



HANSEI  
SOLUTIONS



Prepared by \_\_\_\_\_  
Date \_\_\_\_\_  
Start Time \_\_\_\_\_

#### Facility

Name \_\_\_\_\_ State \_\_\_\_\_ Tax ID \_\_\_\_\_ NPI \_\_\_\_\_

#### Subscriber

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Gender ☐ F ☐ M  
Email \_\_\_\_\_ Phone \_\_\_\_\_

#### Patient

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship \_\_\_\_\_ Gender ☐ F ☐ M

#### Policy

Insurer \_\_\_\_\_ Plan Type \_\_\_\_\_ Phone # \_\_\_\_\_  
Member ID \_\_\_\_\_ Group # \_\_\_\_\_ Effective \_\_\_\_\_  
Expiry Term \_\_\_\_\_ Expires \_\_\_\_\_  
Pre-Cert Company \_\_\_\_\_ Fax/URL \_\_\_\_\_ Phone # \_\_\_\_\_  
Carve Out Insurer \_\_\_\_\_ BH ID \_\_\_\_\_ Phone # \_\_\_\_\_  
BH Claims Address \_\_\_\_\_ Payor ID \_\_\_\_\_  
Plan Sponsor \_\_\_\_\_ 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 \_\_\_\_\_ 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/Separate

Do IN and OON cross accumulate ☐ Y ☐ N

Individual				Family <input type="checkbox"/> N/A			
		OON <input type="checkbox"/> N/A				OON <input type="checkbox"/> N/A	
Max		Max	Met	Max		Max	Met
Deductible							
OOP							
Notes							

☐ No Max OOP ☐ 4<sup>th</sup> quarter carryover applies

## Reimbursement

Substance Abuse			Mental Health		Co-Pay	Notes
IN	OON	IN	OON			

Rate Table \_\_\_\_\_ Details \_\_\_\_\_ 3<sup>rd</sup> Party Repricing \_\_\_\_\_

## Summary

## Information Provided by

Rep Name \_\_\_\_\_ Company \_\_\_\_\_ Ref # \_\_\_\_\_  
 Rep Name \_\_\_\_\_ Company \_\_\_\_\_ Ref # \_\_\_\_\_  
 End Time \_\_\_\_\_