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## Patient Eligibility

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### Patient Search

Eligibility for: ELIZABETH BARTOLOMEO

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Subscriber Number: 917671507

Effective Date: 10/01/2001

Group Number: 136572

Termination Date:

Electronic Payer ID: 87726

Product: Indemnity

Claims Address: P.O. Box 740800  
Atlanta, GA 30374-0800

Funding Status: Not Available

### Other Transactions for this Patient

[Submit Notifications](#)[Submit Claims](#)[Check Claim Status](#)

### Eligibility Details

### Additional Benefits Information

#### Eligibility Details

##### Patient Details

Date of Birth: 10/08/1936

Gender: F

Relationship: Spouse

Address: 125 E ST MARKS PLACE, VALLEY  
STREAM, NY 11580-4437

##### Primary Care Physician Details

Provider Name:

Provider Number: 0

Phone Number:

Address:

Start Date:

End Date:

**Out of Pocket, Deductibles & Copay Information**

Highest Benefit	Out of Pocket	Deductibles	Copay Information**
Refer to <b>Individual</b>			<i>Not applicable</i>
<a href="#">Additional Benefits Information for details on when Highest Benefit applies</a> Plan Amount	\$0.00	\$0.00	
Year-to-Date Total*	\$0.0	\$0.00	
<b>Family</b>			
Plan Amount	\$0.00	\$0.00	
Year-to-Date Total*	\$0.00	\$0.00	

In Network	Out of Pocket	Deductibles	Copay Information**
<b>Individual</b>			<i>Not applicable</i>
Plan Amount	\$1500.00	\$300.00	
Year-to-Date Total*	\$1500.0	\$300.00	
<b>Family</b>			
Plan Amount	\$0.00	\$0.00	
Year-to-Date Total*	\$0.00	\$0.00	

Out of Network	Out of Pocket	Deductibles	Copay Information**
<b>Individual</b>			Refer to <a href="#">Additional Benefits Information</a>
Plan Amount	\$0.00	\$0.00	
Year-to-Date Total*	\$0.0	\$0.00	
<b>Family</b>			
Plan Amount	\$0.00	\$0.00	
Year-to-Date Total*	\$0.00	\$0.00	

**Coordination of Benefits**

Carrier Name:

United Healthcare Primary:

Last Verified 03/10/2005

**Lab Information****Radiology Information**

Lab Name      Start Date      End Date

Radiology Name      Start Date      End Date

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\*The Year-to-Date information provided reflects all claims processed. Please note, however, there may be claims that are pending that are not reflected in these totals.

\*\*Eligibility verification is subject to the terms of your participation Agreement. This is not a guarantee of payment, payment is based on the terms of your Participation Agreement and the terms of the enrollee's benefit plan.