

ABC AUTH# 120310

S.NO	Dos	ACCT#	Patient Name	Insurance	DOB	ID#	CPT	DX	Provider Name	Comment	Request sent on	Client Comment
1	11/22/10	[REDACTED]	[REDACTED]	Compsych Insurance	[REDACTED]	[REDACTED]	90801	311	[REDACTED]	Need Auth#	12/01/10	As per Teresa @ Compsych Insurance the patient policy effective date is 06/01/2005, 60 visits per calendar year, and Provider is in network, it covers 100% of allowed amount and \$15.00 co payment, Deductible \$500.00, NO OOP max, Referral is not required, Authorization is required Auth Starting from 11/22/2010 to 05/22/2011 for EAP Auth#2631611 (3), Auth # 2631615 and for (15) 90806, TFL 90 days from DOS, Claim mailing address P.O. Box 8379, Chicago, IL 60680, Ref#Teresa12012010, Phillip-12012010
2	11/23/10	[REDACTED]	[REDACTED]	Compsych Insurance	[REDACTED]	[REDACTED]	90801	311	[REDACTED]	Need Auth#	12/01/10	As per Teresa @ Compsych Insurance the patient policy effective date is 06/01/2005, 60 visits per calendar year, and Provider is out of network, it covers 50% of allowed amount and 50% co insurance, NO Deductible, OOP max \$6500.00, Referral is not required, Authorization is required, She said she needs to talk to supervisor about auth back dated and she told she will call back as soon as possible, TFL 90 days from DOS, Claim mailing address P.O. Box 8379, Chicago, IL 60680, Ref# , Phillip-12012010
3	11/27/10	[REDACTED]	[REDACTED]	Guardian	[REDACTED]	[REDACTED]	90801	311	[REDACTED]	Need Auth#	12/01/10	As per Rosi @ Guardian effective from 06/08/1995 and terminated on 06/14/1996 and other active policy, Ref#Rosi12012010, Phillip-12012010
4	11/27/10	[REDACTED]	[REDACTED]	Oxford	[REDACTED]	[REDACTED]	90862	296.80	[REDACTED]	Need Auth#	12/01/10	As per Judy @ Oxford Effective from 11/01/2010-still active , they are primary, provider is in network, plan type FREEDOM, LBTY, it covers unlimited visits per calendar year, It covers 100% after \$40.00 co payment, No deductible and No OOP Max, Referral is not required and Authorization is required, Auth #92044565 starting from 11/27/2010 to 11/27/2011, for All OMH visits unlimited, TFL 90 days from DOS, Claim mailing address is PO Box 7082, Bridgeport, CT 06601-7082, Ref#117453360, Phillip-12012010
5	11/29/10	[REDACTED]	[REDACTED]	Operating Engineers Local 825	[REDACTED]	[REDACTED]	90806	296.90	[REDACTED]	Need Auth#	12/01/10	As per Serta @ MAGELLAN effective date is 10/01/2005, Policy type HMO and Provider is in network, it is primary, it covers 50 visits and 100% of allowed amount with \$15.00 co payment. no deductible and No OOP max, Referral is not required, Auth#06j82L000, Auth starting from 10/04/2010 to 04/04/2011 for CPT 90801 (1) and 90806 (7), TFL 1 year from DOS, Claim mailing address PO Box 5172 Columbia MD 21045, Ref#CT20103218789, Phillip-10052010
6	11/30/10	[REDACTED]	[REDACTED]	Guardian	[REDACTED]	[REDACTED]	90801	New Pt	[REDACTED]	Need Auth#	12/01/10	As per Rosi @ Guardian effective from 06/08/1995 and terminated on 06/14/1996 and other active policy, Ref#Rosi12012010, Phillip-12012010
7	11/30/10	[REDACTED]	[REDACTED]	Americhoice	[REDACTED]	[REDACTED]	90801	New Pt	[REDACTED]	Need Auth#	12/01/10	As per Tamica @ Americhoice Stated that this policy is handled by Medicaid, Ref#C03351628274341, Phillip-12012010
8	12/03/10	[REDACTED]	[REDACTED]	Horizon BC/BS of NJ	[REDACTED]	[REDACTED]	90801	New Pt	[REDACTED]	Need Auth#	12/01/10	As per Judy.N @ Magellan Pt Effective from 10/01/2004-still active, plan type POS, Provider is in network, it covers unlimited visits per calendar year, it covers 100% allowed amount after \$15.00 co payment, No Deductible, OOP Max for individual \$1000.00 met \$339.62 and family \$2000.00, referral is not required and Authorization is required, Auh # 06QCN5-000, starting date 12/01/2010 to 12/01/2011, CPT 90801 (1) and 90862 (9), TFL is 1 year from DOS, Claim mailing address po box 5172 Columbia MD-21045, ref# CT20103215714, Phillip-12012010
9	12/03/10	[REDACTED]	[REDACTED]	Horizon BC/BS of NJ	[REDACTED]	[REDACTED]	90801	New Pt	[REDACTED]	Need Auth#	12/01/10	As per Judy.N @ Magellan Pt Effective from 07/01/2007-still active, plan type Direct acces, Provider is in network, it covers unlimited visits per calendar year, it covers 100% allowed amount after \$15.00 co payment, No Deductible, OOP Max \$1000.00, referral is not required and Authorization is not required, TFL is 1 year from DOS, Claim mailing address po box 5172 Columbia MD-21045, ref# CT20103215714, Phillip-12012010