

## Transaction Summary

[COLLAPSE](#)

As Of: 4/2/2009  
 Payer: AETNA INC  
 Member ID: DEMO\_ID\_555  
 Eligibility Dates: 1/1/2004 - no end date

Subscriber Name: Smith, John  
 Subscriber DOB: 1/1/1978  
 Subscriber Address: 510 Vonderburg Dr, Brandon, FL 33511  
[show detailed information](#)

## Health Benefit Plan Coverage

[COLLAPSE](#)

Coverage Status: **ACTIVE COVERAGE**

Eligibility Dates: N/A

Co-Payment: **\$20.00** Coverage: Family, PHYS OFFICE VS,  
**\$30.00** Coverage: Family, SPEC OFF VST

Co-Insurance: 0.00 % Coverage: Family, PHYS OFFICE VS, SPEC OFF VST

Deductible: **\$250.00** Coverage: Individual, SPINAL MANIP  
**\$750.00** Coverage: Family **Notes:** SPINAL MANIP

Deductible Remaining: **\$250.00** Coverage: Individual, SPINAL MANIP

Out of Pocket (Stop Loss): **\$2,000.00** Coverage: Individual, IND COINS LMT

Out of Pocket Remaining: **\$2,000.00** Coverage: Individual, IND COINS LMT

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Out of Net Co-Insurance: **30.00 %** Coverage: Family, PHYS OFFICE VS, SPEC OFF VST  
**30.00 %** Coverage: Family **Notes:** PHYS OFFICE VS SPEC OFF VST

Out of Net Deductible: **\$750.00** Coverage: Individual, SPINAL MANIP  
**\$2,250.00** Coverage: Family **Notes:** SPINAL MANIP

Out of Net Deductible Remaining: **\$750.00** Coverage: Individual, SPINAL MANIP  
**\$2,250.00** Coverage: Family **Notes:** SPINAL MANIP

## Chiropractic

[COLLAPSE](#)

<b>Coverage Status:</b>	<b>ACTIVE COVERAGE</b>	
<b>Eligibility Dates:</b>	N/A	
<b>Co-Payment:</b>	<b>\$30.00</b>	Coverage: Family, CHIRO VST/EVAL, MANPULATN CHRO
<b>Co-Insurance:</b>	0.00 %	Coverage: Family, CHIRO VST/EVAL, MANPULATN CHRO
<b>Deductible:</b>	<b>\$250.00</b>	Coverage: Individual
	<b>\$750.00</b>	Coverage: Family
<b>Deductible Remaining:</b>	<b>\$250.00</b>	Coverage: Individual
<b>Out of Pocket (Stop Loss):</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT
<b>Out of Pocket Remaining:</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT

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<b>Out of Net Co-Insurance:</b>	<b>30.00 %</b>	Coverage: Family, CHIRO VST/EVAL, MANPULATN CHRO
	<b>30.00 %</b>	Coverage: Family <b>Notes:</b> CHIRO VST/EVAL MANPULATN CHRO
<b>Out of Net Deductible:</b>	<b>\$750.00</b>	Coverage: Individual
	<b>\$2,250.00</b>	Coverage: Family
<b>Out of Net Deductible Remaining:</b>	<b>\$750.00</b>	Coverage: Individual
	<b>\$2,250.00</b>	Coverage: Family

## Emergency Services

**COLLAPSE**

<b>Coverage Status:</b>	<b>ACTIVE COVERAGE</b>	
<b>Eligibility Dates:</b>	N/A	
<b>Co-Payment:</b>	<b>\$100.00</b>	Coverage: Family, ER FACILITY,
	<b>\$35.00</b>	Coverage: Family, URGENT CARE
<b>Co-Insurance:</b>	0.00 %	Coverage: Family, ER FACILITY, URGENT CARE,
	<b>10.00 %</b>	Coverage: Family, ER PHYSICIAN
<b>Deductible:</b>	<b>\$250.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$750.00</b>	Coverage: Family <b>Notes:</b> SPINAL MANIP
<b>Deductible Remaining:</b>	<b>\$250.00</b>	Coverage: Individual, SPINAL MANIP
<b>Out of Pocket (Stop Loss):</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT
<b>Out of Pocket Remaining:</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT

<b>Out of Net Co-Insurance:</b>	0.00 %	Coverage: Family, ER FACILITY,
	<b>30.00 %</b>	Coverage: Family, ER PHYSICIAN, URGENT CARE
	0.00 %	Coverage: Family <b>Notes:</b> ER FACILITY
	<b>30.00 %</b>	Coverage: Family <b>Notes:</b> ER PHYSICIAN URGENT CARE
<b>Out of Net Deductible:</b>	<b>\$750.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> SPINAL MANIP
<b>Out of Net Deductible Remaining:</b>	<b>\$750.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> SPINAL MANIP

**Hospital - Inpatient**

**COLLAPSE**

<b>Coverage Status:</b>	<b>ACTIVE COVERAGE</b>
<b>Eligibility Dates:</b>	N/A
<b>Co-Payment:</b>	N/A
<b>Co-Insurance:</b>	<b>10.00 %</b> Coverage: Family, RM & BOARD
<b>Deductible:</b>	<b>\$250.00</b> Coverage: Individual, FAM COINS LMT
	<b>\$750.00</b> Coverage: Family <b>Notes:</b> FAM COINS LMT
<b>Deductible Remaining:</b>	<b>\$250.00</b> Coverage: Individual, FAM COINS LMT
<b>Out of Pocket (Stop Loss):</b>	<b>\$2,000.00</b> Coverage: Individual, IND COINS LMT
<b>Out of Pocket Remaining:</b>	<b>\$2,000.00</b> Coverage: Individual, IND COINS LMT

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<b>Out of Net Co-Insurance:</b>	<b>30.00 %</b>	Coverage: Family, RM & BOARD
	<b>30.00 %</b>	Coverage: Family <b>Notes:</b> RM & BOARD
<b>Out of Net Deductible:</b>	<b>\$750.00</b>	Coverage: Individual, FAM COINS LMT
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> FAM COINS LMT
<b>Out of Net Deductible Remaining:</b>	<b>\$750.00</b>	Coverage: Individual, FAM COINS LMT
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> FAM COINS LMT

**Hospital - Outpatient**

**COLLAPSE**

<b>Coverage Status:</b>	<b>ACTIVE COVERAGE</b>
<b>Eligibility Dates:</b>	N/A

<b>Co-Payment:</b>	N/A	
<b>Co-Insurance:</b>	<b>10.00 %</b>	Coverage: Family, OP HOSPITAL, OP SURG FAC
<b>Deductible:</b>	<b>\$250.00</b>	Coverage: Individual, FAM COINS LMT
	<b>\$750.00</b>	Coverage: Family <b>Notes:</b> FAM COINS LMT
<b>Deductible Remaining:</b>	<b>\$250.00</b>	Coverage: Individual, FAM COINS LMT
<b>Out of Pocket (Stop Loss):</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT
<b>Out of Pocket Remaining:</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT

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<b>Out of Net Co-Insurance:</b>	<b>30.00 %</b>	Coverage: Family, OP HOSPITAL, OP SURG FAC
	<b>30.00 %</b>	Coverage: Family <b>Notes:</b> OP HOSPITAL OP SURG FAC
<b>Out of Net Deductible:</b>	<b>\$750.00</b>	Coverage: Individual, FAM COINS LMT
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> FAM COINS LMT
<b>Out of Net Deductible Remaining:</b>	<b>\$750.00</b>	Coverage: Individual, FAM COINS LMT
	<b>\$2,250.00</b>	Coverage: Family <b>Notes:</b> FAM COINS LMT

### Professional (Physician) Visit - Office

**COLLAPSE**

<b>Coverage Status:</b>	<b>ACTIVE COVERAGE</b>	
<b>Eligibility Dates:</b>	N/A	
<b>Co-Payment:</b>	<b>\$20.00</b>	Coverage: Family, PHYS OFFICE VS,
	<b>\$30.00</b>	Coverage: Family, SPEC OFF VST
<b>Co-Insurance:</b>	0.00 %	Coverage: Family, PHYS OFFICE VS, SPEC OFF VST
<b>Deductible:</b>	<b>\$250.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$750.00</b>	Coverage: Family <b>Notes:</b> SPINAL MANIP
<b>Deductible Remaining:</b>	<b>\$250.00</b>	Coverage: Individual, SPINAL MANIP
<b>Out of Pocket (Stop Loss):</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT
<b>Out of Pocket Remaining:</b>	<b>\$2,000.00</b>	Coverage: Individual, IND COINS LMT

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<b>Out of Net Co-Insurance:</b>	<b>30.00 %</b>	Coverage: Family, PHYS OFFICE VS, SPEC OFF VST
	<b>30.00 %</b>	Coverage: Family <b>Notes:</b> PHYS OFFICE VS SPEC OFF VST
<b>Out of Net Deductible:</b>		

	<b>\$750.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$2,250.00</b>	Coverage: Family Notes: SPINAL MANIP
<b>Out of Net Deductible Remaining:</b>	<b>\$750.00</b>	Coverage: Individual, SPINAL MANIP
	<b>\$2,250.00</b>	Coverage: Family Notes: SPINAL MANIP

N/A - information not returned by the payer

This is a default disclaimer text