

CORAL, MARIA I

? Feedback

7519 LOIS MARIE CT
ORLANDO, FL 32807

Member Status

Active Coverage

Date of Birth

Nov 12, 1961

Gender

Female

Relationship to Subscriber

Self

[Check Claim Status](#)
[View ID Card](#)
[Patient Care Summary](#)
[Assessment & Care Plan](#)
[Certificate of Coverage](#)
[Patient Cost Estimator](#)
[Member Summary](#)
[C-SNP Condition Verification](#)
[Medicare Certificate of Coverage](#)
Member ID: H63098113

Group Number: Y0709001

Group Name: HUMANA MEDICAL PLAN, INC

Medicare Number: 4PA8W29FG54

Plan Begin Date: Jan 1, 2023

Plan End Date: Jul 31, 2024
**Payer:** HUMANA**Other or Additional Payer Information**

No additional payer information provided.

▼ Provider Information**Requesting Provider****Name:** SEELA, SRINIVAS**Category:** Requesting Provider**NPI:** 1154385946**Primary Care Provider****Name:** NeighborMD of Orlando**Category:** Primary Care Provider**Type:** Primary Care Provider

7824 Lake Underhill Rd

Ste B

Orlando, FL 32822-8201

Contact Information

P: 407-281-0470

Primary Care Provider**Name:** NEIGHBORMD GR MER WOC ORL**Category:** Primary Care Provider**Type:** Group**Payer ID:** 80958576**▼ Care Reminders**

No reminders for this member.

FILTER BY NETWORK

[In Network](#)[All Networks](#)**Plan Maximums and Deductibles****▼ Health Benefit Plan Coverage- 30**

Active Coverage

Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk**Plan / Product:** Humana Gold Plus**Coverage Level:** Employee Only

- 076 047
- Gold+/Emp HMO - All Othr WA
- THIS MEMBER MAY BE ELIGIBLE FOR A FREE FITNESS MEMBERSHIP THROUGH SILVERSNEAKERS OR SILVER&FIT. PLEASE ENCOURAGE HIM OR HER TO CALL SILVERSNEAKERS AT 1-888-423-4632 (FOR MOST STATES) OR SILVER&FIT AT 1-877-427-4788 (FOR ARIZONA AND PENNSYLVANIA) FOR ELIGIBILITY.

Information / Details**Individual**

Annual Limit	Network Not Applicable	\$9,999,999.99 -\$31,942.95 Year to Date	\$9,968,057.04 Remaining
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Information / Details		Individual			
Out Of Pocket	In Network	\$3,200 -\$539.62 Year to Date			\$2,660.38 Remaining
Limitations					
• MAX DEPENDENT AGE			26 Year(s)		
• MAX STUDENT AGE			31 Year(s)		

Benefit Information Expand

▼ Professional (Physician) Visit - Office- 98

Active Coverage

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible <small>?</small>	Limitations <small>?</small>	Authorization <small>?</small>
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
Coverage Level: Individual					
• PHYSICIAN OFFICE VISIT PCP					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$10 / Visit(s)	Refer to: Health Benefit Plan Coverage	100% / Visit(s)	—
Coverage Level: Individual					
• PHYSICIAN OFFICE VISIT SPECIALIST					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
Coverage Level: Individual					
• PHYSICIAN OFFICE VISIT FREESTANDING RAD CTR					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
Coverage Level: Individual					
• PHYSICIAN OFFICE VISIT COMP OUTPT REHAB FACILITY					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
Coverage Level: Individual					
• TELEHEALTH VISIT PCP					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk	0% / Calendar Year(s)	\$10 / Visit(s)	Refer to: Health Benefit Plan Coverage	100% / Visit(s)	—
Coverage Level: Individual					
• TELEHEALTH VISIT SPECIALIST					
Non Covered					
In Network					
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk		\$0			
Coverage Level: Individual					
• PHYSICIAN OFFICE DOCTOR ON DEMAND NOT COVERED					

Benefit Disclaimer

THIS IS ONLY AN ESTIMATION OF BENEFITS, AND ALL PAYMENTS ARE SUBJECT TO POLICY GUIDELINES, MEDICAL NECESSITY, AND MEMBER ELIGIBILITY AT THE TIME SERVICES ARE PERFORMED.