information provided.

Check Termed Date

Provider Information

Requesting Provider

- Name**: DIAGNOSTIC MEDICAL GROUP
- Category**: Requesting Provider
- NPI**: 1285785519

Primary Care Provider

- Name**: SYMACO, EUGENE
- Category**: Primary Care Provider
- NPI**: 1578097549
- Contact Information**: P: 626-331-2209

Health Care Facility

- Name**: ALLIED PACIFIC OF CA IPA
- Category**: Health Care Facility
- Type**: Independent Physicians Association (IPA)

Care Reminders

No reminders for this member.

Benefit Information **Expand** **FILTER BY NETWORK** **All Networks**

MRI/CAT Scan - 62

Active Coverage

Plan Number: 406-029-001

Group or Policy Number: CA007

Plan / Product: Giveback (HMO) (H5087029001)

Coverage Level: Individual

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

Check Co-pay
Giveback HMO the Co-Pay is \$150

Select details to print:

- General Information
- Patient, Plan, and Provider Information
- Benefit Information
- MRI/CAT Scan - 62

1. Check Benefit Information
2. Click Print

Cancel

Print

Print

1 sheet of paper

XXXXXX
XXXXXXXXXX
XXXXXXXXXX

Member Status	Date of Birth	Gender	Current Plan Effective Date	Relationship to Subscriber
Active Coverage	Jul 18, 1958	Female	Dec 20, 2023	Self
Member ID:	XXXXXX			
Plan Network ID:	RMR			
Eligibility Begin Date:	Jul 1, 2023			
Eligibility End Date:	Dec 31, 2023			
Other or Additional Payer Information No additional payer information provided.				

Provider Information

Requesting Provider	Primary Care Provider	Health Care Facility
Name: DIAGNOSTIC MEDICAL GROUP	Name: SYMACO, EUGENE	Name: ALLIED PACIFIC OF CA IPA
Category: Requesting Provider	Category: Primary Care Provider	Category: Health Care Facility
NPI: 1285785519	NPI: 1578097549	Type: Independent Physicians Association (IPA)
Contact Information	P: 626-331-2209	

Care Reminders

No reminders for this member.

Benefit Information**Expand**

FILTER BY NETWORK

All Networks**MRI/CAT Scan - 82****Active Coverage**

Plan Number: 406-029-001

Group or Policy Number: CA037

Plan / Product: Giveback (HMO) (HS087029001)

Coverage Level: Individual

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

Change the print scale to 90

Print

1 sheet of paper

Destination

HP LaserJet Pro M604

Pages

All

Copies

1

More settings ^

Paper size

Letter

Pages per sheet

1

Margins

Default

Quality

600 dpi

Scale

Custom

90

Options

 Headers and footers Background graphics

Print using system dialog... (Ctrl+Shift+P)

Print**Cancel**

HEALTH NET

Website: [HealthNet](#)

English ▾



Log In

Username (Email)
SHARONTIEU2019@GMAIL.COM

Password
[REDACTED]

[Trouble Logging In?](#)

LOG IN

1. Key in Username
2. Key in Password
3. Click “Log In”

Viewing Dashboard For : TIN
954136855

Plan Type
Medi-Cal
Commercial
Medicare/DSNP Integrated Plans
Medi-Cal

GO

ATTENTION: As of November 18, 2021 we are currently experiencing technical difficulties with the authorization submission function for the following lines of business:
Commercial Group, Medicare Group, Cal Medi-Connect, and Medi-Cal
Please Fax your authorization requests by following the instructions below:
[Authorization Request](#)
All Authorization Forms can be accessed in Health Net's Provider Library in the "Forms and References" section for each specific Line of Business.
<https://providerlibrary.healthnetcalifornia.com/>
*The great news is that although you are faxing your authorization request you will still have the ability to view the status of your authorization requests via the New Centene Health Net Provider Portal.

Welcome

Add a TIN to My ACCOUNT >
Reports >
ProviderSearch >

Recent Activity

Date Activity

Quick Links

[HN findhelp \(Social Services\)](#)

Note: Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

Health Net has 3 different “Plan Type” from the pull down menu select the plan type that you’re checking and click “GO”

- Commercial (HMO / PPO)
- Medicare
- Medi-Cal

Viewing Eligibility For : TIN
954136855Plan Type
Medi-Cal

GO

Eligibility Check

Date of Service 12/20/2023 (mm/dd/yyyy)	Member ID or Last Name <input type="text"/>	Date Of Birth <input type="text"/> (mm/dd/yyyy)	<input type="button" value="Check Eligibility"/>	<input type="button" value="Print"/>
---	--	---	--	--------------------------------------

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS	LOG ER VISIT
----------	-----------------	--------------	--------------	------------	-----------	--------------

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1. Key in Member ID or Last Name
2. Key in DOB
3. Click Check Eligibility

Viewing Eligibility For : TIN

Plan Type

954136855

GO

Eligibility Check

Date of Service 12/20/2023 (mm/dd/yyyy)	Member ID or Last Name <input type="text"/>	Date Of Birth <input type="text"/> (mm/dd/yyyy)	<input type="button" value="Check Eligibility"/>	<input type="button" value="Print"/>
---	--	---	--	--------------------------------------

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS	LOG ER VISIT
	12/20/2023	XXXXXX >View details	12/20/2023	NO	<input type="button" value="ER Visit?"/>	<input type="button" value="Remove"/>

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Click the name

 12/20/2023 XXXXXX
[>View details](#)

Viewing Eligibility For: TIN
954136855

Plan Type: Commercial

GO

[Back to Eligibility Check](#)

XXXXXXXXXXXX

Overview

Cost Sharing

Assessments

Health Record

ADT

Authorizations

Pharmacy PDL

Referrals

Coordination of Benefits

Claims

Schedule of Benefits

Document Resource Center

Click to check Co-Pay**Overview****Check patient is eligible**

This patient is eligible as of today, Dec 20, 2023. The premium paid through date is Dec 31, 2023 and the claims paid through date is Jan 31, 2024.

The provider portal is currently experiencing an issue impacting visibility of Primary Care Physician (PCP) and Participating Provider Group (PPG) contact and demographic information on the eligibility overview screen. If you are being impacted by the issue, please click on PCP or PPG history link below in order to view the members current assigned PCP or PPG.

Patient Information**Check patient's info** [Print Eligibility Overview](#)**PCP Information**

Name Wu, Xipu

Physician ID P104398

Address 19115 Colima Road,
Suite 202
Rowland Heights, Los Angeles, CA
91748

Phone Number [626-912-4147](tel:626-912-4147)[View PCP History](#)

Member Type Subscriber

Address XXXXXXXX XXXXXX
XXXXXX XXXXXXXXXX

Group ID 97810D

Eligibility History**Check IPA**

Start Date	End Date	Product Name	Product Description
Jan 1, 2024	Dec 31, 2024	Silver 70 Off Exchange Ambetter HMO	Silver 70 Off Exchange Ambetter HMO
Jan 1, 2023	Dec 31, 2023	Silver 70 Off Exchange Ambetter HMO	Silver 70 Off Exchange Ambetter HMO

[more](#)**Check End Date****PPG Information**

Name Allied Pacific of California IPA

PPG ID M2645

Address 1668 South Garfield Avenue,
2nd Floor
Alhambra, Los Angeles, CA
91801

Phone Number [626-282-0288](tel:626-282-0288)[View PPG History](#)

Co-Pay

Preventive Care Services

	Preferred Provider	Out-of-Network Provider
Preventive Care Services*	\$0, Deductible waived	Not Covered

Note(s):

Covered services include, but are not limited to, annual preventive physical examinations, immunizations, screening and diagnosis of prostate cancer, well-woman examinations, preventive services for pregnancy, other women's preventive services as supported by the Health Resources and Services Administration (HRSA), breast feeding support and supplies, and preventive vision and hearing screening examinations. Refer to the "Preventive Care Services" portion of the "Covered Services and Supplies" section for details.

If you receive any other covered services in addition to Preventive Care Services during the same visit, you will also pay the applicable Copayment for those services.

- Screening Mammo is under preventive care

Other Professional Services

	Preferred Provider	Out-of-Network Provider
Surgery or assistance at surgery Performed in an office or outpatient facility	20%, Deductible waived	50%
Surgery or assistance at surgery Performed in an inpatient setting	30%, Deductible waived	50%
Administration of anesthetics Performed in an office or outpatient facility	20%, Deductible waived	50%
Administration of anesthetics Performed in an inpatient setting	30%, Deductible waived	50%
Chemotherapy	20%, Deductible waived	50%
Radiation therapy	20%, Deductible waived	50%
Laboratory tests	\$50, Deductible waived	50%
Diagnostic imaging (including x-ray)	\$95, Deductible waived	50%
Complex radiology (CT, SPECT, MRI, MUGA and PET)	\$325, Deductible waived	50%
Medical social services	\$45, Deductible waived	Not Covered
Patient education*	\$0, Deductible waived	50%

- X-ray, U/S, Dexa & digital Mammo are under Diagnostic imaging
- CT & MRI are under Complex radiology

XXXXXXXXXXXXXX

Overview

This patient is eligible as of today, Dec 29, 2023. The premium paid through date is Dec 31, 2023 and the claims paid through date is Jan 31, 2024.

The provider portal is currently experiencing an issue impacting visibility of Primary Care Physician (PCP) and Participating Provider Group (PPG) contact and demographic information on the eligibility overview screen. If you are being impacted by the issue, please click on PCP or PPG history link below in order to view the member's current assigned PCP or PPG.

Patient Information

Name: XXXXXXXX
 Gender: F
 Birthdate: XXXXXXXXXX
 Age: 62 years old
 Member #: XXXXXXXXXX
 Member Type: Subscriber
 Address: XXXXXXXXXX
 XXXXXXXXXXXXXXXXXX
 Group ID: 978100

PCP Information

Name: Wu, Xia
 Physician ID: P104388
 Address: 19115 Colma Road,
 Suite 202
 Rowland Heights, Los Angeles, CA 91748
 Phone Number: 626-812-4142

[View PCP History](#)

PPG Information

Name: Aetna Pacific of California IPA
 PPG ID: M2845
 Address: 1888 South Garfield Avenue,
 2nd Floor
 Alhambra, Los Angeles, CA 91801
 Phone Number: 626-283-2000

[View PPG History](#)

Allergies

None On File

Print

1 sheet of paper

Destination

Front Desk

Pages

Odd pages only

Copies

1

Layout

Portrait

More settings

Paper size

Letter

Pages per sheet

1

Margins

Default

Quality

600 dpi

Scale

Custom

90

Change the print scale to 90

Two-sided

Print on both sides

Options

Headers and footers

Print

Cancel

BLUE SHIELD

Website: [BlueShield](#)

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education

Home > Login

1. Key in Username
2. Key in Password
3. Click "Log in"

Welcome to Provider Connection

Register as an account manager

Creating your Provider Connection account should take about 5 minutes.

Create account

To register you'll need:

- Your organization's tax ID number
- The provider tax IDs you'd like to represent

You may also need:

- A claim from the last 3 months for some tax IDs
- The Business Associate Agreement (BAA) date for each provider

[Forgot your password?](#) | [Forgot your username?](#)

Log in with 2-step verification

We've sent a verification code to (SH****@GMAIL.COM).

Enter that code here.

Code

Key in the code

Confirm

Time remaining 08:56

Didn't get the code?
There may be a delay in processing. Wait a few minutes and check again.
Check your spam folder.
[Resend code](#)

Select "Eligibility & benefits"

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education ST

federal law, providers and facilities must attest every 90 days to the accuracy of directory information to stay visible in our Find a Doctor directory. Provider and facilities that f

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education ST

Overview Verify eligibility Member rosters Benefit summaries Preventive health guidelines

Select "Eligibility & benefits"

Verify eligibility

[SEARCH SINGLE MEMBER](#)[SEARCH MULTIPLE MEMBERS](#)

Verify eligibility of a single member. All fields are required unless noted otherwise.

Member coverage / card type

- Blue Shield of California / Promise Health Plan
 Other Blue Plan
 Federal Employee Program

1. Select card type

Majority of the patient are "BS of CA or Promise Health Plan". If the starting of the ID number is "R" you have to select "Federal Employee Program".

2. Key in Subscriber ID

3. Click Search

SEARCH BY SUBSCRIBER ID

Subscriber ID

9-16 characters

Start over

Search

OR

SEARCH BY MEMBER NAME

Last name

Doe

First name

John

Date of birth

MM/DD/YYYY



Start over

Search

1 Result(s) found

Last updated at 02:15 pm, 12/27/2023

Print

Subscriber ID: XXXXXXXXX

Click on Member name

Member name

XXXXXXXXXXXXXX

Status

Eligible

Details ID Card Benefits Claims

Subscriber ID

XXXXXXXXXXXXXX

Date of birth

06/16/1996

Gender

Female

Member address

XXXXXXXXXXXXXX,

XXXXXXXXXXXXXX

Plan name

Silver 94 Trio HMO

Plan type

Commercial HMO (Fully insured)

Coverage effective / start date

01/01/2023

Coverage end / redetermination date

12/31/2023

>

Relationship to subscriber

Subscriber

Subscriber name

XXXXXXXXXXXXXX

PCP name

WANG, MARY

Office visit copay

In-network-\$5

Member eligibility details

Last updated at 02:23 pm, 12/27/2023

Member name	Status	Member address	
CHEN, XINMING	(Eligible)	1017 VIOLETA DR, ALHAMBRA, CA, 91801	
Subscriber ID XEO910081996-00	Date of birth 06/16/1996	Gender Female	Coverage end / redetermination date 12/31/2023
Plan name Silver 94 Trio HMO	Plan type Commercial HMO (Fully insured)	Coverage effective / start date 01/01/2023	Office visit copay In-network-\$5
Relationship to subscriber Subscriber	Subscriber name CHEN, XINMING	PCP name WANG, MARY	

[Print](#) [ID Card](#) [Benefits](#) [Claims](#)

[\(+\)](#) Member information

[\(+\)](#) Special Programs

[\(−\)](#) Member coverage details

[\(+\)](#) Future coverage

[\(−\)](#) Current coverage

Coverage period 01/01/2023 - 12/31/2023	Plan name Silver 94 Trio HMO	Product ID MF011325	Group number X0001004
Employer IFP ON EXCHANGE	Customer service phone (844) 250-2872	Pre-admission phone (800) 541-6652	Claims mailing address PO Box 272540 , Chico, CA, 95927

[\(+\)](#) Historical coverage

[\(+\)](#) Historical coordination of benefits

[\(+\)](#) Deductibles and out-of-pocket maximums

[\(−\)](#) PCP and IPA / Physician group

[\(+\)](#) Future PCP and IPA / Physician group information

[\(−\)](#) Current PCP and IPA / Physician group information

PCP Name
WANG, MARY

PCP address
1118 S GARFIELD AVE STE 201, ALHAMBRA, CA, 91801 PCP phone
(626) 281-0090 PCP effective period
01/01/2021 - Present PCP number
100012708008

IPA / Physician group name
ALLIED PACIFIC OF CALIF IPA

IPA / Physician group address
1668 S GARFIELD AVE FL 2ND, ALHAMBRA, CA, 91801 IPA / Physician group phone
(626) 282-0288 IPA / Physician group effective period
02/01/2011 - Present IPA / Physician group number
IP0000039001

[\(+\)](#) Historic PCP and IPA / Physician group information

[\(+\)](#) Affiliated hospitals/facilities

Co-Pay

Coverage period: 01/01/2023-12/31/2023

Plan name: Silver 94 Trio HMO

Product ID: MF011325

Print Help

Search categories	Search
Benefit summary	
Benefit download	
Pre-existing conditions	
Benefit categories	
<ul style="list-style-type: none">+ General+ Access+ / Trio+ Self Referral+ Chiropractic and Acupuncture+ Dental Medical Treatment+ Diabetes Care+ Emergencies and Urgent Care+ Extra Support Services+ Family Planning+ Home Care+ Hospice Care+ Hospital Care+ Infertility- Lab and Radiology/Diagnostic Testing+ O/P Facility Lab/Radiology/Diagnostic Testing- Professional Lab/Radiology/Diagnostic Testing	
<ul style="list-style-type: none">Bone Density ScansCat ScansDiagnostic TestingLaboratory/PathologyMRIsRadiology	

Lab and Radiology/Diagnostic Testing - Professional Lab/Radiology/Diagnostic Testing - Radiology

Copayment:

Network	Copayment	Subject to Annual Medical Deductible?	Applies to Annual Copayment Maximum?
HMO Provider	\$8 per Visit	No	Yes

Additional information about this service:

Diagnostic X-ray, imaging, pathology, and laboratory services

Benefits are available for imaging, pathology, and laboratory services for preventive screening or to diagnose or treat illness or injury.

Benefits include:

Laboratory services, at a Laboratory center or Outpatient Department of a Hospital

Includes diagnostic Papanicolaou (Pap) tests.

X-ray and Imaging services at an Outpatient radiology center or Outpatient Department of a Hospital

Includes diagnostic mammography;

Other outpatient diagnostic testing, at an office location or Outpatient Department of a Hospital.

Testing to diagnose illness or injury such as:

- Vestibular function testing;
- EKG;
- ECG;
- Cardiac monitoring;
- non-invasive vascular studies;
- Sleep medicine testing;
- Muscle and range of motion tests;
- EEG;
- EMG;

Laboratory or imaging services performed as part of a preventive health screening are covered under the Preventive Health Services Benefit.

Check Co-Pay

Category

Additional information about this Category:

There is no charge for pre and post natal services that are considered routine.

These are the type of exams that we do, select the relevant testing to check the Co-Pay

Member eligibility details

Last updated at 02:23 pm, 12/27/2023

Member name
XXXXXXXStatus
 EligibleSubscriber ID
XXXXXXXXXXXXDate of birth
06/16/1996Gender
FemaleMember address
**XXXXXXXXXXXXXX
91801**Plan name
Silver 94 Trio HMOPlan type
Commercial HMO (Fully insured)Coverage effective / start date
01/01/2023Coverage end / redetermination date
12/31/2023Relationship to subscriber
SubscriberSubscriber name
XXXXXXPCP name
WANG, MARYOffice visit copay
In-network \$5

(-) Member information

Member phone
N/ALanguage
ArabicSubscriber dues paid to
12/31/2023

(-) Special Programs

Mayon maternity status
Eligible

(-) Member coverage details

(-) Future coverage

This member doesn't have future coverage.

(-) Current coverage

Coverage period
01/01/2023 - 12/31/2023Plan name
Silver 94 Trio HMOProduct ID
MF011325Group number
X0001004Employer
IFP ON EXCHANGECustomer service phone
(844) 250-2872Pre-admission phone
(800) 541-6652Claims mailing address
PO Box 272540, Chico, CA, 95927

(-) Historical coverage

Coverage period
01/01/2022 - 12/31/2022Plan name
Silver 94 Trio HMOProduct ID
ME011325Group number
X0001004Employer
IFP ON EXCHANGECoverage period
01/01/2021 - 12/31/2021Plan name
Silver 94 Trio HMOProduct ID
MD011325Group number
X0001004Employer
IFP ON EXCHANGE

(-) Historical coordination of benefits

This member doesn't have historical coordination of benefits.

(-) PCP and IPA / Physician group

Print

3 sheets of paper

(-) Future PCP and IPA / Physician group information

No future PCP or IPA/Physician group information available.

(-) Current PCP and IPA / Physician group information

PCP Name
WANG, MARY

PCP address
1118 S GARFIELD AVE STE 201,
ALHAMBRA, CA, 91801

PCP phone
(626) 281-0090

PCP effective period
01/01/2021 - Present

PCI
100

IPA / Physician group name:
ALLIED PACIFIC OF CALIF IPA

IPA / Physician group address
1668 S GARFIELD AVE FL 2ND,
ALHAMBRA, CA, 91801

IPA / Physician group phone
(626) 282-0288

IPA / Physician group effective period
02/01/2011 - Present

IPA
IP0

Print out only the page that we need

Pages

Custom

1, 2, 5

Copies

1

Portrait

(-) Historic PCP and IPA / Physician group information

More settings

No historic PCP or IPA/Physician group information available.

(-) Affiliated hospitals/facilities

Find billing information on the back of the member's ID card. If you have any questions, contact us.

Hospital name	Service location
ALHAMBRA HOSPITAL MED CTR	100 S RAYMOND AVE, Alhambra, CA 91801-3166
GARFIELD MEDICAL CENTER	525 N GARFIELD AVE, Monterey Park, CA 91754-1202
GREATER EL MONTE COMMUNITY HOSP	1701 SANTA ANITA AVE, South El Monte, CA 91733-3411
METHODIST HOSP OF SOUTHERN CALIFORNIA	300 W HUNTINGTON DR, Arcadia, CA 91007-3402
MONTEREY PARK HOSPITAL	900 S ATLANTIC BLVD, Monterey Park, CA 91754-4716
SAN GABRIEL VALLEY MED CTR	438 W LAS TUNAS DR, SAN GABRIEL, CA 91776-1216
WHITTIER HOSPITAL MEDICAL CENTER	9080 COLIMA RD, Whittier, CA 90605-1600

Paper size

Letter

Pages per sheet

1

Margins

Default

Quality

600 dpi

Scale

Custom

60

Two-sided

 Print on both sides

All Services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, a requirements, which can vary based on the member's plan coverage. Note: PPO members do not need a referral.

Blue Shield of California is an independent member of the Blue Shield Association

Print

Cancel

Change the print scale to 60

OPTUM

Website: [Optum](#)

Optum

Register Now [Sign In](#)

Self-registration is open for Optum Pro portal

Click Sign In



One Healthcare ID

Welcome to One Healthcare ID

Sign In

One Healthcare ID or Email address

Password

[Forgot One Healthcare ID?](#) [Forgot Password?](#)

Continue

OR

[Create One Healthcare ID](#)

[Manage My One Healthcare ID](#)

1. Key in Username
2. Key in Password
3. Click "Continue"

Optum

Front Office:
SUSAN ZHAO SZ



Welcome, SUSAN ZHAO

Eligibility Search

Key in member ID

XXXXXX

X

Active

Active and Terminated

Subscriber ID

Name

Date Of Birth

Phone

Health Plan

XXXXXX

XXXXXXXXXX

10/13/1973

XXXXXXXXXX

LA Care

AP

XXXXXXXXXXXX

Check patient's Info



Subscriber Id

XXXXXXX

Date of Birth

10/13/1973

Phone

XXXXXXXXXXXX

Health Plan

LA Care

Prior Authorization

Demographics

Date of Birth

10/13/1973

Gender

Female

Spoken Language

English

Written Language

English

Contact

Primary Care Physician

Address

2805 W. Ross Avenue, Alhambra, CA 91803

NPI

1932128618

Name

DO JIMMY YUE

Insurance

Health Plan

LA Care

IPA

OCN - EAST WEST

Status

Start Date

01/01/2019

Termed Date

12/31/9999

Check Termed Date

LOB

COVERED CALIFORNIA

Subscriber Id

1741170

Check IPA

Check Co-Pay

Benefit Plan

\$15 SILVER 87 HMO DED
2023

Optum Eligibility Details

Avelina Padilla

Subscriber Id	Date of Birth	Phone	Health Plan
1741170	10/13/1973	626-235-0638	LA Care

Demographics

Date of Birth	Gender	Spoken Language	Written Language
10/13/1973	Female	English	English

Contact

		Primary Care Physician	
Address	NPI	Name	DO JIMMY YUE

2805 W. Ross Avenue, Alhambra, CA 91803 1932128618

Insurance

Health Plan	IPA	Status	Start Date
LA Care	OCN - EAST WEST	---	01/01/2019
Termed Date	LOB	Subscriber Id	Benefit Plan

12/31/9999 COVERED CALIFORNIA 1741170 \$15 SILVER 87 HMO DED 2023

Destination

Front Desk

Pages

All

Copies

1

Layout

Portrait

More settings
^

Paper size

Letter

Pages per sheet

1

Margins

Default

Quality

600 dpi

Scale

Custom

Two-sided

Print on both sides

Options

Headers and footers

Print
Cancel

SCAN

Website: [Scan](#)



SCAN has modernized our digital presence and optimized business operations by implementing a new Provider Portal. The portal now gives providers the ability to self-register and gain immediate access.

News and Events

1. Key in Username
2. Key in Password
3. Click Sign in



SCAN Received 4.5-Star Rating for 2023!
SCAN received a 4.5-Star rating from the Centers for Medicare & Medicaid Services (CMS) for the sixth year in a row!

For the fourth year running, SCAN was selected by *U.S. News and World Report* as one of the best Medicare advantage plans in the country!

Sign into your account

Username

januarycao@gmail.com

Password

.....

Sign in

[Forgot password?](#)

A password reset is required if you have forgotten your username.



Click Eligibility

HOME

ELIGIBILITY

CLAIMS

RESOURCES AND GUIDELINES

PORTAL GUIDE



[HOME](#)
[ELIGIBILITY](#)
[CLAIMS](#)
[RESOURCES AND GUIDELINES](#)
[PORTAL GUIDE](#)

To Search for a Member please enter (Member ID) and (Date of Birth). Eligibility & Benefits related [FAQ's](#), [Carve Out Benefit](#) and [Eligibility Inquiry guide](#).

Member ID:



1. Key in Member ID
2. Key in DOB
3. Click Search

Date of Birth:


[Search](#)

[HOME](#)
[ELIGIBILITY](#)
[CLAIMS](#)
[RESOURCES AND GUIDELINES](#)
[PORTAL GUIDE](#)

To Search for a Member please enter (Member ID) and (Date of Birth). Eligibility & Benefits related [FAQ's](#), [Carve Out Benefit](#) and [Eligibility Inquiry guide](#).

[Show/Hide Search](#)

Member ID(s):

Date of Birth:

[Search](#)

Name	Status	MemberID	Date of Birth	Gender	Language Written	Address	Home Phone	Plan Name
XXX XXX	Active	XXXXXX4XXX	7/10/1952	F	Chinese	XXXXXXXXXXXXXXCA 91722	XXXXXXX	2023 - SCAN Venture (HMO), Los Angeles

<< | Page 1 of 1 |> >>

1 record found.

[Download Results](#)

Please click here to access detailed benefit plan information

[Benefit Grid.pdf \(PDF\)](#)
[Evidence of Coverage.pdf \(PDF\)](#)

Click to check Co-Pay

VillageHealth is an Open Network Plan. Authorization is required for In-patient admissions, SNF & some DME items. Please refer to the benefit grid for details.

[Show/Hide Search](#)

First Name:	Member ID(s):	Date of Birth:
<input type="text"/>	<input type="text"/> XXXXXXXX	<input type="text"/> 07/10/1952
Last Name:	<input type="text"/>	

Search

Check patient's info

Subscriber

Member:	XXXXXXX	Date of Birth:	07/10/1952	Gender:	F	Home Phone:	XXXXXXXXXX
Address:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Status:	Active	Member ID:	XXXXXXXXXXXX		
Language Spoken:	Mandarin	Language Written:				Chinese	
Plan Type:	2023H5425084LA	Plan Name:	2023 - SCAN Venture (HMO), Los Angeles	Group Number:	H5425M	Group Name:	CA MAPD
Facility Group ID:	I0934	Facility Group Name:	ALLIED PACIFIC WHITTIER				
PCP Name:	YUAN FEI CHANG	PCP ID:	029822				
PCP Address:	18575 GALE AVE STE 128 CITY OF INDUSTRY CA 91748	PCP Phone:	(626) 912-5335				
Address to Submit Claims:	ALLIED PACIFIC WHITTIER 1680 S GARFIELD AVE ALHAMBRA CA 91801-5413	MOOP Limit:	\$1000.00	MOOP Met:	No		

Coverages

Check Termed Date

MEDICAL

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

DENTAL

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

Healthtech+

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

NIFTY AFTER FIFTY

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

Benefit Plan History

Benefit Plan - 2022H5425084LA SCAN Venture (HMO), Los Angeles

Benefit Effective Date	01/01/2022	Termination Date	12/31/2022
------------------------	------------	------------------	------------

PCP History

PCP	Facility Group	Start Date	End Date
029822 YUAN FEI CHANG	I0934 ALLIED PACIFIC WHITTIER	01/01/2022	12/31/2023

Co-Pay

2023 PBP Grid - SoCal MAPD

		2023 Final
Bid ID		H5425-084-000
Service Area/County List		Los Angeles, Orange
Contract Name		SCAN Venture (HMO)
Member Premium		\$0
Part B Premium Buy-Down		\$110
Part C Deductible		\$0
Maximum Out-of-Pocket (MOOP)		\$1,000
INPATIENT SERVICES		
Inpatient Services - Medical / Surgical		\$0 (unlimited days)
Inpatient Services - Mental Health		\$125 per day (1-5) \$0 per day (6-90) \$0 per day (1-20)
Skilled Nursing Facility		\$100 per day (21-100) (waive 3-day prior hosp)
MEDICARE COVERED OUTPATIENT SERVICES		
MC Acupuncture		\$0
Ambulance - Ground		\$155
Ambulance - Air		\$155
Cardiac Rehabilitation Services		\$5
Chiropractor Services		\$0
Dental Services		\$5
Diabetic Coverage - Supplies		\$0
Diabetic Coverage - Therapeutic Shoes / Inserts		20%
Dialysis		\$25
Durable Medical Equipment		20%
Emergency Room		\$90 (\$0 if immed)
Hearing Services		\$0
Home Health		\$0
Outpatient Diagnostics and Tests		
Laboratory		\$0
Radiology - X-Ray		\$0
Radiology - Tests & Procedures		\$5
Radiology - Therapeutic Radiology		20%
Radiology - Diagnostic Radiology		\$0 mammo \$75 other (per Visit)
Outpatient Mental Health		
Mental Health - Group Services		\$40
Mental Health - Individual Services		\$40
Psychiatrist - Group Services		\$40
Psychiatrist - Individual Services		\$40

VillageHealth is an Open Network Plan. Authorization is required for In-patient admissions, SNF & some DME items. Please refer to the benefit grid for details.

Subscriber

Member:	XXXXXXX	Date of Birth:	07/10/1952	Gender:	F	Home Phone:	XXXXXXX XXXX
Address:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Status:	Active	Member ID:	XXXXXXXXXX	
Language Spoken: Mandarin		Language Written: Chinese					
Plan Type:	2023H5425084LA	Plan Name:	2023 - SCAN Venture (HMO), Los Angeles	Group Number:	H5425M	Group Name:	CA MAPD
Facility Group ID:	I0934		Facility Group Name:	ALLIED PACIFIC WHITTIER			
PCP Name:	YUAN FEI CHANG		PCP ID:	029822			
PCP Address:	18575 GALE AVE STE 128 CITY OF INDUSTRY CA 91748		PCP Phone:	(626) 912-5335			
Address to Submit Claims:	ALLIED PACIFIC WHITTIER 1680 S GARFIELD AVE ALHAMBRA CA 91801-5413		MOOP Limit:	\$1000.00	MOOP Met:	No	

Coverages

MEDICAL

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

DENTAL

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

Healthtech+

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

NIFTY AFTER FIFTY

Current Benefit Effective Date	01/01/2023	Termination Date	12/31/2023
--------------------------------	------------	------------------	------------

Benefit Plan History

Benefit Plan - 2022H5425084LA SCAN Venture (HMO), Los Angeles

Benefit Effective Date	01/01/2022	Termination Date	12/31/2022
------------------------	------------	------------------	------------

Print

Destination

Front Desk

Pages

Odd pages only

Copies

1

Layout

Portrait

More settings

Paper size

Letter

Pages per sheet

1

Margins

Default

Quality

600 dpi

Scale

Custom

90

Two-sided

Print on both sides

Options

Headers and footers

Print

Cancel

Print out the first page

Change the print scale to 90

UNITED HEALTHCARE (PPO)

Website: [UnitedHealthcare](#)

1. Click Sign In
2. Select Sign in to the UH Provider Portal



Eligibility Prior Authorization Claims and Payments Referrals Our network Resources

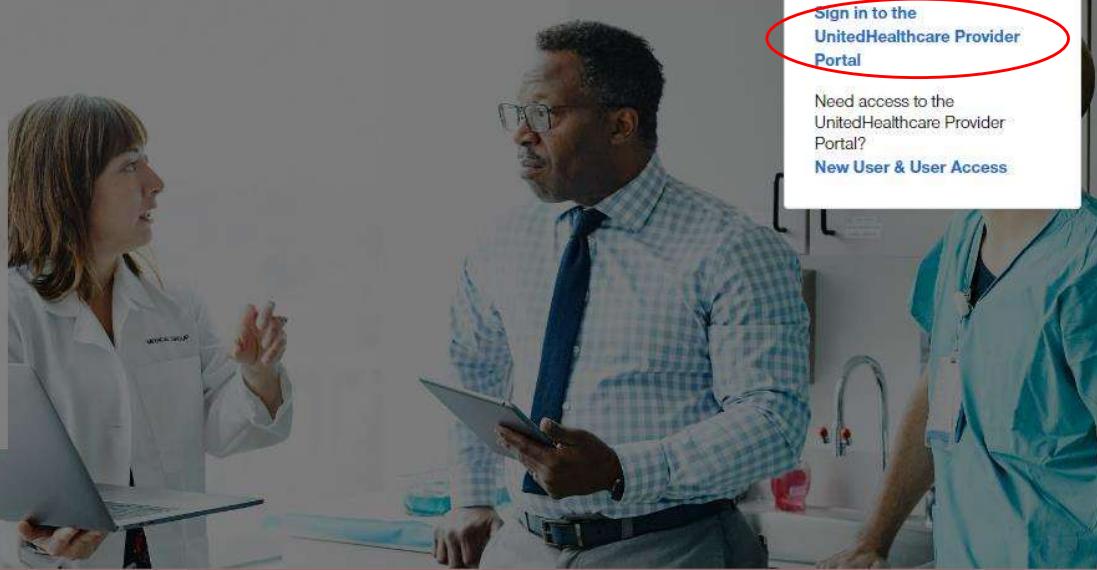
Members New User & User Access Search



Sign In ▾

Welcome health care professionals – ready to get started?

[Join our network](#)



Sign in to the UnitedHealthcare Provider Portal

Need access to the UnitedHealthcare Provider Portal?

[New User & User Access](#)



Welcome to One Healthcare ID

Secure your account by moving away from Passwords

Having trouble remembering your passwords? Switch to Authenticator for secure, convenient and hassle free sign in.

[Get Started](#)

1. Key in ID or email
2. Click Continue

Sign In

One Healthcare ID or Email address

Abibcca022



[Forgot One Healthcare ID?](#)

[Continue](#)

OR

[Create One Healthcare ID](#)

[Manage My One Healthcare ID](#)

1. Key in Username
2. Key in Password
3. Click "Continue"

United Healthcare

Enter Your Password

One Healthcare ID or Email address

Password

[Forgot Password?](#)

Continue

[Back to Sign in](#)

United Healthcare

Click Eligibility

Training & Support ▾ Practice Management ▾ TrackIt SUSAN ▾

Payer 87726 - UnitedHealthcare ▾ Provider Chen, David ▾

Eligibility Claims & Payments ▾ Referrals Prior Authorizations Clinical & Pharmacy ▾ Documents & Reporting ▾ Additional Tools

Access Requests Pending user requests 1 Expiring user requests 0

Welcome, SUSAN!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

[Customize Tabs](#)

Eligibility & Benefits Search

Verify Eligibility & Benefits

[View Recent Search Results](#)

Search for a Single Member:

Single Policy Multiple Policies

Select Your Eligibility Search Criteria* *Required Fields

Member ID & Date of Birth

Member ID* Date of Birth* MM/DD/YYYY

[Search for Multiple Members](#)

Search Range: Predefined Date Custom Date

Select a Policy Date Range* Today's Date 12/26/2023

Verify Eligibility

Helpful Resources

[Policies for Commercial Plans](#)
[Policies for Medicare Plans](#)
[Policies for Medicaid Plans](#)
[Prior Authorization and Notification Resources](#)
[Radiology Prior Authorization and Notification](#)

**1. Key in Member ID
2. Key in DOB
3. Click Verify Eligibility**

Eligibility Details

Patient Demographics

Check patient's info

Patient Details

Name	Address (Subscriber)
XXXXXX	XXXXXXXXXXXXXX
Gender	Date of Birth
Female	08/13/1969

Language

Translation and ASL Services
Yes
Written Preference
—
Verbal Preference
—
Text Presentation Type
—

Other Plan Members (1)

Below are all of the other members on this policy. Click on the member to see their details.

XXXXXX
Subscriber | DOB: 01/01/1967

Policies

Policies Medical (Select Plus Ppo Ca 2021 Ci8e) Active, 11/01/2023 - 12/31/2023

UNITEDHEALTHCARE

Medical ✓ Active | 11/01/2023 - 12/31/2023 | Spouse | Member ID Selected: XXXXXXXX

Payer Status: Primary

Member ID	Plan Name	Payer	Prior Authorizations 1
XXXXXX	Select Plus Ppo Ca 2021 Ci8e	UNITEDHEALTHCARE (87726)	Yes, Required Go to Prior Authorizations 2
Group	Plan Type	Claims Address	Referral 1
921064	Commercial	P.O. Box 30555 Salt Lake City, UT 84130-0555	No, Not Required
Funding Type	Product	Care Opportunities	▲ Not member specific
Fully Insured	POS	Care Opportunities Exist	Check Prior Authorizations by Code 1 Check Medical Services Check Behavioral Services 2

Coordination of Benefits Status 1

No Member COB update needed

Last Update from Member: 07/17/2023

[View ID Card](#)

[Find a Provider](#) 2

[Find a Claim](#)

Care Provider

Servicing Care Provider 1

⚠ Provider is Out-of-Network with this Policy.

Provider Organization	Tax ID Number	Provider
Diagnostic Medical Group	954136855 (000093128)	Chen, David (000093127)

[Change Servicing Care Provider](#)

Primary Care Provider 1

Name	Phone Number
A Pcp Not Required	(999) 888-7777
Provider Group Name	Address
—	6200 Wilshire Blvd Ste 100, Los Angeles, CA 90048
Hospital Affiliation	—
—	—

[More Details](#)

Check deductible for both Individual and Family

Network Status

Out-of-Network

Individual, Out-of-Network

Plan Deductible Per Calendar Year ⓘ

\$0.00 of \$2,250.00 Met

\$0.00

Remaining: \$2,250.00

\$2,250.00

Out-of-Pocket Maximum Per Calendar Year ⓘ

\$0.00 of \$15,000.00 Met

\$0.00

Remaining: \$15,000.00

\$15,000.00

Family, Out-of-Network

Plan Deductible Per Calendar Year ⓘ

\$0.00 of \$4,500.00 Met

\$0.00

Remaining: \$4,500.00

\$4,500.00

Out-of-Pocket Maximum Per Calendar Year ⓘ

\$0.00 of \$30,000.00 Met

\$0.00

Remaining: \$30,000.00

\$30,000.00



Coverage



Code Lookup Tool ⓘ

Use this tool to validate a diagnosis and/or procedure code. This tool can be used to confirm if these codes are currently valid and acceptable.

[Find a Code](#)

Copay & Coinsurance

⚠ Based on your Selected Care Provider information, your network status for this member is: [Out-of-Network](#) [Change Provider](#)

Network Status

Out-of-Network

View Benefits for

 Individual Family

Looking for a service that is not listed? ⓘ

[+ View Additional Services](#)[Click to Open](#)[Click to Open](#)[Click to Open](#)

YOUR ADDED SERVICES

- ▼ YOUR ADDED SERVICES
- ▼ POPULAR SERVICES COVERAGE
- ▼ THERAPY COVERAGE

Additional Services



Select the services you would like to view, up to a maximum of 15, and click Apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Eye | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Pneumonia Vaccine |
| <input type="checkbox"/> Ambulatory Service Center Facility | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Pre-Admission Testing |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Hospital | <input type="checkbox"/> Professional (Physician) Visit |
| <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Prosthetic Device |
| <input type="checkbox"/> Audiology Exam | <input type="checkbox"/> In-Vitro Fertilization | <input type="checkbox"/> Pulmonary Rehabilitation |
| <input type="checkbox"/> Behavioral Health | <input checked="" type="checkbox"/> MRI/CAT Scan | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Medically Related Transportation | <input type="checkbox"/> Rehabilitation - Inpatient |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Neurology | <input type="checkbox"/> Routine Physical |
| <input type="checkbox"/> Cognitive Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Surgical Assistance |
| <input type="checkbox"/> Diagnostic Lab | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Transplants |
| <input checked="" type="checkbox"/> Diagnostic X-Ray | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Virtual Visits |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Physical Medicine | <input type="checkbox"/> Vision (Optometry) |

You are able to select up to 15 services. 2 of 15 have been selected.

[Clear Selected Services](#)[View Selected Services](#)

If Deductible is met, click View Additional Services to check on Co-Pay & Coinsurance

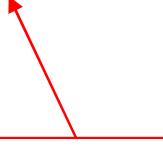
1. • Check mark Diagnostic X-Ray for X-ray, Dexa and Diagnostics Mammo
• Check mark MRI/CAT Scan for U/S, CT & MRI
2. Click View Selected Services

⚠ Based on your Selected Care Provider information, your network status for this member is: **Out-of-Network** [Change Provider](#)

Network Status

[View Benefits for](#) Individual FamilyLooking for a service that is not listed? [+ View Additional Services](#)[^ YOUR ADDED SERVICES](#)[Click to Collapse](#)

Service	Copay	Co-Insurance	Service Level Deductible Info <small>i</small>	Status
MRI/CAT Scan	\$0.00 / visit	50%	—	Active
Diagnostic X-Ray	\$0.00 / visit	50%	—	Active



Check Co-Pay and Co-Insurance

Print

Front Desk

Destination

All

1

Portrait

Copies

Layout

More settings

Letter

Paper size

2

Pages per sheet

Default

Margins

600 dpi

Quality

Custom

Scale

70

Print

Cancel

Change Pages per Sheet to 2

Change the print scale to 70

Eligibility Details | Eligibility | Secure Provider Portal
Jeanne I Wu (Spouse)

Patient Details

Surname (Lastname)	Given Name	Date of Birth
Jones	Jeanne I	08/12/1988

Language

Domestic and International Preferences

Written Preferences	Oral Preferences	Tele-Communication Type
---	---	---

Other Plan Members (1)

Relationship	First Name	Last Name
Spouse	John	Doe

UNITEDHEALTHCARE

Policy Type	Plan Dates	Relationship	Member ID Selected	Plan Status
Medical (Active)	12/01/2022 - 12/31/2023	Sponsor	MEMBER	Primary

Member ID: 00000000000000000000000000000000 Plan Status: Primary Care Doctor: Preferred Care Provider Name: Preferred Care Provider NPI: 00000000000000000000000000000000

Address: 1234 Main Street, Anytown, USA ZIP: 12345 Phone: (555) 123-4567 Email: john.doe@anytown.com

Plan Type: Commercial Customer Group Health Plan Yes, Required

Group: 1234567 Coverage Options: Preferred Network Preferred Provider Preferred Lab Available

Plan Benefits

Laboratory Benefits: Preferred Lab Available

Additional Coverage:

This patient has no known additional coverage.

Vendor Coverage

Provider: UnitedHealthcare Preferred Health Plans Plan Type: Preferred Health Plan Address: https://www.unitedhealthcare.com

Direct Care: Physician: Preferred Health Plans Plan Type: Preferred Health Plan Address: https://www.unitedhealthcare.com

https://secure.unihp.provider.com/eligibilitykey/api/3.0.1/1/unihp/CommitteeRiskList?newWhitelistedOTMFlag=C/03/16/2021/0/CommitteeRiskList...

Eligibility Details | Eligibility | Secure Provider Portal
Jeanne I Wu (Spouse)

Participating Care Provider

Provider is Paid Utilization with Free Policy

Provider Organization	Case Provider	Consumer Tax ID Center	Ter ID
Diagnosys Medical Group	Chris Smith	Diagnosys Medical Group	000123456

Primary Care Physician

Physician Name: Chris Smith Phone Number: 408 888 1111 Provider Group Name: --- Practice Address: 4200 Mission Blvd Ste 100, Burlingame, CA 94010

Individual, Out of Network

Plan Deductible Per Calendar Year: \$0.00 of \$1,000.00 Max: (\$0,000.00 remaining) Out of Network Maximum Per Calendar Year: \$0.00 of \$15,000.00 Max: (\$0,000.00 remaining)

Family, Out of Network

Plan Deductible Per Calendar Year: \$0.00 of \$1,000.00 Max: (\$0,000.00 remaining) Out of Network Maximum Per Calendar Year: \$0.00 of \$15,000.00 Max: (\$0,000.00 remaining)

Search or Browse Detailed Benefits

Or Answer medical questions by category. Search categories below to see related benefits

Search Options [2]	Normal Dedication	For Government Dedication	
Family Planning [2]	Polymerase Chain Reaction	Abortion Services	Prenatal/Delivery Services Testicular Torsion
Reproductive Services			
Hospital Services [22]	Assuming Duties	Assume Your Primary Physician	Emergency Room Services
Admission Duties	Assume Your Primary Physician	Emergency Room Services	Emergency Health Services
Discharge Duties	Assume Your Primary Physician	Emergency Room Services	Emergency Health Services
Hospital - Hospital Stay	Discharge Duties	Emergency Room Services	Emergency Health Services
Physician Fees for Surgical and Medical Services	Discharge Duties	Emergency Room Services	Emergency Room Services
Operational Management/Evaluation [202]	Discharge Duties	Emergency Room Services	Emergency Room Services
Therapeutic Treatment - Outpatient	Discharge Duties	Emergency Room Services	Emergency Room Services
Medical Therapy	Discharge Duties	Emergency Room Services	Emergency Room Services
Maternity Care [8]	Discharge Duties	Emergency Room Services	Emergency Room Services
Mental Health [7]	Discharge Duties	Emergency Room Services	Emergency Room Services
Mental Health Vendor	Discharge Duties	Emergency Room Services	Emergency Room Services
Other Benefits/Coverage	Discharge Duties	Emergency Room Services	Emergency Room Services
Out-of-Pocket [1]	Discharge Duties	Emergency Room Services	Emergency Room Services
Out-of-Pocket Limit	Discharge Duties	Emergency Room Services	Emergency Room Services

https://secure.unihp.provider.com/eligibilitykey/api/3.0.1/1/unihp/CommitteeRiskList?newWhitelistedOTMFlag=C/03/16/2021/0/CommitteeRiskList...

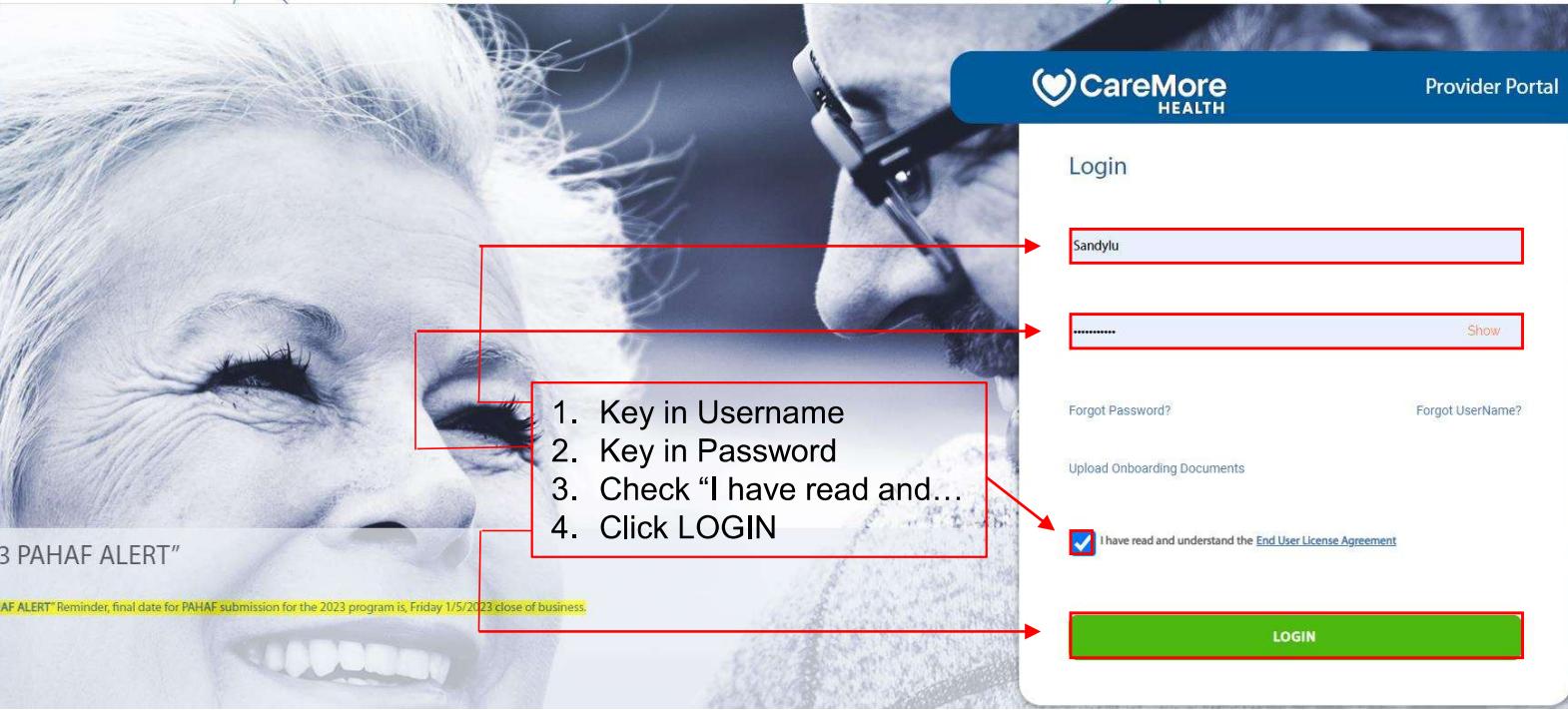
CARELON HEALTH

Website: [CARELON](#)



We become Carelon Health in 2024.
New name, same whole-person care.

[Learn more](#)



"2023 PAHAF ALERT"

"2023 PAHAF ALERT" Reminder, final date for PAHAF submission for the 2023 program is, Friday 1/5/2023 close of business.

CareMore HEALTH Provider Portal

Login

Sandylu

..... Show

Forgot Password? | Forgot UserName?

Upload Onboarding Documents

I have read and understand the [End User License Agreement](#)

LOGIN

1. Key in Username
2. Key in Password
3. Check "I have read and..."
4. Click LOGIN

New name effective in 2024

Provider Portal

Previous Login : 2023-12-29 15:07

Search by keyword | Sandy Lu ▾

Home Quality Measures Clinical Communication PAHAF Patient Experience

Inbox: 1099 | More

"2023 PAHAF ALERT"

Posted: 12/28/2023 13:34:22 PM

SEARCH & VIEW

View Assigned Members

View Eligibility Report

View Claims by Member

View Claims by Provider

View Prior Auths

View Diagnosis and Procedure Codes

View Medical Providers

Submit New Auth or Referral

Provider Training and Attestation

View Careplan Document

Click View Claims by Member

1. Click Member Search

* You can search using Member ID only OR any 3 of the following mandatory input are required to view search results: First Name, Last Name, DOB, Phone Number or ZipCode/City.

MEMBER ID Enter Plan ID/Medicare ID/Medicaid ID etc.	FIRST NAME Enter First Name	LAST NAME Enter Last Name	DATE OF BIRTH MM/DD/YYYY
PHONE NUMBER Enter Phone Number	ZIP CODE / CITY Enter ZIP CODE/CITY		

Extended Search **Search** **Clear all**

Searched for: First Name - edw Last Name - ram Date Of Birth - 02/07/1955

Member List										Reset to Default	Show Active	Results per page	Page 1 / 1	
Member Name	Member Id	Insurance Carrier	Date of birth	Gender	Phone	Zip Code/City	Member Product	Effective Date	Termination Date	Status				
RAMPELL, EDWARD B	769W05445	Anthem Blue Cross	02/07/1955	M	(626) 667-8493	91792/WEST COVINA	Anthem MediBlue Connect (Los Angeles County)	01/01/2022	12/31/2023	ACTIVE				

Click patient's name

- 1. Select Authorization
2. Click View Authorization**

Authorization **Eligibility** **Member Claims** **Member Notes** **Member Messages** **Patient Quick View** **M360 Care Evolution**

View Authorizations

MEMBER DETAILS	MEMBER PERFORMANCE INDICATORS						
MEMBER DEMOGRAPHICS <table border="1"> <tr> <td>ADDRESS / PHONE</td> <td>REGION</td> </tr> <tr> <td>Residence Address 3412 BERNADETTE CT APT B, WEST COVINA, CA, 91792 Phone - (626) 667-8493</td> <td>CAREMORE LOS ANGELES-ORANGE COUNTY</td> </tr> <tr> <td>Mailing Address 3412 Bernadette Ct, Apt B, West Covina, CA, 91792 Phone - (626) 667-8493</td> <td>NEIGHBORHOOD CA LA West Covina</td> </tr> </table>	ADDRESS / PHONE	REGION	Residence Address 3412 BERNADETTE CT APT B, WEST COVINA, CA, 91792 Phone - (626) 667-8493	CAREMORE LOS ANGELES-ORANGE COUNTY	Mailing Address 3412 Bernadette Ct, Apt B, West Covina, CA, 91792 Phone - (626) 667-8493	NEIGHBORHOOD CA LA West Covina	STATUS ALERTS <ul style="list-style-type: none"> DUE FOR HEALTHY JOURNEY DUE FOR STARS/HEDIS DUE FOR FLU VACCINE QUALITY MEASURES DATA <p>Access Denied</p>
ADDRESS / PHONE	REGION						
Residence Address 3412 BERNADETTE CT APT B, WEST COVINA, CA, 91792 Phone - (626) 667-8493	CAREMORE LOS ANGELES-ORANGE COUNTY						
Mailing Address 3412 Bernadette Ct, Apt B, West Covina, CA, 91792 Phone - (626) 667-8493	NEIGHBORHOOD CA LA West Covina						
GENDER M	LANGUAGES Primary - English	PCP NAME MUZZAMIL PAREKH MD	PCP ADDRESS / PHONE 301 N Azusa Ave West Covina California 91791 Phone - (626) 214-2600 Fax - (626) 244-2570	PCP EFF DATE 06/01/2023			
CAREMORE ADVANCED PRACTICE CLINICIAN WEMIMO OLAGBAJU							

Member Search **Member Details** **Direct Referral** **Authorization** **Eligibility** **Member Claims** **Member Notes** **Member Messages** **Patient Quick View** **M360 Care Evolution**

INSURANCE - ANTHEM BLUE CROSS

AUTHORIZATION LIST

Date	Auth Number	Member Name	Auth Type	Referred From	Servicing Provider	Specialty	Reason for Referral	Submitted By	Decision date/time	Status
11/30/2023	823334696	RAMPELL, EDWARD B	Service Request	NADER SAWIRIS MD	DIAGNOSTIC MEDICAL GROUP OF SO CAL	Free Standing Radiology	mri of spine	Lozoya, Michelle	11/30/2023 17:03:24	Approved

Click on Auth Number

[BACK TO AUTH LIST](#)

MEMBER ID - 769W05445

MEMBER NAME - XXXXXXXXXX

DOB - 02/07/1955 (M, 68Y)

INSURANCE - ANTHEM BLUE CROSS

H C > H

AUTHORIZATION DETAILS AUTH NOTES ATTACHMENTS

Authorization Type **SERVICE REQUEST**

Check patient's name

ACTION



QUALITY MEASURES DATA

AUTHORIZATION DETAILS

AUTH NO	AUTH CATEGORY	REQUESTED BY	AUTH STATUS	SUBMITTED BY	QUEUE	GUIDELINE	AUTH OWNER
B23334696	Expedited	Provider	Approved	Lozoya, Michelle	UM - RSA - Expedited	--	View Details

SYSTEM INPUT DATE	DECISION DATE	NEXT REVIEW DATE
11/30/2023	11/30/2023 17:03:24	-

SERVICE LINE

N/W STATUS: In-Network	N/W STATUS: In-Network	SERVICING PROVIDER	FACILITY	PLACE OF SERVICE
NADER SAWIRIS MD PAIN MANAGEMENT 1900 Royalty Dr Ste 120 Pomona CA 91767 Phone (909) 493-3014 Fax (909) 204-7863	DIAGNOSTIC MEDICAL GROUP OF SO CAL Free Standing Radiology 18575 E Gale Ave # 105 City Industry CA 91748 Phone (626) 363-1733 Fax (626) 363-1735 Map	-	-	11 - OFFICE

LAST SEEN DATE	AUTH EFFECTIVE DATE
11/30/2023	11/30/2023

AUTH EXPIRATION DATE	REASON FOR REFERRAL
11/29/2024	Mri Of L Spine

DIAGNOSIS

CODE	DESCRIPTION
M54.16	Radiculopathy, Lumbar Region

STATUS ALERTS

DUE FOR HEALTHY JOURNEY DUE FOR STARS/HEDIS DUE FOR FLU VACCINE

MEMBER DETAILS

CURRENT ADDRESS / PHONE

Residence Address	Mailing Address
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

MEMBER PRODUCT

[Anthem MediBlue Connect \(Los Angeles County\)](#)
(Click hyperlink above to view EOC and Summary of Benefits)

MEMBER PREFERRED LANGUAGES

Primary - English

REGION

CAREMORE LOS ANGELES-ORANGE COUNTY

NEIGHBORHOOD

CA LA West Covina

PROVIDER DETAILS

PCP MUZZAMIL PAREKH MD
301 N Acura Ave-West
Covina, California 91721,
Phone - (626) 214-2600,
Fax - (626) 244-2570

CAREMORE ADVANCED PRACTICE CLINICIAN
WEMIMO OLAGBAJU

CASE MANAGEMENT DETAILS

Field Social Worker Merrie Biendo	Ambulatory Care Coordinator Amanda Reynoso	Case Manager Ralaine Patriarca
--------------------------------------	---	-----------------------------------

Community Health Worker
Regino Dandas

SERVICE REQUEST - DETAILS

SUB AUTH NO	CODE	DESCRIPTION	MODIFIERS	REQ UNITS	AUTH UNITS	SERVICE START DATE	SERVICE END DATE	LEVEL OF CARE	STATUS	STATUS REASON	
B23334696-001	72148	MRI, Lumbar Spine, W/O Contrast	--	1	1	11/30/2023	11/29/2024	Prior Authorization	Approved	Approved	

NOTES

*Only Top 5 Notes Will Be Displayed Here. To View All Notes, Click On 'Auth Notes' Tab.

SUB AUTH NO	NOTE TYPE	NOTES
B23334696 - 001	Auth	Oral Notification Completed (GoodFaith), Created By: mherandez4, Created On: 2023-12-01 12:44:36.931
B23334696 - 001	Auth	PROVIDER CANT FIND NOTE: pt would like to be redirected
B23334696 - 001	Clinical	Edward B. Rampell Patient #: 276940 DOB: 02/07/1955 (68 years) Documented: 10/10/2023 02:30 PM Appointment: 10/10/2023 02:30 PM History of Present Illness The patient is a 68 year old male who presents with back pain. This condition is injury related. The inju...

[View Auth Letters](#)[Auth Messages](#)[View Auth Claims](#)

MEMBER ID: 769W05445
 MEMBER NAME: RAMPELL, EDWARD B
 DATE OF BIRTH: 02/07/1955
 RESIDENCE ADDRESS: 3412 BERNADETTE CT APT B,
 WEST COVINA,
 CA,
 91702.
 (626) 667-8493
 3412 Bernadette Ct,
 Apt B,
 West Covina,
 CA,
 91792.
 (626) 667-8493
 MEMBER PRODUCT: ANTHEM MEDIBLUE CONNECT (HMO D-SNP)
 MEMBER PREFERRED LANGUAGES: Primary - English
 REGION: CAREMORE LOS ANGELES-ORANGE COUNTY
 PCP: MUZZAMIL, PAREKH MD,
 Phone - (626) 214-2600,
 Fax - (626) 244-2570
 AUTHORIZATION TYPE: Service Request
 AUTH NO: B23334696
 AUTH CATEGORY: Expedited
 RECEIVED DATE / TIME: 11/30/2023 15:42:10
 REQUESTED BY: Provider
 SYSTEM INPUT DATE: 11/30/2023
 DECISION DATE: 11/30/2023 17:03:24
 REFERRED FROM PROVIDER: NADER, SAWIRIS MD,
 PAIN MANAGEMENT,
 1900 Royalty Dr Ste 120;
 Pomona,
 CA,
 91767,
 Phone (909) 493-3814,
 Fax (909) 204-7863
 SERVICING PROVIDER: DIAGNOSTIC MEDICAL GROUP OF SO CAL,
 Free Standing Radiology,
 18575 E Gale Ave # 105,
 City Industry,
 CA,
 91748,
 Phone (626) 363-1733,
 Fax (626) 363-1735
 FACILITY:
 PLACE OF SERVICE: 11 - OFFICE
 LAST SEEN DATE: 11/30/2023
 AUTH EFFECTIVE DATE: 11/30/2023
 AUTH EXPIRATION DATE: 11/29/2024
 REASON FOR REFERRAL: pain of l spine
 DIAGNOSIS:

CODE	DESCRIPTION
M54.18	Radiculopathy, lumbar region

SERVICE REQUEST - DETAILS:

SUB AUTH NO : B23334696-001						
CODE	DESCRIPTION	MODIFIERS	REQ UNITS	AUTH UNITS	STATUS	STATUS REASON
72148	MRI, Lumbar Spine, w/o contrast	-	1	1	Approved	Approved
SERVICE START DATE	SERVICE END DATE	RECEIVED DATE/TIME	DECISION DATE/TIME	LETTER NOTIFICATION DATE/TIME	ORAL NOTIFICATION DATE/TIME	AUTH CATE GORY

PRINT DATE: 12/29/2023 15:15:07

Page 1 of 2

Destination

Front Desk

Pages

Odd pages only

Print first page only

Copies

1

More settings ^

Paper size

Letter

Pages per sheet

1

Quality

600 dpi

Scale

Custom

90

Two-sided

 Print on both sides

Print using system dialog... (Ctrl+Shift+P)

Set print scale to 90

Print

Cancel

BLUE SHIELD (PPO)

Website: [BlueShield](#)

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education

Home > Login

1. Key in Username
2. Key in Password
3. Click "Log in"

Welcome to Provider Connection

Register as an account manager

Creating your Provider Connection account should take about 5 minutes.

Create account

To register you'll need:

- Your organization's tax ID number
- The provider tax IDs you'd like to represent

You may also need:

- A claim from the last 3 months for some tax IDs
- The Business Associate Agreement (BAA) date for each provider

[Forgot your password?](#) | [Forgot your username?](#)

Log in with 2-step verification

We've sent a verification code to (SH****@GMAIL.COM).

Enter that code here.

Code: Key in the code

Confirm

Time remaining 08:56

Didn't get the code?
There may be a delay in processing. Wait a few minutes and check again.
Check your spam folder.
[Resend code](#)

Select "Eligibility & benefits"

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education ST

federal law, providers and facilities must attest every 90 days to the accuracy of directory information to stay visible in our Find a Doctor directory. Provider and facilities that f

blue California Provider Connection Eligibility & benefits Authorizations Claims Guidelines & resources News & education ST

Overview Verify eligibility Member rosters Benefit summaries Preventive health guidelines

Select "Eligibility & benefits"

Verify eligibility

[SEARCH SINGLE MEMBER](#)[SEARCH MULTIPLE MEMBERS](#)

Verify eligibility of a single member. All fields are required unless noted otherwise.

Member coverage / card type

- Blue Shield of California / Promise Health Plan
 Other Blue Plan
 Federal Employee Program

1. Select card type

Majority of the patient are "BS of CA or Promise Health Plan". If the starting of the ID number is "R" you have to select "Federal Employee Program".

2. Key in Subscriber ID**3. Click Search****SEARCH BY SUBSCRIBER ID**

Subscriber ID

9-16 characters

Start over

Search

OR

SEARCH BY MEMBER NAME

Last name

Doe

First name

John

Date of birth

MM/DD/YYYY



Start over

Search

1 Result(s) found

Last updated at 03:29 pm, 12/27/2023

Print

Click on Member name

Subscriber ID: XXXXXXXXXXXXXX	Status 	Details ID Card Benefits Claims	
Subscriber ID XXXXXXXXXXXX	Date of birth 02/02/1971	Gender Female	Member address XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Plan name Silver 94 PPO	Plan type Commercial PPO (Fully insured)	Coverage effective / start date 01/01/2023	Coverage end / redetermination date 12/31/2023
Relationship to subscriber Subscriber	Subscriber name XXXXXXXXXXXXXX	PCP name CHANG, HENRY	Office visit copay In-network-\$5

Member eligibility details

Last updated at 03:32 pm, 12/27/2023

Check patient's info

Click "Benefits" to check Co-pay & Co-Ins

[Print](#) [ID Card](#) [Benefits](#) [Claims](#)

Member name XXXXXX	Status Eligible	Gender Female	Member address XXXXXXXXXXXXXXXXXXXXXX
Subscriber ID XXXXXXXXXX	Date of birth 02/02/1971	Coverage effective / start date 01/01/2023	Coverage end / redetermination date 12/31/2023
Plan name Silver 94 PPO	Plan type Commercial PPO (Fully insured)	PCP name CHANG, HENRY	Office visit copay In-network-\$5
Relationship to subscriber Subscriber	Subscriber name XXXXXX		

Member information

Member phone XXXXXX	Language Arabic	Subscriber dues paid to 12/31/2023
------------------------	--------------------	---------------------------------------

Special Programs

Member coverage details

Future coverage

Current coverage

Coverage period 01/01/2023 - 12/31/2023	Plan name Silver 94 PPO	Product ID M1002184	Group number X0001004
Employer IFP ON EXCHANGE	Customer service phone (855) 836-9705	Pre-admission phone (800) 541-6652	Claims mailing address PO Box 272540 , Chico, CA, 95927

Historical coverage

Historical coordination of benefits

Deductibles and out-of-pocket maximums

Future deductibles and out-of-pocket maximums

Check deductibles

Current deductibles and out-of-pocket maximums

Annual deductibles

Participating Providers

Year to date 2023

Individual: \$75

\$0.00 spent

Applies to annual out-of-pocket maximum: Yes

Family: \$150

\$0.00 spent

Applies to annual out-of-pocket maximum: Yes

\$75.00 remaining

\$150.00 remaining

Non-Participating Providers

Year to date 2023

Individual: \$6,500

\$0.00 spent

Applies to annual out-of-pocket maximum: Yes

Family: \$13,000

\$0.00 spent

Applies to annual out-of-pocket maximum: Yes

\$6,500.00 remaining

\$13,000.00 remaining

Annual copayments/out-of-pocket maximums

Participating Providers

From 01/01/2023 to 12/27/2023

Individual: \$900

\$142.44 spent

Family: \$1,800

\$142.44 spent

Non-Participating Providers

From 01/01/2023 to 12/27/2023

Individual: \$20,000

\$0.00 spent

Family: \$40,000

\$0.00 spent

\$20,000.00 remaining

\$40,000.00 remaining

Deductible and out-of-pocket accumulation is based on claims received and completed processing as of today.
Year to date values are calculated over 12 months beginning January 1.

Individual Lifetime maximum

See Benefit Maximums

Visits Accumulator

Description	Visits Maximum	Visits Used	Visits Remaining
Chiropractic Visit	0	0	0
Acupuncture Visit	0	0	0
O/P PT, RT, OT and Chiro Combined Visit	0	0	0

For visits administered by third party vendors, please contact the vendor for more information.

Co-Pay & Co-Insurance

Coverage period: 01/01/2023-12/31/2023

Plan name: Silver 94 PPO

Product ID: MI002184

Benefit summary
Benefit download
Pre-existing conditions
Benefit categories

Benefit summary

Chiropractic and Acupuncture

Benefit	Network	Copay
Chiropractic/Acupuncture		
Chiropractic	Participating Providers	Not covered
Chiropractic	Non-Participating Providers	Not covered

Emergencies and Urgent Care

Benefit	Network	Copay
Ambulance		
Surface Ambulance	Participating Providers	\$30 per Trip/Ambulance
Surface Ambulance	Non-Participating Providers	\$30 per Trip/Ambulance
Emergency Care		
Emergency Room Hospital	Participating Providers	\$50 per Visit
Emergency Room Hospital	Non-Participating Providers	\$50 per Visit

Family Planning

Benefit	Network	Copay
Family Planning		
Office Visits	Participating Providers	See benefit details
Office Visits	Non-Participating Providers	See benefit details
Tubal Ligation	Participating Providers	See benefit details
Tubal Ligation	Non-Participating Providers	See benefit details
Vasectomy	Participating Providers	10% per Surgery
Vasectomy	Non-Participating Providers	Not covered

Hospital Care

Benefit	Network	Copay
Inpatient (Excludes Maternity)		
Inpatient	Participating Providers	10% per Admission
Inpatient	Non-Participating Providers	50% per Admission
Outpatient		
Procedures	Participating Providers	10% per Visit
Procedures	Non-Participating Providers	50% per Visit
Surgeries	Participating Providers	10% per Surgery
Surgeries	Non-Participating Providers	50% per Surgery

Infertility

Benefit	Network	Copay
Infertility Services		
Office Visits	Participating Providers	Not covered
Office Visits	Non-Participating Providers	Not covered

Lab and Radiology/Diagnostic Testing

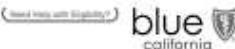
Benefit	Network	Copay
Professional Lab/Radiology/Diagnostic Testing		
Laboratory/Pathology	Participating Providers	\$8 per Visit
Laboratory/Pathology	Non-Participating Providers	50% per Visit
Radiology	Participating Providers	\$8 per Visit
Radiology	Non-Participating Providers	50% per Visit

Medical Equipment and Supplies

Benefit	Network	Copay
Medical Equipment/Supplies		
Medical Equipment/Supplies	Participating Providers	10% per Item
Medical Equipment/Supplies	Non-Participating Providers	50% per Item

Check Co-Pay





Member eligibility details

Last updated at 03:53 pm, 12/01/2023

Member name	WANG, BARU	Status	Eligible
Subscriber ID	XED907012005-00	Date of birth	02/02/1971
Plan name	Silver 54 PPO	Gender	Female
Relationship to subscriber	Subscriber	Plan type	Commercial PPO [Fully Insured]
		Coverage effective / start date	01/01/2023
		Coverage end / re-enrollment date	12/31/2023
		Subscriber name	WANG, BARU
		HCP name	CHANG, HENRY
		Office visit copay	In-network-\$5

Member information

Member phone	(908) 655-1208	Language	Arabic
		Subscriber dues paid to	12/31/2023

Special Programs

Member insurability status:
Eligible

Deductibles and out-of-pocket maximums

Future deductibles and out-of-pocket maximums

Future Annual Deductions From 01/01/2024		
Description	Amount	Applies to Annual Out-of-Pocket Maximum
Participating Providers	Individual: \$0	Yes
Participating Providers	Family: \$0	Yes
Non-Participating Providers	Individual: \$2000	Yes
Non-Participating Providers	Family: \$5000	Yes

Deductible and out-of-pocket accumulation is based on claims received and completed processing as of today.
Year-to-date values are calculated over 12 months beginning January 1.

Future Annual Copayments/Out-of-Pocket Maximums From 01/01/2024 to 02/01/2024

Description	Amount
Participating Providers	Individual: \$1000
Participating Providers	Family: \$2000
Non-Participating Providers	Individual: \$20000
Non-Participating Providers	Family: \$40000

Out-of-Pocket accumulation is based on claims received and completed processing as of today.

Individual Lifetime maximum

See Benefit Maximums

Current deductibles and out-of-pocket maximums

Annual deductibles

Participating Providers

Year to date 2023

Individual: \$70

\$0.00 spent

Applies to annual out-of-pocket maximum: Yes

Family: \$100

\$0.00 spent

Applies to annual out-of-pocket maximum: No

Non-Participating Providers

Year to date 2023

Individual: \$6,500

\$0.00 spent

Applies to annual out-of-pocket maximum: \$6,500.00 remaining

Member coverage details

Future coverage

Coverage period	Plan name	Product ID	Group number
From 01/01/2024	Silver 54 PPO	MJ002184	K0001004

Employer:
IFP ON EXCHANGE

Current coverage

Coverage period	Plan name	Product ID	Group number
09/01/2023 - 12/31/2023	Silver 54 PPO	MJ002184	K0001004

Employer	Customer service phone	Re-enrollment phone	Claim mailing address
IFP ON EXCHANGE	(855) 836-9705	(800) 541-6652	P.O. Box 272540, Chico, CA, 95927

Historical coverage

Coverage period	Plan name	Product ID	Group number
09/01/2022 - 12/31/2022	Silver 70 PPO	MH002175	K0001004

Employer:
IFP ON EXCHANGE

Coverage period	Plan name	Product ID	Group number
08/01/2021 - 12/31/2021	Silver 70 PPO	MH002175	K0001004

Employer:
IFP ON EXCHANGE

Historical coordination of benefits

This member doesn't have historical coordination of benefits.

Applies to annual out-of-pocket maximum: Yes

Family: \$9,000

\$0.00 spent

\$13,000.00 remaining

Applies to annual out-of-pocket maximum: Yes

Annual copayments/out-of-pocket maximums

Participating Providers

From 09/01/2023 to 12/31/2023

Individual: \$900

\$143.44 spent

\$12,576.56 remaining

Family: \$1,000

\$142.44 spent

\$12,657.56 remaining

Non-Participating Providers

From 09/01/2023 to 12/31/2023

Individual: \$20,000

\$0.00 spent

\$20,000.00 remaining

Family: \$40,000

\$0.00 spent

\$40,000.00 remaining

Deductible and out-of-pocket accumulation is based on claims received and completed processing as of today.

Year-to-date values are calculated over 12 months beginning January 1.

Individual Lifetime maximum

See Benefit Maximums

Visits Accumulator

Description	Visits Maximum	Visits Used	Visits Remaining
Oncology Visit	0	0	0
Acupuncture Visit	0	0	0
DIP PT, RT, OT and Chiro Consultation Visit	0	0	0

For visits administered by third party vendor, please contact the vendor for more information.

Historical deductibles and out-of-pocket maximums

Annual Deductibles From 01/01/2023		
Description	Amount	Applies to Annual Out-of-Pocket Maximums
Not applicable		

Annual Copayments/Out-of-Pocket Maximums
From 01/01/2022

Description	Amount	Year-to-date Total
Not applicable		
Individual Lifetime maximum		
See Benefit Maximums		
Visit Accumulator From 01/01/2022 to 12/31/2022		
Description	Visits Maximum	Visits Used
Not applicable		

For visits administered by third party services, please contact the vendor for more information.

PCP and IPA / Physician group

Future PCP and IPA / Physician group information

No future PCP or IPA/Physician group information available.

Current PCP and IPA / Physician group information

PCP Name: CHANG, HENRY
 PCP address: 2707 E VALLEY BLVD STE 208, WEST COVINA, CA, 91792 PCP phone: (626) 581-0486 POP effective period: 10/14/2020 - Present PCP number: 1000000002

No current IPA/Physician group information available.

Historic PCP and IPA / Physician group information

No historic PCP or IPA/Physician group information available.

All services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, authorization or medical necessity requirements, which can vary based on the member's plan coverage. Note: PPO members do not need a referral.

Blue Shield of California is an independent member of the Blue Shield Association.

Print 3 sheets of paper

Destination: Front Desk

Pages: All

Copies: 1

Layout: Portrait

More settings ^

Paper size: Letter

Pages per sheet: →

Margins: Default

Quality: 600 dpi

Scale: Custom 60 →

Two-sided Print on both sides

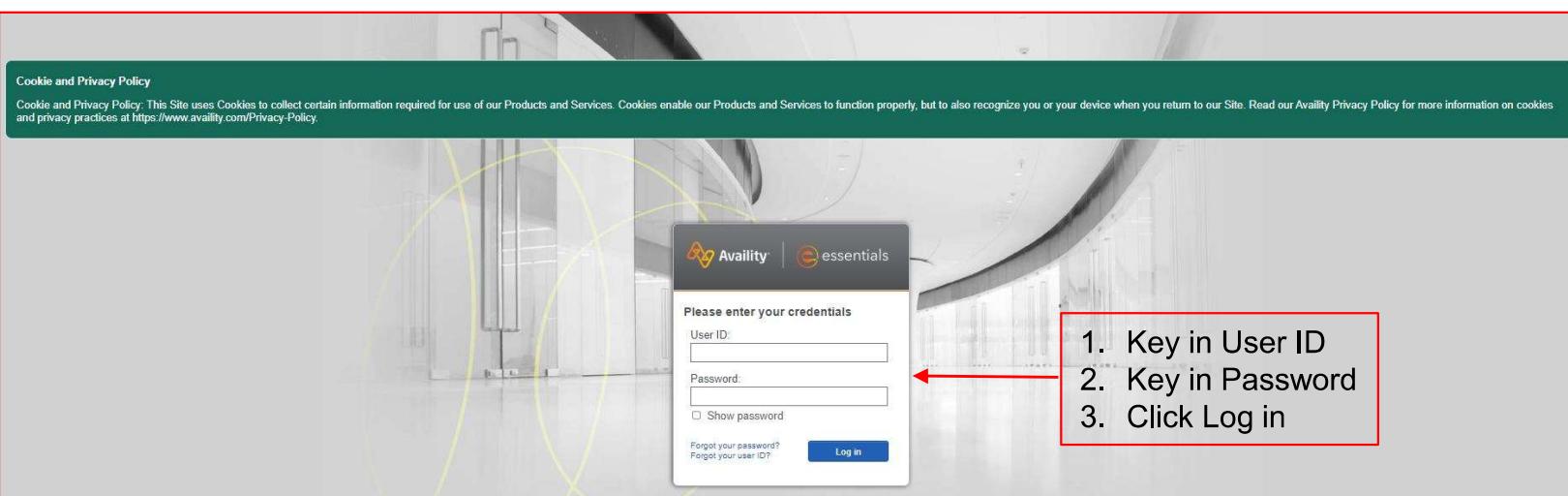
Options Headers and footers

Change Pages per Sheet to 2

Change the print scale to 60

ANTHEM BLUE CROSS (BX PPO)

Website: [BlueCross](#)



A screenshot of the Availity dashboard. At the top, there's a dark header bar with the Availity logo, navigation links like "Home", "Notifications", and "My Favorites", and a search bar. Below the header is a navigation menu with items like "Patient Registration", "Claims & Payments", "Clinical", "My Providers", "Payer Spaces", "More", and "Reporting". A "Notification Center" section shows a message: "You have no notifications." A "My Top Applications" section contains four cards: "EB" (Eligibility and Benefits Inquiry), "CS" (Claim Status), "A&R" (Authorizations & Referrals), and "PC" (Professional Claim). A red arrow points from the text "Click Eligibility and Benefits Inquiry" to the "EB" card, and another red box encloses the "EB" card.

Eligibility & Benefits

Fields marked with an asterisk * are required.

* Organization

DIAGNOSTIC MEDICAL GROUP

* Payer

ANTHEM - CA

Provider Information

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider

DIAGNOSTIC MEDICAL GROUP (NPI: 1285785519 • Tax ID: 954136855)

[Clear Section](#)

1. Select ANTHEM-CA
2. Select Diagnostic Medical Group

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI

1285785519

Provider Tax ID

954136855

Organization or Provider Last Name

DIAGNOSTIC MEDICAL GROUP

Provider First Name

Patient Information

Single Patient

Multiple Patients

Patient Search Option

Patient ID, Date of Birth

3. Select Patient ID, Date of Birth
4. Key in Patient ID
5. Key in DOB

* Patient ID

* Date of Birth

mm/dd/yyyy

Patient's Relationship to Subscriber

Self

6. Select Self
7. Select Today's Date

Service Information

* As of Date

12/26/2023

* Benefit / Service Type

MRI/CAT Scan - 62 x Diagnostic X-Ray - 4 x

Mammogram, Low Risk Patient - CN x

Submit another patient

Submit

8. For U/S, DEXA & Diagnostic Mammo Select "Diagnostic X-Ray"
- For MRI & CT Select "MRI/CT Scan"
- For Mammogram Screening Select "Mammogram, Low Risk Patient"

9. Click Submit

XXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXX

Edit 

Member Status Active Coverage	Date of Birth Dec 24, 1963	Gender Female	Current Plan Effective Date Dec 1, 2023 - Dec 31, 9999
Check Claim Status	Member ID Card	View Member's Language Preference	Certificate of Coverage
		Patient Attribution	

Relationship to Subscriber
Self

1. Click Print

Member ID: XXXXXXXXX6XXXX
 Contract Code / Case Number: 6RH2
 Prior ID Number: XXXXXXXXX6XXXX
 Group Number: 476517
 Group Name: CAL CHOICE DECEMBER 1.00
 Plan Name: CAL CHOICE DECEMBER 1.00
 Plan Number: 040



Payer: ANTHEM BLUE CROSS

Other or Additional Payer Information
No additional payer information provided.

Check Effective Date

Messages

INTERPROFESSIONAL CONSULTATION

THIS MEMBER HAS CHRONIC PREVENTATIVE BENEFIT SERVICES FOR DIABETES, HYPERTENSION, ASTHMA, AND LIVER DISEASE/BLEEDING DISORDERS, WHICH MAY HAVE LOWER MEMBER COST SHARES. CALL ANTHEM FOR MORE DETAILS.

Provider Information

Requesting Provider

Name: DIAGNOSTIC MEDICAL GROUP

Category: Requesting Provider

NPI: 1285785519

FILTER BY NETWORK

[Out of Network](#)

[In Network](#)

[All Networks](#)

Plan Maximums and Deductibles

FILTER BY NETWORK

[Out of Network](#)

[In Network](#)

[All Networks](#)

Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Preferred Provider Organization (PPO)

Plan / Product: ANTHEM SILVER PPO 50/1700/40%

Coverage Level: Individual

Check the deductible

Information / Details		Individual	
Annual Deductible	In Network	Coverage Start Date: Dec 1, 2023 Coverage End Date: Dec 31, 2023	\$1,700 / Calendar Year(s) -\$1,600 Year to Date \$100 Remaining
Out Of Pocket	In Network	\$9,100 / Calendar Year(s) -\$4,749.58 Year to Date	\$4,350.42 Remaining

Benefit Descriptions

Network Not Applicable

- THIS PATIENT FALLS UNDER THE DEPARTMENT OF MANAGED HEALTH CARE OVERSIGHT

▼ Diagnostic X-Ray - 4

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible	Limitations	Authorization
In Network Place of Service: Office Coverage Level: Individual <ul style="list-style-type: none">▪ TIER 2▪ PHYSICIAN BENEFIT	—	\$20 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	Auth Info Unknown
In Network Place of Service: Office Coverage Level: Individual Benefit Start Date: Dec 1, 2023 Benefit End Date: Dec 31, 2023 <ul style="list-style-type: none">▪ TIER 2▪ PHYSICIAN BENEFIT	—	—	\$0 / Calendar Year(s)	—	Auth Info Unknown
In Network Coverage Level: Individual <ul style="list-style-type: none">▪ NON PREFERRED▪ TIER 2 Name: ANTHEM BLUE CROSS OF CALIFORNIA Category: Co-Insurance Type: Utilization Management Organization Contact Information P: 800-274-7767	—	40%	Refer to: Health Benefit Plan Coverage	—	Auth Info Unknown

Check Co-Pay and Co-Insurance

Select details to print:

- General Information
- Patient, Plan, and Provider Information

- Plan Maximum and Deductibles
- Health Benefit Plan Coverage - 30

- Benefit Information
- Diagnostic X-Ray - 4

Cancel

Print

1. Check mark Benefit Information
2. Click Print

Date of Service: Dec 21, 2021

Transaction ID: 6100070001 Transaction Time (Dec 21, 7:11 PM) Customer ID: 100012

[Go Feedback](#)

KO, CAROLINE

2103 DELTA PLACE
WEST COVINA, CA 91790Member Status: Active

Date of Birth: Dec 24, 1963

Gender: Female

Current Plan Effective Date: Dec 1, 2023 - Dec 31, 9999

Relationship to Subscriber: Self

[Check Open Issues](#) [Request ID Card](#) [View Member's Language Preferences](#) [Certificates of Coverage](#) [Patient Information](#)

Member ID: J010000000000000000

Contract Code / Case Number: 00012

Prior ID Number: X010000000000000000

Group Number: 476517

Group Name: CAL CHOICE DECEMBER 1.01

Plan Name: CAL CHOICE DECEMBER 1.01

Plan Number: 000

Other or Additional Payer Information: No additional payer information provided.

Messages:

INTERPROFESSIONAL CONSULTATION

THIS MEMBER HAS CHRONIC PREVENTATIVE SERVICES FOR DIABETES, HYPERTENSION, ASTHMA, AND LIVER DISEASE/BLEEDING DISORDERS, WHICH MAY HAVE LOWER MEMBER COST SHARES. CALL ANTHEM FOR MORE DETAILS.

+ Provider Information:

Requesting Provider

Name: DIAGNOSTIC MEDICAL GROUP

Category: Requesting Provider

NPI: 12345678901234

FILTER BY NETWORK: [List of Networks](#) [View Networks](#) [Add Networks](#)Benefit Information: [Compare](#)

+ Diagnostic X-Ray - 4

Information / Details	Co-Insurance	Co-Payments	Benefit Deductible \$	Limitations 0	Authorization 0
Place of Service: Office Coverage Level: Individual + TSAR-2 + PHYSICIAN BENEFIT		\$25 / Visit(s)	Benefit Health Benefit Plan Coverage		
Place of Service: Office Coverage Level: Individual Benefit Start Date: Dec 1, 2023 Benefit End Date: Dec 31, 2026 + TSAR-2 + PHYSICIAN BENEFIT		\$0 / Calendar Year(s)			

Information / Details

Coverage Level: Individual

+ NON-PREFERRED

+ TSAR-2

Name: ANTHEM BLUE CROSS OF CALIFORNIA

Category: Co-Insurance

Type: Insurance Management Organization

Contact Information:

P: 800-276-7717

Co-Insurance

Co-Payments

Benefit Deductible \$ 0

Limitations 0

Authorization 0

Holder: Health Benefit Plan Coverage

Coverage Level: Individual

Holder: Health Benefit Plan Coverage

+ FACILITY BENEFIT

Holder: Health Benefit Plan Coverage

Holder: Health Benefit Plan Coverage

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 DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Print

1 sheet of paper

Destination

Front Desk

Pages

All

Copies

1

More settings

Paper size

Letter

Pages per sheet

2

Margins

Default

Quality

600 dpi

Scale

Custom

100

Two-sided

 Print on both sides

Options

 Headers and footers Background graphics

Change Pages per Sheet to 2

Print**Cancel**

CIGNA (PPO)

Website: [Cigna](#)

The image shows the Cigna login page for healthcare professionals. A red box in the top right corner contains the following instructions:

1. Key in Username
2. Key in Password
3. Click "Continue"

Red arrows point from these instructions to the "Username" field (containing "shuyunzhao"), the "Password" field (containing "....."), and the "Log In" button respectively. The background features a photograph of a healthcare professional in scrubs interacting with a patient.

The image shows the Cigna dashboard. A red box in the top right corner contains the following instructions:

1. Select Patients
2. Click Search Patients

A red circle highlights the "Patients" menu item, which is currently selected. An arrow points from the "Select Patients" step to the "Search Patients" link under the Patients menu. The dashboard also includes a "Logout" button and a user profile for "SHUYUN ZHAO".

Welcome, SHUYUN



Addressing health disparities due to race and social determinants

Find clinical insights and practical tips on how to address health disparities among the unique and diverse needs of various populations by visiting Cultural Competency and Health Equity Resources > All Resources.

Patient Search

Instructions: You can search past, present and future coverage detail for up to 10 patients

Search using the ID number found on the patient's ID card or their social security number (SSN). You can search on all fields or with any combinations

- Patient ID (or SSN) and date of birth
- Patient ID (or SSN), last name and first name
- Patient date of birth, last name and first name
- Patient ID (or SSN), date of birth, last name and first name

Eligibility as of date (can be two years prior or up to 30 days in the future)

12/27/2023 

Patients

Patient ID (or SSN)

Patient Date of Birth

Last Name

1. Key in Patient ID
2. Key in DOB
3. Click "Search"

First Name

REMOVE

REMOVE

REMOVE

Add New Patient

Search

Patient Search > Results

Search Results

Modify Search

New Search



Click on "Patient's ID"

PATIENT RESULTS AS OF 12/27/2023

Patient ID	Date of Birth	Last Name	First Name	Relationship	Location	Coverage Date(s)	Product Type	Account	Notes
XXXXXXX <input checked="" type="checkbox"/> Covered	08/03/1962	XXXXXX	XXXXXX	Self	XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	01/01/2021 - 12/31/2023	PPO/OAP	2501092-FEDEX FREIGHT, INC.	

Patient Verification

[Close X](#)

Please confirm this is your patient:

Name XXXXXXXXXXXXXXXX

DOB 08/03/1962

ID XXXXXXXX

Address XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX

Click on "Confirm Patient"

*To update address information, the member should contact the customer service number listed on the back of their identification card.

Confirm Patient

Close

1. Select DIAGNOSTIC MEDICAL GROUP**3. Click Print**

Network Status

Select a TIN and provider/group to verify the network status for this patient's coverage details. Click to see your list of Cigna Contracted Networks and Specialties

Eligibility as of date

TIN

Provider/Group

12/27/2023



954136855 / DAVID C CHEN MD

DIAGNOSTIC MEDICAL GROUP



You are In-Network for this patient.



This is not a guarantee of coverage or that the coverage amounts shown will remain unchanged until the date services are rendered. Any claim submitted is subject to all plan provisions including eligibility requirements, exclusions, limitations and state mandates. Coverage will be determined on the basis of the facts existing when services are rendered.

Patient and Plan Detail**Check patient's info****Patient Detail**Name **XXXXXXXXXXXX**Patient ID **XXXXXXXXXX**

Gender Male

Date of Birth 08/03/1962

Relationship Self

Address **XXXXXXXXXXXX**
XXXXXXXXXXXXXX**Plan and Network**

Plan Type Open Access Plus - In Network-CareLink

Plan Funding Type ASO

Plan Renews Calendar Year

Plan Renews From 01/01/2023

Plan Renews Till 12/31/2023

HRA

HSA

FSA

Other Insurance?

No

Account #

XXXXXX

Account Name

FEDEX FREIGHT, INC.

Pathwell Coverage

In-active

Network

OA002

Electronic Claims

[http://www.cigna.com/EDlven
dors](http://www.cigna.com/EDlven
dors)

ERISA

Yes

Plan Status State

TN

Initial Coverage Date 01/01/2021

Current Coverage **01/01/2021 - Present****Check Deductible****Check Termed Date**

Coverage Status

In-Network

The "Select Network" dropdown allows you to see benefits based on your patient's network.

Deductible

Eligible in-network preventive care is covered 100%

Individual Deductible: \$1,300.00

Met: \$1,300.00 Remaining: \$0.00

Family Deductible: \$3,900.00

Met: \$3,272.14 Remaining: \$627.86

- Benefit does apply to member's out-of-pocket maximum
- Deductible does not Cross Accumulate to In-Network or Out-of-Network Deductible

Coinsurance: 20%

- This benefit does apply to member's out-of-pocket maximum

Lifetime Maximum: Unlimited

Benefits

Lookup Procedure Codes

Generate Benefit Reference #

OR

See General Benefits

Out-of-Pocket Maximum

Individual Out-of-Pocket Maximum: \$3,200.00

Met: \$1,992.07

Remaining: \$1,207.93

Family Out-of-Pocket Maximum: \$9,600.00

Met: \$5,027.40

Remaining: \$4,572.60

- Out-of-Pocket Maximum does not Cross Accumulate to In-Network or Out-of-Network Out-of-Pocket Maximum

**2. Click on
"See General Benefits"
for Co-Pay & Co-Insurance**

Benefit Reference Number History



Procedure Code Search



Abortion Services



Advanced Radiological Imaging

Click on “Advanced Radiological Imaging”

Diagnostic X-Ray - Outpatient Hospital

Check Network Status

Diagnostic X-Ray - Office

Click on “Diagnostic X-Ray - office” to check for U/S, X-Ray, Dexa & Mammo



In-network

Out-of-network

Coinsurance

Amount	Limitations	Covered Services
20%	<ul style="list-style-type: none"> This benefit does apply to member's out-of-pocket maximum 	<ul style="list-style-type: none"> Chiropractic Non-Preventive PCP Non-Preventive Professional Non-Preventive Specialist PCP Specialist
0%	Not applicable	<ul style="list-style-type: none"> Non-Preventive Mammogram PCP Preventive Screening Preventive Bone Density Specialist Preventive Mammogram Preventive Mammogram PCP Preventive Mammogram Specialist Specialist Preventive Screening X-Ray

Deductible (Per Calendar Year)

Amount	Limitations	Covered Services
Not applicable	Not applicable	<ul style="list-style-type: none"> Non-Preventive Mammogram Non-Preventive PCP PCP PCP Preventive Screening Preventive Bone Density Specialist Preventive Mammogram Preventive Mammogram PCP Preventive Mammogram Specialist Specialist Preventive Screening X-Ray

Maximum \$

Amount	Limitations	Covered Services
Unlimited	Not applicable	

Out-of-Pocket Maximum (Per Calendar Year)

Amount	Limitations	Covered Services
<p>Individual Remaining  \$1,207.93 Total: \$3,200.00</p>	<ul style="list-style-type: none"> Out-of-Pocket Maximum does not Cross Accumulate to In-Network or Out-of-Network Out-of-Pocket Maximum 	

Diagnostic X-Ray - Telehealth Provided Other than in Patient's Home

Diagnostic X-Ray - Walk-In Retail Health Clinic

Diagnostic X-Ray - Inpatient Hospital

MRI/CAT Scan - Outpatient Hospital

Click on "MRI/CAT - office" to check for MRI & CT

MRI/CAT Scan - Office

In-network

Out-of-network

Coinsurance

Amount	Limitations	Covered Services
0%	Not applicable	<ul style="list-style-type: none"> CAT - PCP Preventive Colonoscopy CAT - Specialist Preventive Colonoscopy
20%	<ul style="list-style-type: none"> This benefit does apply to member's out-of-pocket maximum 	<ul style="list-style-type: none"> CAT MRI

Deductible (Per Calendar Year)

Amount	Limitations	Covered Services
Not applicable	Not applicable	<ul style="list-style-type: none"> CAT - PCP Preventive Colonoscopy CAT - Specialist Preventive Colonoscopy

Maximum \$

Amount	Limitations	Covered Services
Unlimited	Not applicable	

Out-of-Pocket Maximum (Per Calendar Year)

Amount	Limitations	Covered Services
<p>Individual Remaining  \$1,207.93 Total: \$3,200.00</p>	<ul style="list-style-type: none"> Out-of-Pocket Maximum does not Cross Accumulate to In-Network or Out-of-Network Out-of-Pocket Maximum 	

XXXXXXXXXXXXXX

Patient ID Card

Coverage type: Medical

Coverage Details Estimate Costs

Network Status

Select a TN and provider/group to verify the network status for this patient's coverage details. Click to see your list of Cigna Contracted Networks and Specialties.

Eligibility as of date TIN Provider/Group

You are In-Network for this patient.

This is not a guarantee of coverage or that the coverage amounts shown will remain unchanged until the date services are rendered. Any claim submitted is subject to all plan provisions including eligibility requirements, exclusions, limitations and state mandates. Coverage will be determined on the basis of the facts existing when services are rendered.

Patient and Plan Detail

Patient Detail Plan and Network

Name	XXXX XXXXX	Plan Type	Open Access Plus - In Network	Other Insurance?	No
Patient ID	XXXXX 6 01		ACCOUNT #	JHJU 92	
Gender	Male		Carrier	FEDEX FED EX INC	
Date of Birth	08/03/96		Account Name		

<https://signon.cigna.com/app/patient/detail/515UKGKLSZVLEGQSPZ34wkwZzDfYj317x329QCBQBLGKBSGDZBZPNLG/QPZGQK9PSGQZ7...> 1/4

<https://signon.cigna.com/app/patient/detail/515UKGKLSZVLEGQSPZ34wkwZzDfYj317x329QCBQBLGKBSGDZBZPNLG/QPZGQK9PSGQZ7...>

• Deductible does not Cross Accumulate to In-Network or Out-of-Network Deductible

Coinsurance: 20%

• This benefit does not apply to member's out-of-pocket maximum

Lifetime Maximum: Unlimited

In-Network Deductible and Out-of-Pocket expenses include Medical and Mental Health.

— Utilization Data is not available for this benefit.

Plan Details

Benefit Details Scroll To Expand All General Benefits

Advanced Radiological Imaging

Check Network Status

Diagnostic X-Ray - Office

In-network

Out-of-network

Coinsurance

Amount	Limitations	Covered Services
20%	• This benefit does not apply to member's out-of-pocket maximum	<ul style="list-style-type: none"> • Chiropractic • Non-Preventive PCP • Non-Preventive Professional • Non-Preventive Specialist • PCP • Specialist
0%	Not applicable	<ul style="list-style-type: none"> • Non-Preventive Mammogram • PCP Preventive Screening • Preventive Bone Density Specialist • Preventive Mammogram • Preventive Mammogram PCP • Preventive Mammogram Specialist • Specialist Preventive Screening • X-ray

Deductible (Per Calendar Year)

<https://signon.cigna.com/app/patient/detail/515UKGKLSZVLEGQSPZ34wkwZzDfYj317x329QCBQBLGKBSGDZBZPNLG/QPZGQK9PSGQZ7...> 3/4

<https://signon.cigna.com/app/patient/detail/515UKGKLSZVLEGQSPZ34wkwZzDfYj317x329QCBQBLGKBSGDZBZPNLG/QPZGQK9PSGQZ7...>

* Fields that display zero as the Member Coinsurance Percent indicate that Cigna covers this service at 100%.

— Utilization Data is not available for this benefit.

Relationship	Self	Plan Funding Type	ASD	Pathwell Coverage	In-active
Address	XXXX	Calendar Year	Network		QA002
	XXX				
	XXXX	Plan Renews From	01/01/2023	Electronic Claims	http://www.cigna.com/coverage/diversity/in-network/
	XXXX	Plan Renews Till	12/31/2023		
		HRA	No		
		HSA	No	ERISA	Yes
		FSA	No	Plan Situs State	TN
		Initial Coverage Date	01/01/2021		
		Current Coverage	01/01/2021 - Present		

Coverage Status In-Network

The "Select Network" dropdown allows you to see benefits based on your patient's network.

Deductible	Benefits ⓘ	Out-of-Pocket Maximum
Eligible in-network preventive care is covered 100% Individual Deductible: \$1,300.00 Met: \$1,300.00 Remaining: \$0.00	Lookup Procedure Codes Generate Benefit Reference # OR See General Benefits	Individual Out-of-Pocket Maximum: \$3,200.00 Met: \$1,992.07 Remaining: \$1,207.93
Family Deductible: \$3,900.00 Met: \$3,272.14 Remaining: \$627.86		Family Out-of-Pocket Maximum: \$16,600.00 Met: \$5,027.40 Remaining: \$11,572.60

- Benefit does apply to member's out-of-pocket maximum

Amount	Limitations	Covered Services
Not applicable	Not applicable	<ul style="list-style-type: none"> • Non-Preventive Mammogram • Non-Preventive PCP • PCP Preventive Screening • Preventive Bone Density Specialist • Preventive Mammogram • Preventive Mammogram PCP • Preventive Mammogram Specialist • Specialist Preventive Screening • X-ray

Maximum \$	Amount	Limitations	Covered Services
Unlimited	Not applicable		
Out-of-Pocket Maximum (Per Calendar Year)			
Individual Remaining: \$1,207.93	\$1,207.93	Total: \$3,200.00	<ul style="list-style-type: none"> • Out-of-Pocket Maximum does not Cross Accumulate to In-Network or Out-of-Network Out-of-Pocket Maximum

* Fields that display zero as the Member Coinsurance Percent indicate that Cigna covers this service at 100%.

— Utilization Data is not available for this benefit.

Print

Destination

Pages

Copies

Layout

More settings

Paper size

Margins

Quality

Scale

Two-sided

Options

2 sheets of paper

Front Desk

All

1

Portrait

Letter

Default

600 dpi

Custom

Print on both sides

Headers and footers

Print

Cancel

Change Pages per Sheet to 2

Change the print scale to 90

