HANSEI SOLUTIONS

FCB FIRST COMMERCIAL BILLING

Prepared by: Krissy R
Date: 10.20.2021
Start Time:

Facility

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

Subscriber

Name: Ronald Robinson | SSN: | DOB: 11.07.1996
Address: | Gender: ☐F ☑M
Email: | Phone:

Patient

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

Policy

Insurer: John Hopkins | Plan Type: EHP | Phone #: (800) 808-7347
Member ID: 84021802 | Group #: N/A | Effective: 01.02.2009
Expiry Term: Calendar Year | Expires: 12.31.2021

Pre-Cert Company: BH Dept | Fax/URL: | Phone #: (800) 261-2429
Carve Out Insurer: | BH ID: | Phone #:
BH Claims Address: PO BOX 830479 Birmingham AL 35283 | Payor ID: 52123

Plan Sponsor: Employer | Funded: ☑Fully ☐Self | Employer: University
Primary: ☑Y ☐N | COB on file: ☑Y ☐N | Details: no other insurance

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: Claim Denial
Payments go to: ☑Member ☐Facility | Are AOBs accepted: ☑Y ☐N

Patient Responsibility

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

	Individual				Family ☑ N/A			
	IN		OON ☐ N/A		IN		OON ☐ N/A	
	Max	Met	Max	Met	Max	Met	Max	Met
Deductible	N/A	N/A	$500	$500	N/A	N/A	N/A	N/A
OOP	N/A	N/A	$4,000	$4,000	N/A	N/A	N/A	N/A

Notes

☐ No Max OOP ☐ 4th quarter carryover applies

Reimbursement

	Substance Abuse		Mental Health				
	IN	OON	IN	OON	Co-Pay	Notes	
SAD		70%			$250/adm		
AMB		70%			$250/adm		Telehealth Covered
RTC		70%		70%	$250/adm		
PHP		70%		70%			☑ Y
IOP		70%		70%			☑ Y
OP		70%		70%			☑ Y
UAs		70%		70%			

Rate Table Local Pricing Details 3rd Party Repricing

Summary

Information Provided by

Rep Name Irene Company John Hopkins Ref # 3487312

Rep Name Company Ref #

End Time