**Eligibility status** : Active Coverage

Payer : HUMANA

DOS :

VERIFICATION TYPE: Subscriber VerificationTransaction ID: 7384491050963439470Transaction Time: 2024-05-06, 17:34:30

**Customer ID** : 953549

**Requesting Provider NPI**: 1699385260

**Primary Care Provider NPI**:

\_\_\_\_\_

### SUBSCRIBER INFORMATION

\_\_\_\_\_

Name : EMILIO PIZANA

Address : 107 CALLOWAYS CT

City-State-Zip : LAREDO, Texas, 780417634

Gender : Male

Date Of Birth: 1961-04-21Last Name: PIZANAFirst Name: EMILIOMember ID: H43796352Group Number: Y8960001

Premium Paid End Date :
Plan Effective Date :
Term Date :

**Relation to Subscriber** : Self

**Requesting Provider Name** : AVAILITY

Primary Care Provider Name : Andres, Garcia Zuniga

## **ELIGIBILITY BENEFITS**

\_\_\_\_\_

## **Health Benefit Plan Coverage**

\_\_\_\_\_

name: Health Benefit Plan Coverage

type: 30

status: Active Coverage

statusCode: 1

amount outOfPocket inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$0
units: USD

amountTimePeriod: Year to Date

amountTimePeriodCode: 24 remaining: 7200

remainingTimePeriod: Remaining

remainingTimePeriodCode: 29

total: 7200

totalTimePeriod: Calendar Year

totalTimePeriodCode: 23

level: Individual levelCode: IND payerNotes: Seq#005

# Chiropractic

\_\_\_\_\_\_

name: Chiropractic

type: 33

status: Active Coverage

statusCode: 1

## amount\_coPayment\_inNetwork

.-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$15
units: USD
amountTimePeriod: Visit
amountTimePeriodCode: 27

level: Individual levelCode: IND

payerNotes: Seq#002,MEDICARE COVERED MANIPULATIONS

### amount coInsurance inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode : PR amount : 0%

units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual

levelCode: IND

payerNotes: Seq#003,MEDICARE COVERED MANIPULATIONS

### **Dental Care**

\_\_\_\_\_

name: Dental Care

type: 35

status: Active Coverage

statusCode:1

## **Emergency Services**

\_\_\_\_\_

name: Emergency Services

type: 86

status: Active Coverage

statusCode: 1

## amount\_coPayment\_inNetwork

\_\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$100
units: USD
amountTimePeriod: Episode

amountTimePeriodCode: 26

level: Individual levelCode: IND

payerNotes: Seq#002,ER

### amount coInsurance inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: 0%
units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual

levelCode: IND

payerNotes: Seq#003,ER

# Hospital

\_\_\_\_\_

name: Hospital

type: 47

status: Active Coverage

statusCode: 1

# **Hospital - Inpatient**

\_\_\_\_\_

name: Hospital - Inpatient

type: 48

status: Active Coverage

statusCode: 1

## $amount\_coInsurance\_inNetwork$

\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode : PR amount : 0%

units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual levelCode: IND

payerNotes: Seq#003,INPATIENT HOSPITAL

# **Hospital - Outpatient**

name: Hospital - Outpatient

type: 50

status: Active Coverage

statusCode: 1

### amount coPayment inNetwork

\_\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR

amount: \$275

units: USD amountTimePeriod: Visit amountTimePeriodCode: 27

level: Individual levelCode: IND

payerNotes: Seq#002,OUTPATIENT HOSPITAL SURGERY

### amount coInsurance inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR amount: 0%

units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual levelCode: IND

payerNotes: Seq#003,OUTPATIENT HOSPITAL SURGERY

## Hospital - Room and Board

name: Hospital - Room and Board

type: 49

status:

statusCode:

### amount\_coPayment\_inNetwork

\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$325
units: USD

amountTimePeriod: Admission

amountTimePeriodCode: 36

level: Individual levelCode: IND

quantity: 1

quantityQualifier: Days quantityQualifierCode: DY

payerNotes: Seq#002,INPATIENT HOSPITAL ROOM AND BOARD

#### amount coInsurance inNetwork

.....

insuranceType: Preferred Provider Organization (PPO)

 $\begin{array}{ll} \mbox{insuranceTypeCode}: & PR \\ \mbox{amount}: & 0\% \end{array}$ 

units: Percent amountTimePeriod: Admission

amountTimePeriodCode: 36

level: Individual levelCode: IND

payerNotes: Seq#003,INPATIENT HOSPITAL ROOM AND BOARD

# **Long Term Care**

\_\_\_\_\_

name: Long Term Care

type: 54

status: Active Coverage

statusCode: 1

## **Medical Care**

\_\_\_\_\_\_

name: Medical Care

type: 1

status: Active Coverage

statusCode: 1

### **Mental Health**

\_\_\_\_\_

name: Mental Health

type: MH

status: Active Coverage

statusCode: 1

## amount coInsurance inNetwork

\_\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: 0%
units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual

levelCode: IND

payerNotes: Seq#003,TELEHEALTH VISIT PCP

# **Pharmacy**

\_\_\_\_\_

name: Pharmacy

type: 88

status: Active Coverage

statusCode: 1

## amount\_coPayment\_inNetwork

-----

amount: \$47 units: USD

payerNotes: Seq#002,LEVEL 3

# Professional (Physician) Visit - Office

\_\_\_\_\_

name: Professional (Physician) Visit - Office

type: 98

status: Active Coverage

statusCode: 1

### amount\_coPayment\_inNetwork

\_\_\_\_\_

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$0
units: USD

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual levelCode: IND

payerNotes: Seq#002,PHYSICIAN OFFICE VISIT PCP

### amount coInsurance inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: 0%
units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual

levelCode: IND

payerNotes: Seq#003,TELEHEALTH VISIT PCP

# **Urgent Care**

\_\_\_\_\_

name: Urgent Care

type: UC

status: Active Coverage

statusCode:1

## amount coPayment inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: \$55
units: USD
amountTimePeriod: Visit
amountTimePeriodCode: 27

level: Individual levelCode: IND

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payerNotes: Seq#002,PHYSICIAN OFFICE URGENT CARE

## amount\_coInsurance\_inNetwork

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode: PR
amount: 0%
units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual levelCode: IND

payerNotes: Seq#003,PHYSICIAN OFFICE URGENT CARE

# Vision (Optometry)

\_\_\_\_\_

name: Vision (Optometry)

type: AL

status: Active Coverage

statusCode:1

# $amount\_coInsurance\_inNetwork$

-----

insuranceType: Preferred Provider Organization (PPO)

insuranceTypeCode : PR amount : 0%

units: Percent

amountTimePeriod: Calendar Year

amountTimePeriodCode: 23

level: Individual

levelCode: IND

payerNotes: Seq#003,ROUTINE VISION EXAM