

Transaction Summary

[COLLAPSE](#)

As Of: 4/2/2009
 Payer: CMS
 Member ID: DEMO_ID_555

Subscriber Name: Smith, John
 Subscriber DOB: 8/7/1922
 Subscriber Address: 510 Vonderburg Dr, Brandon, FL 33511
[show detailed information](#)

Health Benefit Plan Coverage

[COLLAPSE](#)

Coverage Status: **ACTIVE COVERAGE**

Eligibility Dates: **7/1/2007 - 12/31/2009**

Co-Payment: N/A

Co-Insurance: N/A

Deductible: **\$38.60** Ins Type: Medicare Part B

Deductible Remaining: **\$38.60** Ins Type: Medicare Part B

Limitations: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B, Notes: PHYSICAL AND SPEECH THERAPY

Limitations Remaining: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B, Notes: PHYSICAL AND SPEECH THERAPY

Out of Net Co-Insurance: N/A

Out of Net Deductible: N/A

Out of Net Deductible Remaining: N/A

Primary Payer: UNITEDHEALTHCARE INSURANCE COMPANY

4350 W CYPRESS ST STE 1000, TAMPA, FL 336074164

Phone: (888) 861-5518

Blood Charges

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER
Eligibility Dates: 1/1/2009 - 12/31/2009
Co-Payment: N/A
Co-Insurance: N/A
Deductible: N/A
Deductible Remaining: N/A

Out of Net Co-Insurance: N/A
Out of Net Deductible: N/A
Out of Net Deductible Remaining: N/A

Hospital

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER
Eligibility Dates: N/A
Co-Payment: N/A
Co-Insurance: \$267.00 Ins Type: Medicare Part A
Deductible: \$1,068.00 Ins Type: Medicare Part A
Deductible Remaining: \$1,068.00 Ins Type: Medicare Part A

Out of Net Co-Insurance: N/A
Out of Net Deductible: N/A
Out of Net Deductible Remaining: N/A

Occupational Therapy

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER
Eligibility Dates: 1/1/2009 - 12/31/2009

Co-Payment: N/A
Co-Insurance: N/A
Deductible: N/A
Deductible Remaining: N/A
Limitations: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B
Limitations Remaining: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B

Out of Net Co-Insurance: N/A
Out of Net Deductible: N/A
Out of Net Deductible Remaining: N/A

Pharmacy

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER
Eligibility Dates: 1/1/2008 - no end date
Co-Payment: N/A
Co-Insurance: N/A
Deductible: N/A
Deductible Remaining: N/A

Out of Net Co-Insurance: N/A
Out of Net Deductible: N/A
Out of Net Deductible Remaining: N/A

Payer UNITEDHEALTHCARE INSURANCE COMPANY
 4350 W CYPRESS ST STE 1000, TAMPA, FL 336074164
 Phone: (888) 861-5518

Professional (Physician)

COLLAPSE

Coverage Status: ACTIVE COVERAGE
Eligibility 7/1/2007 - 12/31/2009

Dates:

Co-Payment: N/A

Co-Insurance: N/A

Deductible: **\$38.60** Ins Type: Medicare Part B

Deductible Remaining: **\$38.60** Ins Type: Medicare Part B

Limitations: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B, Notes: PHYSICAL AND SPEECH THERAPY

Limitations Remaining: **\$1,840.00** Coverage: Individual, Ins Type: Medicare Part B, Notes: PHYSICAL AND SPEECH THERAPY

Out of Net Co-Insurance: N/A

Out of Net Deductible: N/A

Out of Net Deductible Remaining: N/A

Primary Payer UNITEDHEALTHCARE INSURANCE COMPANY
 4350 W CYPRESS ST STE 1000, TAMPA, FL 336074164
 Phone: (888) 861-5518

Skilled Nursing Care

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER

Eligibility Dates: N/A

Co-Payment: N/A

Co-Insurance: **\$133.50** Ins Type: Medicare Part A

Deductible: N/A

Deductible Remaining: N/A

Out of Net Co-Insurance: N/A

Out of Net Deductible: N/A

**Out of Net Deductible
Remaining:** N/A

Smoking Cessation

COLLAPSE

Coverage Status: STATUS NOT SPECIFIED BY PAYER
Eligibility Dates: N/A
Co-Payment: N/A
Co-Insurance: N/A
Deductible: N/A
Deductible Remaining: N/A

Out of Net Co-Insurance: N/A
Out of Net Deductible: N/A
**Out of Net Deductible
Remaining:** N/A

N/A - information not returned by the payer

This is a default disclaimer text