



HANSEI
SOLUTIONS



Prepared by Roldan M.
Date 07.19.2022
Start Time 2:30 PM

Facility

Name The Edge Treatment Center State CA Tax ID 32-0572774 NPI 1417425604

Subscriber

Name JENEVA TURNER SSN DOB 04.27.1975
Address 8010 WHITE OAK LOOP LITHONIA, GA 30038 Gender ☐ F ☐ M
Email Phone

Patient

Name ROHAN TURNER SSN DOB 10.28.1997
Relationship Child Gender ☐ F ☒ M

Policy

Insurer Anthem BCBS of IN Plan Type PPO Phone # (800) 676-2583
Member ID WUL024A79887 Group # 1871VL Effective 01.01.2022
Expiry Term Calendar Year Expires 12.31.2022
Pre-Cert Company Anthem BH Fax/URL Phone # (877) 875-1223
Carve Out Insurer BH ID Phone #
BH Claims Address PO BOX 60007 LOS ANGELES CA 90060 Payor ID 47198
Plan Sponsor Employer Funded ☐ Fully ☒ Self Employer Anthem
Primary ☒ Y ☐ N COB on file ☒ Y ☐ N Details Updated 04.06.2022

Flags and Limitations

TJC/CARF Required ☐ Y ☒ N ☐ DTX ☐ RTC ☐ PHP ☐ IOP RN Required ☐ Y ☒ N LVN Required ☐ Y ☒ N
In Grace Period ☐ Y ☒ N Last Payment COBRA ☐ Y ☒ N
Periodic maximums ☐ Y ☒ N Time Period N/A Details
Limitations on # days ☐ Y ☒ N Details Out of state benefits ☒ Y ☐ N
Notification Requirement Call Within 24 Hours of Admit Pre-Cert Penalty Claim Denial
Payments go to ☒ Member ☐ Facility Are AOBs accepted ☒ Y ☐ N

Patient Responsibility

Does deductible apply to OOP ☒ Yes/Combined ☐ No/Separate

Do IN and OON cross accumulate ☐ Y ☒ N

	Individual				Family <input type="checkbox"/> N/A			
	IN		OON <input type="checkbox"/> N/A		IN		OON <input type="checkbox"/> N/A	
	Max	Met	Max	Met	Max	Met	Max	Met
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	\$2,800.00	\$2,800.00
OOP	N/A	N/A	N/A	N/A	N/A	N/A	\$11,000.00	\$11,000.00

Notes _____

☐ No Max OOP ☐ 4th quarter carryover applies

Reimbursement

	Substance Abuse		Mental Health		Co-Pay	Notes
	IN	OON	IN	OON		
SAD		50%				
AMB		50%				Telehealth Covered
RTC		50%		50%		
PHP		50%		50%		<input checked="" type="checkbox"/> Y I
IOP		50%		50%		<input checked="" type="checkbox"/> Y I
OP		50%		50%		<input checked="" type="checkbox"/> Y I
UAs		50%		50%		

Telehealth is Covered; No Restrictions.

Rate Table UCR Details _____ 3rd Party Repricing N/A

Summary

Member's Covered at 100% With DED & OPP Fully Met.

Information Provided by

Rep Name Lynn F. Company BCBS of IN Ref # I-75610494
 Rep Name _____ Company _____ Ref # _____
 End Time 03.25 pm