



Prepared by Alex S.

Date 11.03.2021 Start Time 1:02pm

Facility		
·	e CA Tax ID 32-0572774	NPI 1417425604
Name State	2 1ax ID	NPI
Subscriber		
Name ROBIN NEAL	CCNI	DOB 08.13.1955
Address 11141 KEMPTON PL FISHERS, IN 46038	SSN	Control DE MM
Email	Phone	
Patient		_
	CCNI	DOD
Name		
	Relationship N/A	Gender DF M
Policy		
ΔΕΤΝΔ	Plan Type HMO	Dhone #
Insurer 101463829800 Group #	Plan Type NVO	Phone #Effective
	Calendar Year	Expires 12.31.2021
AETNA		
Pre-Cert Company AETNA Fax/URI		
Carve Out Insurer BH ID BH Claims Address		Payor ID
Dil Ciantis rudices		
Plan Sponsor Employer Funded Funded	ly Self Employer	
Primary $\square Y \square N$ COB on file $\square Y$	□N Details	
Flags and Limitations		
TJC/CARF Required	□IOP RN Required □Y □N	N LVN Required <u> </u>
In Grace Period		COBRA DY DN
Periodic maximums	Details	
Limitations on # days		Out of state benefits
Notification Requirement		
	OBs accepted \square Y \square N	

								ROBIN	NEAL Page 2	
Patient Respons	sibility									
Does deductible apply to OOP		☐Yes/Combined ☐No/Separate Individual				Do IN and 0	OON cross a	accumulate	\square Y \square N	
						1	Family \Box	N/A		
								, l		
-		N Met		OON N/A		Max M			□ N/A	
D 1 .71	Max	Met	Max	Met	M	ax	/Iet	Max	Met	
Deductible										
OOP Notes										
								-		
☐ No Max OOI	P L 4 th quarter	carryover app	lies							
Reimbursement										
	Substance	e Abuse	Mental H	lealth						
	IN	OON	IN	OON	Co-Pay	Notes				
SAD										
AMB									Telehealtl Covered	
RTC									Covered	
PHP									<u> </u>	
IOP									<u> </u>	
OP									<u> </u>	
UAs										
						3 rd Party				
Rate Table	N/A		Details			_ Repricing				
Summary										
This is a Med	dicare with r	no coveraç	ge.							
		·								
Information Pro	•									
Rep Name AV	/R		Compan	Aetna Aetna		_ Ref #	1103202			
Rep Name						_ Ref #	:			
							01.18 pm			

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