



HANSEI
SOLUTIONS



Prepared by Rajeshkumar.P
Date 07.16.2021
Start Time 06:25:30

Facility

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

Subscriber

Name Cindy Tran SSN DOB 10.31.1991
Address 726 PRESTWICK DR NICEVILLE, FL 32578 Gender ☒ F ☐ M
Email Phone

Patient

Name SSN DOB
Relationship N/A Gender ☐ F ☐ M

Policy

Insurer FL Blue Plan Type PPO Phone # (800) 676-2583
Member ID VMAH22370799 Group # 99999UU5 Effective 01.01.2021
Expiry Term Calendar Year Expires 05.31.2021
Pre-Cert Company New Directions Fax/URL Phone # (866) 287-9569
Carve Out Insurer BH ID Phone #
BH Claims Address PO BOX 60007 Los Angeles, CA 90060 Payor ID 47198
Plan Sponsor Self Funded ☐ Fully ☒ Self Employer
Primary ☒ Y ☐ N COB on file ☐ Y ☒ N Details COB needs to be updated.

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 05.31.2021 COBRA ☐ Y ☒ N
Periodic maximums ☐ Y ☒ N Time Period N/A Details
Limitations on # days ☒ Y ☐ N Details 90 days Out of state benefits ☒ Y ☐ N
Notification Requirement case should be reported prior to service . Pre-Cert Penalty Denial .
Payments go to ☐ Member ☒ Facility Are AOBs accepted ☐ Y ☐ N

Patient Responsibility

Does deductible apply to OOP ☒ Yes/Combined ☐ No/SeparateDo IN and OON cross accumulate ☐ Y ☒ N

Individual				Family <input checked="" 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		\$16,000.00	\$2779.60	N/A	N/A	N/A	N/A
OOP		\$17,100.00	\$2779.60	N/A	N/A	N/A	N/A

Notes **No Carryover applies.**☐ 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		0%		0%	-	<input type="checkbox"/> Y
IOP		50%		50%	-	<input type="checkbox"/> Y
OP		50%		50%	-	<input type="checkbox"/> Y
UAs		50%		50%	-	

Rate Table Local Pricing Details 3rd Party Repricing

Summary

Information Provided by

Rep Name Ryan. U Company FL Blue Ref # 1-54101900063.

Rep Name Company Ref #

End Time 07.28 am