

Eligibility Verification report

Time	Name of Patient	Pt's Ph#	Insurance Carrier	Status	Effective Date	Copay	Notes/Remarks	Provider IN / Out	Issues	Patient Intake	Ded/Cal Yr	Ded Met
9:30 AM	[REDACTED]	[REDACTED]	Aetna	Active	1/1/2009	\$0.00	As per Ida @ Aetna policy is Effective from 01/01/2009- still active, policy type is POS 2, Provider is out of network and patient has out of network benefits, it covers unlimited visits per calendar year, it will covers 70% of allowed amount after 30% co insurance, deductible \$300.00 met \$0.00 and OOP max \$5000.00 met \$1342.50 referral is not required, and authorization is not required, Physical therapy It covers 90 visits per calendar year, it will covers 70% of allowed amount After 30% co insurance, deductible \$300.00 met \$0.00 and OOP max \$5000.00 met \$1342.50 referral is not required, and authorization is not required, TFL: 120 days from DOS, Claim mailing address PO Box : 981106, El Paso, TX - 79998-1106, Ref # 920111021 Jay2/1/2011	Out of network	No Issues	Yes	\$300.00	\$0.00
9:45 AM	[REDACTED]	[REDACTED]	Empire Medicare Services	Active	2/1/1991	\$0.00	As per Navinet the patient policy effective from 02/01/1991 and it covers Medicare part A and B, Deductible: \$162.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1870 Remaining	In network	No Issues	Yes	\$162.00	\$0.00
10:00 AM	[REDACTED]	[REDACTED]	Americhoice of NJ	Active	11/1/2010	\$0.00	As per Deddy @ AMERICHOICE OF NEW JERSEY Effective date 11/01/2010-still active, Plan type Medicare HMO, provider is Out of network, Patient does not have no out of network benefits, Ref # C10320938594857 Jay2/1/2011	Out of network	Patient has no out of network benefits	No	-	-
10:15 AM	[REDACTED]	[REDACTED]	Horizon BCBS of NJ	Active	8/1/2008	\$0.00	As per Ryan.B @ Horizon BCBS the patient policy effective date is 08/01/2008 and plan type is NJ Direct 10 (POS), Provider is out network, it covers unlimited visits per calendar year, coves 80% of allowed amount and 20% Co insurance, deductible amount \$100.00 met \$0.00 and OOP max \$2000.00 met \$58.72 per calendar year, Referral and authorization is required for some codes ph # 800-664-2583 Physical theory covers unlimited visits per calendar year, coves 80% of allowed amount and 20% Co insurance, deductible amount \$100.00 met \$0.00 and OOP max \$2000.00 met \$58.72 per calendar year, Referral and authorization is required for some codes ph # 888 789 3457, initial valuation is not covers, TFL is 1 year and 90 days from DOS, Claim mailing address PO Box 820 Newark NJ 07101 Ref#1-2686989622U Jay2/1/2011	Out of network	No Issues	Yes	\$100.00	\$0.00