



Prepared by Roldan M. Date 07.19.2022

Start Time 2:30 PM

Facility					
$_{ m Name}$ The Edge Treatment Center	State CF	Tax ID	32-0572774	NPI	1417425604
				-	
Subscriber					
Name JENEVA TURNER		SSNI		DOB	04.27.1975
Address 8010 WHITE OAK LOOP LITHON:	 IA, GA 30038	3		_	□Б □М
Email				-	I^IVI
		1 Hone		-	
Patient POLIAN ELIDNED					10 00 1007
Name ROHAN TURNER		SSN		DOB	10.28.1997
	Re	lationship Child	t	Gender	□F Ø M
Policy					
Insurer Anthem BCBS of IN		Plan Type PPC)	Phone # (80	0) 676-2583
Member ID WUL024A79887	Group # 18	371VL		Effective $01.$	
	Expiry Term Ca			Expires 12.	31.2022
Pre-Cert Company Anthem BH	Fax/URL]	Phone # (87	7) 875-1223
Carve Out Insurer					•
BH Claims Address PO BOX 60007 LOS AND				$p_{\text{ayor ID}} = \frac{1}{471}$	
Plan Sponsor Employer Fun	ded Fully				
Primary <u>Primary</u> COB on	file Y N	Details _	Updated 04.0	06.2022	
Flags and Limitations					
TJC/CARF Required ☐Y ☑N ☐DTX ☐	RTC □PHP □IO	<u>OP</u> RN Requir	ed □Y ⊘ N	LVN Requi	red DY N
In Grace PeriodY 🗹 N Last Payn	nent			COB	RA □Y Ø N
Periodic maximums	_{riod} N/A	Details			
Limitations on # days	tails		Ou	ıt of state bene	fits
Notification Requirement Call Within 24 Ho	urs of Admi	it Pre-Cert	Penalty Claim	Denial	
Payments go to	Are AOBs	_ accepted ☑Y			
. 5	=				

ROH	AN:	TURNER	Page 2

Patient Responsib	bility							
Does deductible a	apply to OOI	Yes/Cor	nbined □No/S	Separate		Do IN and C	OON cross accumula	te <u> </u>
	<u>Individual</u>					<u>I</u>	Family \(\square\) N/A	
				□ N/A			OON 🗆 N/A	
-	Max	Met	Max	Met	Ma		let Max	Met
Deductible	N/A	N/A	N/A	N/A	N/Z			0 \$2,800.00
OOP	N/A	N/A	N/A	N/A	N/Z	A N	/A \$11,000.	0(\$11,000.00
Notes		'	•			•	'	
□ No Max OOP	☐ 4 th quarte	r carryover appl	ies					
-tempuracinent	Substan	ce Abuse	Mental He	Montal Haalth				
	IN	OON		OON	Co-Pay	Notes		
SAD	22,	50%	11 (00 1 4,			
AMB		50%						Telehealt
RTC		50%		50%				Covered
PHP		50%		50%				
IOP		50%		50%				
OP		50%		50%				
UAs		50%		50%				
Telehealth is		No Restrict	Details			3 rd Party Repricing	N/A	
Summary								
Member's Co	vered at 1	100% With [DED & OPP	Fully Me	et.			
				,				
Information Prov	vided by							
Rep Name Lyn	•		Company	BCBS of	· IN	Ref#	I-75610494	
Rep Name						- Ref #		
						-	03.25 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