









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