



**HANSEI**  
SOLUTIONS



Prepared by Fernanda G.  
Date 04.12.2022  
Start Time 12:11:36

#### Facility

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

#### Subscriber

Name HOPE MARTINEZ SSN  DOB 05.02.1957  
Address 7864 ABAGAIL RD JURUPA VALLEY, CA 92509 Gender ☒ F ☐ M  
Email  Phone

#### Patient

Name ROBERTO RETANA SSN  DOB 02.04.1967  
Relationship Spouse Gender ☐ F ☒ M

#### Policy

Insurer ANTHEM BC OF CA Plan Type PPO Phone # (800) 677-6669  
Member ID TWR984A69709 Group # 281658M001 Effective 04.01.2018  
Expiry Term Calendar Year Expires 12.31.2022  
Pre-Cert Company ANTHEM BH Fax/URL  Phone # (800) 274-7767  
Carve Out Insurer  BH ID  Phone #   
BH Claims Address PO BOX 60007 LOS ANGELES, CA 90060 Payor ID 47198  
Plan Sponsor Employer Funded ☐ Fully ☒ Self Employer OCU HEALTH AND WELFARE TRUST  
Primary ☒ Y ☐ N COB on file ☐ Y ☒ N Details Needs to be updated.

#### 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 Requires to be called within 24 hours Pre-Cert Penalty \$200 Penalty  
Payments go to ☒ Member ☐ Facility Are AOBs accepted ☒ Y ☐ N

Pre-cert is required for RTC/DTX/PHP/IOP

