

careviso ID 07nc92g19	Date 01/11/2023
Patient Name Holly Buckel	
Date of Birth 06/02/1993	

Lab Patient ID AB212	Test NIPT GC
Lab Order ID 123	Ordered Date 01/11/2023
Provider Doctor Buckel	. .
Laboratory and Network Benefit (In/Out)	Total Estimated Patient Responsibility
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Hegmann-Collier (In Network)	\$180.00

* does not include copay

Patient Benefits Details

Deductible Remaining as of 01/11/2023		
\$2,000.00		
Co-Insurance % 0.0%		
Max Out of Pocket Remaining \$3,000.00		
Copayment \$0.00		
Insurance United Healthcare		
959075736 Member ID		
Effective Date 2023-01-01		
End Date 01/25/2024		

CPT CODE		PA REQUIRED
0001U	No	



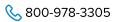
Below are the details of the financial benefits that are listed on page one.

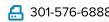
Advanced Explanation of Benefits

Total covered services \$180.00	Total estimated patient responsibility \$180.00
Total non covered services \$0.00	Total estimated health plan responsibility
Current remaining deductible \$2,000.00	\$0.00
Current max out of pocket \$3,000.00	Total estimated cash pay price

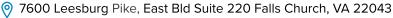
An out-of-pocket maximum is a cap, or limit, on the amount of money you have to pay for covered health care services in a plan year. If you meet that limit, your health plan will pay 100% of all covered health care costs for the rest of the plan year. Some health insurance plans call this an out-of-pocket limit.













Below are the details of the tests that are listed on page one.

st Information	PA Required
NIPT GC	
T Codes	
T Codes	
T Codes 0001U	



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