

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
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- 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
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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

Information / Details		Individual	
Out Of Pocket	In Network	\$3,200	\$2,660.38 Remaining
		-\$539.62 Year to Date	
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 ?	Limitations ?	Authorization ?
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">PHYSICIAN OFFICE VISIT PCP	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">PHYSICIAN OFFICE VISIT SPECIALIST	0% / Calendar Year(s)	\$10 / Visit(s)	Refer to: Health Benefit Plan Coverage	100% / Visit(s)	—
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">PHYSICIAN OFFICE VISIT FREESTANDING RAD CTR	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">PHYSICIAN OFFICE VISIT COMP OUTPT REHAB FACILITY	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">TELEHEALTH VISIT PCP	0% / Calendar Year(s)	\$0 / Calendar Year(s)	Refer to: Health Benefit Plan Coverage	100% / Calendar Year(s)	—
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">TELEHEALTH VISIT SPECIALIST	0% / Calendar Year(s)	\$10 / Visit(s)	Refer to: Health Benefit Plan Coverage	100% / Visit(s)	—
Non Covered					
In Network Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk Coverage Level: Individual <ul style="list-style-type: none">PHYSICIAN OFFICE DOCTOR ON DEMAND NOT COVERED		\$0			

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.