









Eligibility

To read more about an individual patient's specific benefits, there is an "eligibility & benefits" page that will show all the information from the insurance on one page. Below is step-by-step instructions on how to navigate eligibility.


Clicking directly on the icon shown in the "primary" or "secondary" column will bring up a **quick view** for the insurance on file. Clicking on either the primary or secondary insurance icon will bring up a **quick view** for the insurance selected.

PRI	SEC
	
	
	
	


CLARK, LINDSEY 349db891-1912-4802-bb7e-da75ab2a003f


[Visit History](#) | [Appointment History](#)


VISIT: 07/25/2017 09:32 AM - Amber's Ophthalmology

▼ Primary Insurance -  - Humana

Primary Insurance


Payer 

Member ID 

Group Number 

Rel. To Subscriber Subscriber/Self

Member CLARK, LINDSEY



Female

Eligibility

Status **Active Coverage**

Transaction Date 07/25/2017 09:32 AM

Remaining Deduct... \$0.00

Copay Due \$30.00 (Primary Care Physician)

[Eligibility & Benefits](#)

Ins. Card Image(s)

Date Scanned: 6/22/2017

[Resubmit Insurance](#) [Close](#)

Once this window is up, both the primary and secondary insurance (if the patient has active coverage) will have the option to show a list of the benefits they can receive. These can be seen from clicking on the "eligibility & benefits" button.

Eligibility

Status	Active Coverage
Transaction Date	07/25/2017 09:32 AM
Remaining Deduct...	\$0.00
Copay Due	\$30.00 (Primary Care Physician)

[Eligibility & Benefits](#)

This will bring up a new window.

Payer

Payer	[REDACTED]
Transaction Date/Time	1/6/2016 10:59:48 AM
Transaction ID	97239001
Transaction Version	005010X279A1
Service Type Code	30 - Health Benefit Plan Coverage
Eligibility Response Code	1 - Active Coverage

Member

	Response	Submitted
Member ID	[REDACTED]	[REDACTED]
Member Name	CLARK, LINDSEY, S	CLARK, LINDSEY
Date of Birth	[REDACTED]	[REDACTED]
Gender	Female	Female
Address	[REDACTED]	[REDACTED]
Relationship	Subscriber/Self	Subscriber/Self
Plan Number	F< _Z005 (F< _Z005)	
Group Number	086608701000065 (STRATEGIC OUTSOURCING INC.)	

Dates

Plan Begin	3/1/2015
Service	1/6/2016
Eligibility Begin	2/1/2015

Coverage

Coverage Type	Plan Name	Status	Effective Period
Health Benefit Plan Coverage Point of Service (POS)	Open Access Aetna Health Network Option	Active Coverage	

This window displays all the information collected from the insurance company. At the top of this window is a bar that allows the user to quickly jump to sections. The first selection is "Payer" and selecting it will take you to the top of the page where the payer information is displayed.

Payer Member Coverage Benefits Services

Payer

Payer	AETNA INC
Transaction Date/Time	1/6/2016 10:59:48 AM
Transaction ID	97239001
Transaction Version	005010X279A1
Service Type Code	30 - Health Benefit Plan Coverage
Eligibility Response Code	1 - Active Coverage

The next selection is "Member," which will pull the information about the patient to the top.

Payer **Member** Coverage Benefits Services

Member

	<u>Response</u>	<u>Submitted</u>
Member ID	[REDACTED]	MP17007010
Member Name	CLARK, LINDSEY, S	CLARK, LINDSEY
Date of Birth	[REDACTED]	[REDACTED]
Gender	Female	Female
Address	[REDACTED]	
Relationship	Subscriber/Self	Subscriber/Self
Plan Number	F<_.Z005 (F<_.Z005)	
Group Number	086608701000065 (STRATEGIC OUTSOURCING INC.)	

The "Coverage" tab will show what type of coverage the patient has with that insurance company.

Payer	Member	Coverage	Benefits	Services	Print	Close
Coverage						
Coverage Type	Plan Name	Status	Effective Period			
Health Benefit Plan Coverage Point of Service (POS)	Open Access Aetna Health Network Option	Active Coverage				
Medical Care	Open Access Aetna Health Network Option	Active Coverage				
Chiropractic	Open Access Aetna Health Network Option	Active Coverage				
Hospital	Open Access Aetna Health Network Option	Active Coverage				
Hospital - Inpatient	Open Access Aetna Health Network Option	Active Coverage				
Hospital - Outpatient	Open Access Aetna Health Network Option	Active Coverage				
Emergency Services	Open Access Aetna Health Network Option	Active Coverage				
Professional (Physician) Visit - Office	Open Access Aetna Health Network Option	Active Coverage				
Urgent Care	Open Access Aetna Health Network Option	Active Coverage				
Vision (Optometry)	Open Access Aetna Health Network Option	Active Coverage				
Mental Health	Open Access Aetna Health Network Option	Active Coverage				
Pharmacy	Open Access Aetna Health Network Option	Active Coverage				

"Benefits" has a drop down menu which allows the user to view different parts of the benefits, depending on the insurance plan and what information is available.

Payer	Member	Coverage	Benefits	Services	Print	Close
Benefit: Active Coverage						
Service Type	Auth Req'd	Coverage	Plan			
In-Network and Out-of-Network						
Health Benefit Plan Coverage Point of Service (POS)		Employee Only	Open Access Aetna Health Network Option			
Medical Care		Employee Only	Open Access Aetna Health Network Option			
Chiropractic		Employee Only	Open Access Aetna Health Network Option			
Hospital		Employee Only	Open Access Aetna Health Network Option			
Hospital - Inpatient		Employee Only	Open Access Aetna Health Network Option			
Hospital - Outpatient		Employee Only	Open Access Aetna Health Network Option			
Emergency Services		Employee Only	Open Access Aetna Health Network Option			
Professional (Physician) Visit - Office		Employee Only	Open Access Aetna Health Network Option			
Urgent Care		Employee Only	Open Access Aetna Health Network Option			
Vision (Optometry)		Employee Only	Open Access Aetna Health Network Option			
Mental Health		Employee Only	Open Access Aetna Health Network Option			
Pharmacy		Employee Only	Open Access Aetna Health Network Option			
Benefit: Co-Insurance						
Service Type	Patient Liability	Quantity	Auth Req'd	Coverage	Plan	
In-Network						
Chiropractic	0.00 %			Employee Only		
In-Network Providers Chiropractor Visit or Evaluation in Office Chiropractor Visit or Evaluation Lab Performed by Chiropractor in Office Lab Performed by Chiropractor Xray by Chiropractor in Office Xray by Chiropractor Manipulation by Chiropractor Occupational Therapy by Chiropractor Physical Therapy by Chiropractor						
Hospital - Inpatient	10.00 %		Y	Employee Only		
In-Network Providers Inpatient Medical Ancillary, COINS APPLIES TO OUT OF POCKET Medical Ancillary, COINS APPLIES TO OUT OF POCKET Semi Private Room and Board, COINS APPLIES TO OUT OF POCKET Intensive Care Room and Board, COINS APPLIES TO OUT OF POCKET						
Hospital - Outpatient	10.00 %			Employee Only		
In-Network Providers COINS APPLIES TO OUT OF POCKET						

Benefit: Co-Payment

- Active Coverage
- Co-Insurance
- Co-Payment**
- Deductible
- Limitations
- Non-Covered
- Other Source of Data
- Out of Pocket (Stop Loss)
- Primary Care Provider

Service Type	Liability	Quantity	Auth Req'd	Coverage	Plan
In-Network					
Chiropractic					Employee Only
In-Network Providers Chiropractor Visit or Evaluation in Office, COPAY INCLUDED IN OOP Manipulation by Chiropractor, COPAY INCLUDED IN OOP Occupational Therapy by Chiropractor, COPAY INCLUDED IN OOP Physical Therapy by Chiropractor, COPAY INCLUDED IN OOP					
Emergency Services					Employee Only
In-Network Providers Urgent Care, COPAY INCLUDED IN OOP					
Professional (Physician) Visit - Office	\$40.00				Employee Only
In-Network Providers GYN Visit when Performed in an Office, COPAY INCLUDED IN OOP Specialist Visit or Evaluation when Performed in an Office, COPAY INCLUDED IN OOP					
Professional (Physician) Visit - Office	\$25.00				Employee Only
In-Network Providers Primary Care Visit or Evaluation in Office, COPAY INCLUDED IN OOP Patient's Primary Care Physician GYN Visit when Performed in an Office, COPAY INCLUDED IN OOP					
Urgent Care	\$75.00				Employee Only
In-Network Providers COPAY INCLUDED IN OOP					
Out-of-Network					
Chiropractic	\$0.00		Y		Employee Only
Occupational Therapy by Chiropractor Physical Therapy by Chiropractor					
Emergency Services	\$0.00		Y		Employee Only
Urgent Care					
Urgent Care	\$0.00		Y		Employee Only
In-Network and Out-of-Network					
Chiropractic	\$0.00		Y		Employee Only
Chiropractor Visit or Evaluation Lab Performed by Chiropractor in Office Lab Performed by Chiropractor Xray by Chiropractor in Office Xray by Chiropractor					
Hospital - Inpatient	\$0.00		Y		Employee Only
Semi Private Room and Board					
Hospital - Outpatient	\$0.00		Y		Employee Only
Emergency Services	\$0.00		Y		Employee Only
Emergency Room Physician					

Payer	Member	Coverage	Benefits	Services	Print	Close
Primary Care Visit or Evaluation						
Benefit: Deductible						
Service Type				Quantity	Auth Req'd	Coverage Plan
In-Network						
Health Benefit Plan Coverage						Individual
<i>Plan Begin: 1/1/2016</i>						
Med Dent, In-Network Providers, DED INC Board, Medical Ancillary						
Health Benefit Plan Coverage						Individual
Med Dent						
Out-of-Network						
Health Benefit Plan Coverage		\$2,000.00 / Calendar Year				Individual
<i>Plan Begin: 1/1/2016</i>						
Med Dent, DED INCLUDED IN OOP, Chiropractor Visit or Evaluation, Lab Performed by Chiropractor in Office, Lab Performed by Chiropractor, Xray by Chiropractor in Office, Xray by Chiropractor, Occupational Therapy by Chiropractor, Physical Therapy by Chiropractor						
Outpatient Surgery Facility, Inpatient Medical Ancillary, Semi Private Room and Board, Intensive Care Room and Board, Medical Ancillary, Urgent Care, GYN Visit, Specialist Visit or Evaluation, Primary Care Visit or Evaluation						
Health Benefit Plan Coverage		\$2,000.00 / Remaining				Individual
Med Dent						
Benefit: Limitations						
Service Type		Patient Liability		Quantity	Auth Req'd	Coverage Plan
In-Network						
Chiropractic						Employee Only
In-Network Providers						
Chiropractor Visit or Evaluation in Office/Plan Ded Waived						
Chiropractor Visit or Evaluation/Plan Ded Waived						
Lab Performed by Chiropractor in Office/Plan Ded Waived						
Lab Performed by Chiropractor/Plan Ded Waived						
Xray by Chiropractor in Office/Plan Ded Waived						
Xray by Chiropractor/Plan Ded Waived						
Manipulation by Chiropractor/Plan Ded Waived						
Occupational Therapy by Chiropractor/Plan Ded Waived						
Physical Therapy by Chiropractor/Plan Ded Waived						
Emergency Services						Employee Only
In-Network Providers						
Urgent Care/Plan Ded Waived						
Urgent Care						Employee Only
In-Network Providers						
Urgent Care/Plan Ded Waived						
Professional (Physician) Visit - Office						Employee Only
In-Network Providers						
GYN Visit when Performed in an Office/Plan Ded Waived						

"Services" has the same concept with the drop down menu depending on the insurance plan and what information is available. With some insurance information, some of these tabs may not be available due to the information received from the insurance company.

Service: Health Benefit Plan Coverage

- Health Benefit Plan Coverage
- Chiropractic
- Emergency Services
- Hospital
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Professional (Physician) Visit - Office
- Urgent Care
- Vision (Optometry)
- Service Type Unknown

Benefit Type	Patient Liability	Coverage	Plan
In-Network			
Deductible	\$500.00 / Calendar Year		Individual
<i>Plan Begin: 1/1/2016</i>			
Med Dent, In-Network Providers, DED INCLUDED IN OOP, Board, Medical Ancillary			
Deductible	\$500.00 / Remaining		Individual
Med Dent			
Out of Pocket (Stop Loss)	\$2,500.00		Individual
In-Network Providers INT MED AND RX			
Out of Pocket (Stop Loss)	\$2,500.00 / Remaining		Individual
Out-of-Network			
Deductible	\$2,000.00 / Calendar Year		Individual
<i>Plan Begin: 1/1/2016</i>			
Med Dent, DED INCLUDED IN OOP, Chiropractor Visit or Evaluation, Lab Performed by Chiropractor in Office, Lab Performed by Chiropractor, Xray by Chiropractor in Office, Xray by Chiropractor, Occupational Therapy by Chiropractor, Physical Therapy by Chiropractor Outpatient Surgery Facility, Inpatient Medical Ancillary, Semi Private Room and Board, Intensive Care Room and Board, Medical Ancillary, Urgent Care, GYN Visit, Specialist Visit or Evaluation, Primary Care Visit or Evaluation			
Deductible	\$2,000.00 / Remaining		Individual
Med Dent			
Out of Pocket (Stop Loss)	\$6,000.00		Individual
INT MED AND RX			
Out of Pocket (Stop Loss)	\$6,000.00 / Remaining		Individual
In-Network and Out-of-Network			
Active Coverage		Employee Only	Open Access Aetna Health Network Option
Point of Service (POS)			
Limitations		Employee Only	
Plan Requires PreCert			
Limitations		Employee Only	
Commercial			
Limitations		Employee Only	
Unlimited Lifetime Benefits			
Primary Care Provider		Employee Only	
Point of Service (POS)			
Name			
PCP SELECTION NOT REQUIRED - Primary Care Provider			

Service: Chiropractic 33