



HANSEI
SOLUTIONS



Prepared by Alex S.
Date 11.03.2021
Start Time 1:02pm

Facility

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

Subscriber

Name ROBIN NEAL SSN _____ DOB 08.13.1955
Address 11141 KEMPTON PL FISHERS, IN 46038 Gender ☐ F ☒ M
Email _____ Phone _____

Patient

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

Policy

Insurer AETNA Plan Type HMO Phone # _____
Member ID 101463829800 Group # 000003-IN Effective _____
Expiry Term Calendar Year Expires 12.31.2021
Pre-Cert Company AETNA Fax/URL _____ Phone # _____
Carve Out Insurer _____ BH ID _____ Phone # _____
BH Claims Address _____ Payor ID _____
Plan Sponsor Employer Funded ☐ Fully ☐ Self Employer _____
Primary ☐ Y ☐ N COB on file ☐ Y ☐ N Details _____

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 _____ Pre-Cert Penalty _____
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 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								
OOP								
Notes								

☐ No Max OOP ☐ 4th quarter carryover applies

Reimbursement

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

Rate Table N/A Details 3rd Party Repricing

Summary

This is a Medicare with no coverage.

Information Provided by

Rep Name AVR Company Aetna Ref # 11032021

Rep Name Company Ref #

End Time 01.18 pm