Eligibility status : Active Coverage

Payer : HUMANA

DOS :

VERIFICATION TYPE : Subscriber Verification
 Transaction ID : -8199962406339934981
 Transaction Time : 2024-04-19, 12:08:57

Customer ID : 953549

Requesting Provider NPI: 1942496757

Primary Care Provider NPI:

SUBSCRIBER INFORMATION

Name : MELANIE CRANE

Address : 766 W MONTE AZUL

City-State-Zip : TAYLORSVILLE, Utah, 841233576

Gender : Female

Date Of Birth: 1958-10-28Last Name: CRANEFirst Name: MELANIEMember ID: H74826574Group Number: X3009001

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

Relation to Subscriber : Self

Requesting Provider Name : AVAILITY **Primary Care Provider Name** : Joni, Hougaard

ELIGIBILITY BENEFITS

Health Benefit Plan Coverage

name : Health Benefit Plan Coverage

type : 30

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

NA	
amount coInsurance inNetwork	
 NA	
amount outOfPocket inNetwork	

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN amount : \$135 : USD units

amountTimePeriod : Year to Date

amountTimePeriodCode : 24 remaining : 4765

remainingTimePeriod : Remaining

remaining Time Period Code29

: 4900 total

totalTimePeriod : Calendar Year

total Time Period Code: 23

level : Individual levelCode : IND : Seq#005 payerNotes

amount deductibles inNetwork

NA

Chiropractic

name : Chiropractic

type : 33

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : \$20
units : USD
amountTimePeriod : Visit

amountTimePeriodCode : 27 level : Individual

levelCode : IND

payerNotes : Seq#002,MEDICARE COVERED MANIPULATIONS

amount coInsurance inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : 0%
units : Percent

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual levelCode : IND

payerNotes : Seq#003,MEDICARE COVERED MANIPULATIONS

amount outOfPocket inNetwork		
NA		
amount deductibles inNetwork		
NA		
Dental Care		
name : Dental Care	=	
type : 35		
status : Active Coverage		
statusCode : 1		
amount coPayment inNetwork		
NA		
amount coInsurance inNetwork		
NA		
amount outOfPocket inNetwork		
NA		
amount deductibles inNetwork		
NA		
Emergency Services		
name : Emergency Services	=	
type : 86		
status : Active Coverage		
statusCode : 1		

 $amount\ coPayment\ in Network$

.....

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : \$120
units : USD
amountTimePeriod : Episode

amountTimePeriodCode: 26

level : Individual levelCode : IND

payerNotes : Seq#002,ER

amount coInsurance inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : 0%
units : Percent

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual levelCode : IND

payerNotes : Seq#003,ER

amount outOfPocket inNetwork

NA

amount deductibles inNetwork

name	: Hospital
type	: 47
status	: Active Coverage
statusCode	: 1
amount coP	ayment inNetwork
NA	
amount coIr	nsurance inNetwork
NA	
amount out	OfPocket inNetwork
NA	
amount ded	uctibles inNetwork
NA	
Hospital -	Inpatient
name	: Hospital - Inpatient
type	: 48
status	: Active Coverage
statusCode	: 1
amount coP	ayment inNetwork
NA	
amount coIr	nsurance inNetwork

Hospital

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN amount : 0%

units : Percent

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual levelCode : IND

payerNotes : Seq#003,INPATIENT HOSPITAL

amount outOfPocket inNetwork

NA

amount deductibles inNetwork

NA

Hospital - Outpatient

name : Hospital - Outpatient

type : 50

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN amount : \$335

units : USD amountTimePeriod : Visit

amountTimePeriodCode: 27

level : Individual levelCode : IND

payerNotes : Seq#002,OUTPATIENT HOSPITAL SURGERY

amount coInsurance inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : 0%
units : Percent

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual levelCode : IND

payerNotes : Seq#003,OUTPATIENT HOSPITAL SURGERY

amount outOfPocket inNetwork

NA

amount deductibles inNetwork

NA

Hospital - Room and Board

name : Hospital - Room and Board

type : 49

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : \$335
units : USD

amountTimePeriod : Admission

amountTimePeriodCode: 36

level : Individual levelCode : IND quantity : 1 quantityQualifier : Days

: DY

payerNotes : Seq#002,INPATIENT HOSPITAL ROOM AND BOARD

amount coInsurance inNetwork

quantityQualifierCode

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : 0%
units : Percent
amountTimePeriod : Admission

amountTimePeriodCode: 36

level : Individual

levelCode : IND

payerNotes : Seq#003,INPATIENT HOSPITAL ROOM AND BOARD

amount outOfPocket inNetwork

NA

NA	
Long Te	rm Care
type	: Active Coverage
amount co	Payment inNetwork
NA	
amount co	Insurance inNetwork
NA	
amount ou	tOfPocket inNetwork
NA	
amount de	ductibles inNetwork
NA	
Medical	Care
type status statusCode	: Active Coverage : 1
	Payment inNetwork
NA	
amount co	Insurance inNetwork
NA	

amount outOfPocket inNetwork NA amount deductibles inNetwork NA Mental Health name : Mental Health type : MH status : Active Coverage statusCode : 1 amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN
amount : \$85
units : USD
amountTimePeriod : Visit
amountTimePeriodCode : 27

level : Individual

levelCode : IND

payerNotes : Seq#002,OUTPATIENT HOSPITAL DAY TREATMENT

amount coInsurance inNetwork

insuranceTypeCode : HN : 0% amount units : Percent amountTimePeriod : Calendar Year amountTimePeriodCode: 23 level : Individual levelCode : IND : Seq#003,OUTPATIENT HOSPITAL DAY TREATMENT payerNotes amount outOfPocket inNetwork NA amount deductibles inNetwork NA **Pharmacy** : Pharmacy name : 88 type : Active Coverage status statusCode: 1 amount coPayment inNetwork amount: \$47 : USD units payerNotes: Seq#002,LEVEL3 amount coInsurance inNetwork NA amount outOfPocket inNetwork NA

: Health Maintenance Organization (HMO) - Medicare Risk

insuranceType

amount deductibles inNetwork

: \$0 amount : USD units

payerNotes: Seq#001

Professional (Physician) Visit - Office

: Professional (Physician) Visit - Office name

: 98 type

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

insuranceTypeCode : HN : \$0 amount : USD units

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual : IND

levelCode

: Seq#002,PHYSICIAN OFFICE VISIT PCP payerNotes

amount coInsurance inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

in surance Type Code: HN amount : 0% units : Percent

amountTimePeriod : Calendar Year

amountTimePeriodCode: 23

level : Individual

levelCode : IND

payerNotes : Seq#003,PHYSICIAN OFFICE VISIT PCP

amount outOfPocket inNetwork

NA

amount deductibles inNetwork

NA

Urgent Care

name : Urgent Care

type : UC

status : Active Coverage

statusCode: 1

amount coPayment inNetwork

insuranceType : Health Maintenance Organization (HMO) - Medicare Risk

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

level : Individual levelCode : IND

payerNotes : Seq#002,PHYSICIAN OFFICE URGENT CARE

amount coInsurance inNetwork

insuranceType :	Health Maintenance Organization (HMO) - Medicare Risk			
insuranceTypeCode :				
amount :				
	Percent			
amountTimePeriod :				
amountTimePeriodCode :	23			
level :	Individual			
levelCode :	IND			
	Seq#003,PHYSICIAN OFFICE URGENT CARE			
amount outOfPocket inNe	etwork			
NA				
4 1 1 491 • NT 4	•			
amount deductibles inNet	work			
NA				
Vision (Optometry)				
\ 1				
name : Vision (Opto	ometry)			
type : AL	type : AL			
status : Active Cove	erage			
statusCode : 1				
amount coPayment inNet	work			
NA				
- · -				
amount coInsurance inNetwork				

: Health Maintenance Organization (HMO) - Medicare Risk insuranceType insuranceTypeCode : HN : 0% amount units : Percent amountTimePeriod : Calendar Year amountTimePeriodCode: 23 level : Individual : IND levelCode : Seq#003,ROUTINE VISION EXAM payerNotes amount outOfPocket inNetwork NA amount deductibles inNetwork

NA