



Prepared by Rajeshkumar.P

Date 07.16.2021

Start Time __06:25:30

Facility		
	e CA Tax ID 32-0572774	_{NPI} 1417425604
- State	Tax ID	
Subscriber		
Name Cindy Tran	SSN	_{DOB} 10.31.1991
Address 726 PRESTWICK DRNICEVILLE, FL 32578		Gender ₽ F □M
Email	Phone	_
Patient		
Name	SSN	DOB
	Relationship N/A	Gender DF DM
Policy		
Insurer FL Blue	Plan Type PPO	Phone # (800) 676-2583
Member ID VMAH22370799 Group #	99999UU5 	Effective <u>01.01.2021</u>
Expiry Term	Calendar Year	Expires 05.31.2021
Pre-Cert Company New Directions Fax/URI	ı.	Phone # (866) 287-9569
Carve Out Insurer BH IE		Phone #
BH Claims Address PO BOX 60007 Los Angeles, CA		Payor ID 47198
Plan Sponsor Self Funded □Fu	lly ⊉ Self Employer	
<u> </u>	✓ Details COB needs to	
·		
Flags and Limitations		
TJC/CARF Required Y N DTX PRTC PHP	☑IOP RN Required □Y ☑N	N LVN Required □Y □N
In Grace Period Y Last Payment 05.31.	2021	COBRA □Y 🗗 N
Periodic maximums	Details	
Limitations on # days	/S (Out of state benefits Y N
Notification Requirement case should be reported prior to service	e. Pre-Cert Penalty Den	ial .
Payments go to Member Facility Are A	OBs accepted <u> </u>	

								Cinc	<u>ly Tran</u> Page 2	
Patient Respons	sibility									
Does deductible	e apply to OOP	Yes/Co	ombined $\square No/$	Separate		Do IN and	OON cro	oss accumulate	Y Ø N_	
		<u>Individual</u>				Family 🗹 N/A				
	ī	IN		OON 🗆 N/A		IN			□ N/A	
	Max	Met	Max	Met			Met	Max	Met	
Deductible		14161	\$16,000.00				N/A	N/A	N/A	
OOP			\$17,100.00				N/A	N/A	N/A	
	No Carryove	r applies.	φ ττ , το σ.σ σ	ψ2770.	00 1	"		1 1777		
□ No Max OOI			lina							
□ No Max OO	P 🗀 4 th quarter	carryover app	ones							
Reimbursement	-									
	Substance	e Abuse	Mental Ho	ealth						
	IN	OON	IN	OON	Co-Pay	Notes				
SAD		50%			-					
AMB		50%			-				Telehealtl Covered	
RTC		50%		50%	-					
РНР)	0%		0%	-				<u> </u>	
IOP		50%		50%	-				<u> </u>	
OP	+	50%		50%	-				□ Y	
UAs	3	50%		50%	-					
						3 rd Part	у			
Rate Table	Local Pricing		Details				g			
Summary										
Information Pro	· ·									
Rep Name Ry	an. U		Company	FL Blue		Ref 7	_# 1-541	01900063.		
Rep Name			Company	<i></i>		Ref 7	#			
						End Tim	e 07.28	am		

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