



Prepared by Fernanda G.

Date 04.12.2022 Start Time 12:11:36

Facility						
Name	The Edge Treatment Center	State	CA Tax I	D 32-057277	4 NPI	1417425604
Subscriber						
Name	HOPE MARTINEZ		SSN		DOB	05.02.1957
Address	7864 ABAGAIL RD JURUPA VALL	EY, CA 92	2509		Candan	₽ F □M
Email						
Patient						
	ROBERTO RETANA		SSN		DOB	02.04.1967
1 varie			Relationship			□F Ø M
			Keladoliship _	·	Gender -	
Policy						
	ANTHEM BC OF CA		Plan Type	PPO	Phone # (80	0) 677-6669
	TWR984A69709			1	Effective 04.	01.2018
			Calendar Ye		Expires 12 .	
D C (ANTHEM BH	E /IIDI				00) 274-7767
	Company ANTHEM BH tt Insurer					
	Address PO BOX 60007 LOS ANG				Payor ID 471	
DIT Claims	riddiess	,			Tayor ID	
Plan Spor	nsor Employer Fund	led Fully	Self	Employer	OCU HEALTH AND	WELFARE TRUST
Prir	mary V N COB on t	file <u> </u>	<u>N</u> Deta	ils Needs to	be updated.	
Flags and L	imitations					
TJC/CA	ARF Required	ТС □РНР [□IOP RN R€	equired 🗆 Y 🗷	N LVN Requi	red □Y ② N
In	Grace Period <u> </u>	ent			COB	RA □Y ☑N
Period	ic maximums <u>Y VN</u> Time Peri	od N/A	Deta	ils		
Limitatio	ons on # days	ails			Out of state bene	fits
	Requirement Requires to be called v	vithin 24 ho	ours _{Pre-C}	Cert Penalty \$20	00 Penalty	
	nyments go to Member Facility		OBs accepted			
	s required for RTC/DTX/PHP/IC		1 _			

								ROBERTO RE	<u>TANA</u> Page 2		
Patient Respons	ibility										
Does deductible	apply to OOP	✓Yes/Com	nbined $\square No/$	Separate		Do IN	and OON cr	oss accumulate	$\square_{Y} \square_{N}$		
<u>Individual</u>						Family \square N/A					
	IN		OON 🗆 N/A			IN		OON 🗆 N/A			
	Max	Met	Max	Met	M	ax	Met	Max	Met		
Deductible	N/A	N/A	\$50.00	\$50.0	0 N,	/A	N/A	\$100.00	\$50.00		
OOP	N/A	N/A	\$750.00	\$19.7	3 N,	/A	N/A	N/A	N/A		
Notes	Notes YES IN and OON cross accumulate										
☐ No Max OOP	4 th quarter	carryover appli	es						_		
_ 1,01,1,1,1 0,01	— , quarter	curry over uppn									
D : 1											
Reimbursement											
	Substance Abuse Mental Health										
SAD	IN	OON 70%	IN	OON	Co-Pay	Note	es				
AMB		70%							Telehealtl		
RTC		70%		70%					Covered		
PHP		70%		70%					——		
IOP		70%		70%							
OP		70%		70%					Υ I		
UAs		70%		70%							
Telehealth is	covered a	t the same l	penefit. No	vendor ı	estrictior	n. No e	end date.				
Rate Table Maximum Allowed Amo Details						3 rd Party Repricing N/A					
Summary											
The benefits The claims g			Pacific Sou	ithwest A	Administr	ators F	Phone#: (6	626) 434-24	69		
Information Pro	ovided by										

A quote of eligibility and benefits does not constitute a guarantee or warranty of payment by the insurance company. Payment of benefits are subject to eligibility, medical necessity, and the terms and conditions, limitations, and exclusions of the patient's policy at the time services are rendered, as well as the accuracy of provider's representative. Hansei Solutions is not liable or responsible for the benefits quoted or reported by the insurance company, as each insurer provides its own disclaimers against the accuracy of the information provided, v20001024a

Company

Company HEALTH AND WEL

Ref # 00416595

Ref # ____

End Time 02.06 pm

Rep Name IVR

Rep Name _