

Transaction Summary[COLLAPSE](#)

As Of: 4/2/2009
 Payer: UNITED HEALTH CARE
 Member ID: DEMO_ID_555
 Eligibility Dates: 1/1/2009 - no end date

Subscriber Name: Smith, John
 Subscriber DOB: 3/9/1959
 Subscriber Address: 510 Vonderburg Dr, Brandon, FL 33511
 Patient Name: Smith, John

[show detailed information](#)**Health Benefit Plan Coverage**[COLLAPSE](#)

Coverage Status: **Active Coverage**

Eligibility Dates: N/A

Co-Payment: **\$15.00** Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN,
\$30.00 Coverage: Individual

Co-Insurance: 0.00 % Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN

Deductible: **\$244.30** Coverage: Individual,
\$300.00 Coverage: Individual,
\$55.70 Coverage: Individual
\$55.70 Coverage: Family
\$844.30 Coverage: Family
\$900.00 Coverage: Family

Deductible Remaining: **\$244.30** Coverage: Individual

Out of Pocket (Stop Loss): **\$2,244.30** Coverage: Individual, **Ins Type:** Commerical,
\$2,300.00 Coverage: Individual, **Ins Type:** Commerical,
\$55.70 Coverage: Individual, **Ins Type:** Commerical

Out of Pocket Remaining: **\$2,244.30** Coverage: Individual, **Ins Type:** Commerical

Out of Net Co-Insurance: N/A

Out of Net Deductible: **\$544.30** Coverage: Individual,

	\$55.70	Coverage: Individual,
	\$600.00	Coverage: Individual
	\$1,744.30	Coverage: Family
	\$1,800.00	Coverage: Family
	\$55.70	Coverage: Family
Out of Net Deductible Remaining:	\$544.30	Coverage: Individual
	\$1,744.30	Coverage: Family

Payer UNITEDHEALTHCARE
 P.O. BOX 740800, ATLANTA, GA 303740800

Brand Name Prescription Drug

[EXPAND](#)

Dental Care

[EXPAND](#)

Diagnostic X-Ray

[COLLAPSE](#)

Coverage Status:	Active Coverage	
Eligibility Dates:	N/A	
Co-Payment:	\$0.00	Coverage: Individual
Co-Insurance:	20.00 %	Coverage: Individual
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

Emergency Services

[COLLAPSE](#)

Coverage Status:	Active Coverage	
Eligibility Dates:	N/A	
Co-Payment:	\$35.00	Coverage: Individual

Co-Insurance:	0.00 %	Coverage: Individual
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

Generic Prescription Drug

[EXPAND](#)

Hospital

[COLLAPSE](#)

Coverage Status:	Active Coverage	
Eligibility Dates:	N/A	
Co-Payment:	\$0.00	Coverage: Individual
Co-Insurance:	20.00 %	Coverage: Individual
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 - Emergency Medical

[COLLAPSE](#)

Coverage Status:	Active Coverage	
Eligibility Dates:	N/A	
Co-Payment:	\$100.00	Coverage: Individual
Co-Insurance:	20.00 %	Coverage: Individual
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 - Inpatient

COLLAPSE

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: **\$200.00** Coverage: Individual
 Co-Insurance: **20.00 %** Coverage: Individual
 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 - Outpatient

COLLAPSE

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: \$0.00 Coverage: Individual
 Co-Insurance: **20.00 %** Coverage: Individual
 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

Medical Care

COLLAPSE

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: **\$30.00** Coverage: Individual
 Co-Insurance: 0.00 % Coverage: Individual
 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

Pharmacy

[EXPAND](#)

Physical Medicine

[COLLAPSE](#)

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: \$0.00 Coverage: Individual
 Co-Insurance: **20.00 %** Coverage: Individual
 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

Professional (Physician)

[COLLAPSE](#)

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: **\$15.00** Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN,

	\$30.00	Coverage: Individual
Co-Insurance:	0.00 %	Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN
Deductible:	\$244.30	Coverage: Individual,
	\$300.00	Coverage: Individual,
	\$55.70	Coverage: Individual
	\$55.70	Coverage: Family
	\$844.30	Coverage: Family
	\$900.00	Coverage: Family
Deductible Remaining:	\$244.30	Coverage: Individual
Out of Pocket (Stop Loss):	\$2,244.30	Coverage: Individual, Ins Type: Commerical,
	\$2,300.00	Coverage: Individual, Ins Type: Commerical,
	\$55.70	Coverage: Individual, Ins Type: Commerical
Out of Pocket Remaining:	\$2,244.30	Coverage: Individual, Ins Type: Commerical

Out of Net Co-Insurance:	N/A	
Out of Net Deductible:	\$544.30	Coverage: Individual,
	\$55.70	Coverage: Individual,
	\$600.00	Coverage: Individual
	\$1,744.30	Coverage: Family
	\$1,800.00	Coverage: Family
	\$55.70	Coverage: Family
Out of Net Deductible Remaining:	\$544.30	Coverage: Individual
	\$1,744.30	Coverage: Family

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 P.O. BOX 740800, ATLANTA, GA 303740800

Professional (Physician) Visit - Office

COLLAPSE

Coverage Status:	Active Coverage
Eligibility Dates:	N/A
Co-Payment:	\$15.00 Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN,
	\$30.00 Coverage: Individual
Co-Insurance:	

	0.00 %	Coverage: Individual, OFFICE VISIT, PRIMARY CARE PHYSICIAN
Deductible:	\$244.30	Coverage: Individual,
	\$300.00	Coverage: Individual,
	\$55.70	Coverage: Individual
	\$55.70	Coverage: Family
	\$844.30	Coverage: Family
	\$900.00	Coverage: Family
Deductible Remaining:	\$244.30	Coverage: Individual
Out of Pocket (Stop Loss):	\$2,244.30	Coverage: Individual, Ins Type: Commerical,
	\$2,300.00	Coverage: Individual, Ins Type: Commerical,
	\$55.70	Coverage: Individual, Ins Type: Commerical
Out of Pocket Remaining:	\$2,244.30	Coverage: Individual, Ins Type: Commerical

Out of Net Co-Insurance:	N/A	
Out of Net Deductible:	\$544.30	Coverage: Individual,
	\$55.70	Coverage: Individual,
	\$600.00	Coverage: Individual
	\$1,744.30	Coverage: Family
	\$1,800.00	Coverage: Family
	\$55.70	Coverage: Family
Out of Net Deductible Remaining:	\$544.30	Coverage: Individual
	\$1,744.30	Coverage: Family

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 P.O. BOX 740800, ATLANTA, GA 303740800

Psychiatric

COLLAPSE

Coverage Status:	Coverage is Active
Eligibility Dates:	N/A
Co-Payment:	N/A
Co-Insurance:	100.00 % Coverage: Individual
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

Psychiatric - Inpatient

[COLLAPSE](#)

Coverage Status: **Coverage is Active**
Eligibility Dates: N/A
Co-Payment: N/A
Co-Insurance: **100.00 %** Coverage: Individual
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

Psychiatric - Outpatient

[COLLAPSE](#)

Coverage Status: **Coverage is Active**
Eligibility Dates: N/A
Co-Payment: N/A
Co-Insurance: **100.00 %** Coverage: Individual
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

Psychotherapy

COLLAPSE

Coverage Status: **Coverage is Active**
 Eligibility Dates: N/A
 Co-Payment: N/A
 Co-Insurance: **100.00 %** Coverage: Individual
 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

Routine Physical

COLLAPSE

Coverage Status: **Active Coverage**
 Eligibility Dates: N/A
 Co-Payment: **\$15.00** Coverage: Individual
 Co-Insurance: 0.00 % Coverage: Individual
 Deductible: N/A
 Deductible Remaining: N/A
 Limitations: **\$500.00** Coverage: Individual

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

Vision (Optometry)

EXPAND

Well Baby Care

COLLAPSE

Coverage Status: **Active Coverage**

Eligibility Dates:	N/A	
Co-Payment:	\$15.00	Coverage: Individual
Co-Insurance:	0.00 %	Coverage: Individual
Deductible:	N/A	
Deductible Remaining:	N/A	
Limitations:	\$500.00	Coverage: Individual

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