

Availity® CareProfile™ Summary Report



Member: Jane Doe

Age:	36	Gender:	Female:	Address:	123 Main St
DOB:	01/01/1970	Phone:	813-487-1000		Tampa FL 33610
PCP:	John Smith MD	Specialty:	Family Medicine	Phone:	555-555-1234
Payer:	BCBSF				

CareProfile Disclaimer

Information provided through the CareProfile includes only information submitted to participating insurance companies for payment purposes. The information is not a medical report, nor is it intended to be a complete record of a patient's health information. Certain information may have been intentionally excluded (due to its sensitivity – psychiatric, substance abuse, HIV/AIDS, sexually transmitted diseases, and abortion related data – or for other reasons) and the health record may also contain errors. Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients.

Prescriptions							
Date Filled	Drug Name	Dosage	Quantity Filled	Route	New or Refill	Prescribing Physician	Data Source
0	1	2	3	4	5	6	7
1	2	3	4	5	6	7	8
2	3	4	5	6	7	8	9
3	4	5	6	7	8	9	10
4	5	6	7	8	9	10	11
5	6	7	8	9	10	11	12
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9	10	11	12	13	14	15	16
10	11	12	13	14	15	16	17
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23	24	25	26	27	28	29	30
24	25	26	27	28	29	30	31
25	26	27	28	29	30	31	32
26	27	28	29	30	31	32	33
27	28	29	30	31	32	33	34
28	29	30	31	32	33	34	35
29	30	31	32	33	34	35	36
30	31	32	33	34	35	36	37
31	32	33	34	35	36	37	38
32	33	34	35	36	37	38	39
33	34	35	36	37	38	39	40
34	35	36	37	38	39	40	41

35	36	37	38	39	40	41	42
36	37	38	39	40	41	42	43
37	38	39	40	41	42	43	44
38	39	40	41	42	43	44	45
39	40	41	42	43	44	45	46
40	41	42	43	44	45	46	47
41	42	43	44	45	46	47	48
42	43	44	45	46	47	48	49
43	44	45	46	47	48	49	50
44	45	46	47	48	49	50	51
45	46	47	48	49	50	51	52
46	47	48	49	50	51	52	53
47	48	49	50	51	52	53	54
48	49	50	51	52	53	54	55
49	50	51	52	53	54	55	56
50	51	52	53	54	55	56	57
51	52	53	54	55	56	57	58
52	53	54	55	56	57	58	59
53	54	55	56	57	58	59	60
54	55	56	57	58	59	60	61
55	56	57	58	59	60	61	62
56	57	58	59	60	61	62	63
57	58	59	60	61	62	63	64
58	59	60	61	62	63	64	65
59	60	61	62	63	64	65	66
60	61	62	63	64	65	66	67
61	62	63	64	65	66	67	68
62	63	64	65	66	67	68	69
63	64	65	66	67	68	69	70
64	65	66	67	68	69	70	71
65	66	67	68	69	70	71	72
66	67	68	69	70	71	72	73
67	68	69	70	71	72	73	74
68	69	70	71	72	73	74	75
69	70	71	72	73	74	75	76
70	71	72	73	74	75	76	77
71	72	73	74	75	76	77	78
72	73	74	75	76	77	78	79
73	74	75	76	77	78	79	80
74	75	76	77	78	79	80	81
75	76	77	78	79	80	81	82
76	77	78	79	80	81	82	83
77	78	79	80	81	82	83	84
78	79	80	81	82	83	84	85
79	80	81	82	83	84	85	86
80	81	82	83	84	85	86	87
81	82	83	84	85	86	87	88
82	83	84	85	86	87	88	89
83	84	85	86	87	88	89	90
84	85	86	87	88	89	90	91
85	86	87	88	89	90	91	92
86	87	88	89	90	91	92	93
87	88	89	90	91	92	93	94
88	89	90	91	92	93	94	95
89	90	91	92	93	94	95	96
90	91	92	93	94	95	96	97
91	92	93	94	95	96	97	98
92	93	94	95	96	97	98	99
93	94	95	96	97	98	99	100
94	95	96	97	98	99	100	101

95	96	97	98	99	100	101	102
96	97	98	99	100	101	102	103
97	98	99	100	101	102	103	104
98	99	100	101	102	103	104	105
99	100	101	102	103	104	105	106

Lab Results							
Date Collected	Test	Flag	Result	Normal Range	Comment	Ordering Physician	Data Source
0	1	2	3	4	5	6	7
8	9	1	2	3	4	5	6
7	8	9	10	2	3	4	5
6	7	8	9	10	11	3	4
5	6	7	8	9	10	11	12

Radiology						
Date of Service	Procedure Code	Description	Ordering Provider	Rendering Provider	Data Source	
0	1	2	3	4	5	
1	2	3	4	5	6	
2	3	4	5	6	7	
3	4	5	6	7	8	
4	5	6	7	8	9	
5	6	7	8	9	10	
6	7	8	9	10	11	
7	8	9	10	11	12	
8	9	10	11	12	13	
9	10	11	12	13	14	
10	11	12	13	14	15	
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12	13	14	15	16	17	
13	14	15	16	17	18	
14	15	16	17	18	19	
15	16	17	18	19	20	
16	17	18	19	20	21	
17	18	19	20	21	22	
18	19	20	21	22	23	
19	20	21	22	23	24	

Provider					
Date of Last Visit	Name	Specialty	Phone	City/State	# of Visits
0	1	2	3	4	5
1	2	3	4	5	6
2	3	4	5	6	7
3	4	5	6	7	8
4	5	6	7	8	9
5	6	7	8	9	10
6	7	8	9	10	11
7	8	9	10	11	12
8	9	10	11	12	13
9	10	11	12	13	14
10	11	12	13	14	15
11	12	13	14	15	16
12	13	14	15	16	17
13	14	15	16	17	18

14	15	16	17	18	19
15	16	17	18	19	20
16	17	18	19	20	21
17	18	19	20	21	22
18	19	20	21	22	23
19	20	21	22	23	24
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21	22	23	24	25	26
22	23	24	25	26	27
23	24	25	26	27	28
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25	26	27	28	29	30
26	27	28	29	30	31
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28	29	30	31	32	33
29	30	31	32	33	34
30	31	32	33	34	35
31	32	33	34	35	36
32	33	34	35	36	37
33	34	35	36	37	38
34	35	36	37	38	39
35	36	37	38	39	40
36	37	38	39	40	41
37	38	39	40	41	42
38	39	40	41	42	43
39	40	41	42	43	44

Diagnosis					
Date of Service	Diagnosis	Description	Place of Service	Rendering Provider	Data Source
0	1	2	3	4	5
1	2	3	4	5	6
2	3	4	5	6	7
3	4	5	6	7	8
4	5	6	7	8	9
5	6	7	8	9	10
6	7	8	9	10	11
7	8	9	10	11	12
8	9	10	11	12	13
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11	12	13	14	15	16
12	13	14	15	16	17
13	14	15	16	17	18
14	15	16	17	18	19
15	16	17	18	19	20
16	17	18	19	20	21
17	18	19	20	21	22
18	19	20	21	22	23
19	20	21	22	23	24
20	21	22	23	24	25
21	22	23	24	25	26
22	23	24	25	26	27
23	24	25	26	27	28
24	25	26	27	28	29
25	26	27	28	29	30
26	27	28	29	30	31
27	28	29	30	31	32

28	29	30	31	32	33
29	30	31	32	33	34

Hospital						
Date of Service From	Date of Service To	Diagnosis	Description	Place of Service	Rendering Provider	Data Source
0	1	2	3	4	5	6
1	2	3	4	5	6	7
2	3	4	5	6	7	8
3	4	5	6	7	8	9
4	5	6	7	8	9	10
5	6	7	8	9	10	11
6	7	8	9	10	11	12
7	8	9	10	11	12	13
8	9	10	11	12	13	14
9	10	11	12	13	14	15
10	11	12	13	14	15	16
11	12	13	14	15	16	17
12	13	14	15	16	17	18
13	14	15	16	17	18	19
14	15	16	17	18	19	20
15	16	17	18	19	20	21
16	17	18	19	20	21	22
17	18	19	20	21	22	23
18	19	20	21	22	23	24
19	20	21	22	23	24	25
20	21	22	23	24	25	26
21	22	23	24	25	26	27
22	23	24	25	26	27	28
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25	26	27	28	29	30	31
26	27	28	29	30	31	32
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28	29	30	31	32	33	34
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31	32	33	34	35	36	37
32	33	34	35	36	37	38
33	34	35	36	37	38	39
34	35	36	37	38	39	40
35	36	37	38	39	40	41
36	37	38	39	40	41	42
37	38	39	40	41	42	43
38	39	40	41	42	43	44
39	40	41	42	43	44	45

Immunization						
Date of Service	Procedure Code	Description	Age	Rendering Provider	Data Source	
0	1	2	3	4	5	
1	2	3	4	5	6	
2	3	4	5	6	7	
3	4	5	6	7	8	
4	5	6	7	8	9	
5	6	7	8	9	10	
6	7	8	9	10	11	

7	8	9	10	11	12
8	9	10	11	12	13
9	10	11	12	13	14
10	11	12	13	14	15
11	12	13	14	15	16
12	13	14	15	16	17
13	14	15	16	17	18
14	15	16	17	18	19
15	16	17	18	19	20
16	17	18	19	20	21
17	18	19	20	21	22
18	19	20	21	22	23
19	20	21	22	23	24
20	21	22	23	24	25
21	22	23	24	25	26
22	23	24	25	26	27
23	24	25	26	27	28
24	25	26	27	28	29
25	26	27	28	29	30
26	27	28	29	30	31
27	28	29	30	31	32
28	29	30	31	32	33
29	30	31	32	33	34