

ABC Eligibility Verification Report for 11/16/2010

Time	Name of Patient	Insurance Carrier	Status	Effective Date	Copay	Notes/Remarks	Provider IN / Out	Issues	Patient Intake	Ded/Cal Yr	Ded Met
8:45 AM	██████████	Empire Medicare Services	Active	10/1/2008	\$0.00	As per Navinet the patient policy effective from 10/01/2008 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1677.69 Remaining .	In network	No Issues	Yes	\$155.00	\$155.00
9:00 AM	██████████	Empire Medicare Services	Active	7/1/2005	\$0.00	As per Navinet the patient policy effective from 07/01/2005 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1860 Remaining Other Coverage Information: Insurance Name GENERAL MOTORS Status: Primary Payer Address: 1016 WEST EDGAR ROADLINDEN, NJ 07036 Medicare will be Primary if the service is not related to Work Injury or accident.	In network	No Issues	Yes	\$155.00	\$155.00
9:15 AM	██████████	Empire Medicare Services	Active	12/1/2006	\$0.00	As per Navinet the patient policy effective from 12/01/2006 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1722.49 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
9:30 AM	██████████	Empire Medicare Services	Active	6/1/2010	\$0.00	As per Navinet the patient policy effective from 06/01/2010 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1800.48 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
9:45 AM	██████████	Empire Medicare Services	Active	12/1/1994	\$0.00	As per Navinet the patient policy effective from 12/01/1994 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1517.42 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
10:00 AM	██████████	Empire Medicare Services	Active	9/1/2009	\$0.00	As per Navinet the patient policy effective from 09/01/2009 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1695.68 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
10:15 AM	██████████	Amerigroup	Active	4/1/2010	\$0.00	As per IVR @ Amerigroup the patient policy effective date is 04/01/2010-still active and policy type is Medicaid HMO, provider is out network, Patient does not have out of network benefits, Phillip-11152010	Out of network	Patient does not have out of network benefits	No	\$0.00	\$0.00
10:30 AM	██████████	Empire Medicare Services	Active	5/1/2000	\$0.00	As per Navinet the patient policy effective from 05/01/2000 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1244.32 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
10:45 AM	██████████	Empire Medicare Services	Active	5/1/2008	\$0.00	As per Navinet the patient policy effective from 05/01/2008 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$1180.08 Remaining	In network	No Issues	Yes	\$155.00	\$155.00

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11:00 AM	██████████	Empire Medicare Services	Active	7/1/2007	\$0.00	As per Navinet the patient policy effective from 07/01/2007 and it covers Medicare part A and B, Deductible: \$0.00 Remaining, MCR is primary. The physical therapy cap for this year is \$896.14 Remaining	In network	No Issues	Yes	\$155.00	\$155.00
1:45 PM	██████████	Horizon Blue Cross Blue Shield	Active	3/1/2009	\$0.00	As per Mike @ Magellan (866 262 5635) the patient policy effective date is 03/01/2009--still active and policy type is PPO, Provider is in network, it covers unlimited visits per calendar year, it covers 100% of allowed amount after the \$0.00 co payment, deductible \$250.00 met \$250.00 and no OOP max, referral is not required and authorization is not required, TFL is 12 months from DOS, Claim mailing address as per the local BCBS, Ref#0236852132, Phillip-12012010	In network	No Issues	Yes	\$250.00	\$250.00
1:45 PM	██████████	Horizon Blue Cross Blue Shield	Active	1/1/2009	\$25.00	As per Lachish @ BCBS the patient policy effective date is 01/01/2009--still active and policy type is PPO, Unlimited visits per year, Covers unlimited visits per calendar year, provider is in network, it covers 100% of allowed amount after the \$25.00 co payment, No Deductible and No OOP max, Referral is not required, Authorization is Not required, TFL 18 Months from DOS, Claim mailing address PO Box 1609 Newark, NJ 07101-1609, Ref#1-2583590122U, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00
2:00 PM	██████████	Cigna	Active	1/1/2006	\$40.00	As per Kim @ Cigna the patient policy effective date is 01/01/2006 and policy type is Open Access Plus, Provider is in network, it covers unlimited visits per calendar year, it covers 100% of allowed amount after \$40.00 Co Payment, no deductible and no OOP max per calendar year, referral and authorization is not required, TFL is 180 Days from DOS, and Claim mailing address PO Box 46271, Eden Prairie, MN 55344-2971, Ref#4329, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00
2:00 PM	██████████	Horizon Blue Cross Blue Shield	Active	4/1/2008	\$10.00	As per Kim @ MAGELLAN (800 991 5579) the patient policy effective date is 04/01/2008--still active and policy type is NJ Direct 10, Unlimited visits per calendar year, provider is in network, For non bio base it covers 90% of allowed amount and 10% co insurance, no deductible and OOP max \$400.00 Met \$40.00, For Bio base 100% of allowed amount \$10.00 co payment, referral is not required and authorization is required Auth#05MJG4000 starting date 01/01/2010 to 01/01/2011, CPT (1)90801,(7)90807, TFL 1 year from DOS and Claim mailing address PO Box 5172 Columbia MD 21045, Ref#CT20103814038-0001, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00

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2:15 PM	██████████	Highmark Medicare Services	Active	9/1/2001	\$0.00	As per Navinet, Medicare part-A & part-B is active from 09/01/2001. Current as Primary. Deductible remaining: \$0.00	In network	No Issues	Yes	\$155.00	\$155.00
2:15 PM	██████████	Aetna	Active	12/25/2004	\$15.00	As per Irene @ Aetna the patient policy effective date 12/25/2004-still active , policy type Open access Plus Plan HMO, it is primary, Provider is in network, Covers 30 visits used only 09 per calendar year, Covers 100% of allowed amount after \$15.00 co payment , No deductible and OOP max \$1500.00 Met \$270.00, NO referral and no authorization is required, TFL 180 days from DOS, PO Box 981106 EL Paso TX 79998-1106, Ref#882528552, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00
2:30 PM	██████████	Aetna	Active	1/1/2010	\$35.00	As per Irene @ Aetna The patient policy effective date is 1/1/2010-still active and policy type is Medicare HMO and provider is in network, and it covers 100% of allowed amount after the \$35.00 co payment , no deductible and OOP Max for individual \$3500.00 Met \$2003.00, Referral is not required and Authorization is not required, TFL 120 days from DOS, and claim mailing address P.O. Box 981106. El Paso, TX 79998-1106, Ref#882528552, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00
3:00 PM	██████████	United Healthcare	Active	1/1/2010	\$30.00	As per Mike @ UBH (800 272 8970) the patient policy effective date is 01/01/2010-still active and policy type is POS Choice Plus, Provider is in network, it covers 100% of allowed amount after the \$30.00 co payment and no Deductible and OOP max for individual \$1500.00 met and for family \$4500.00 per calendar year, referral is not required and authorization is not required, TFL is 90 days from DOS, and Claim mailing address PO Box 30755 Salt Lake City UT 84130, Ref#Mike11032010, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00
3:15 PM	██████████	United Health Care	Active	1/1/2010	\$35.00	As per Ross @ UBH, Effective date 01/01/2010-still active Plan type POS, it covers 100% after \$35.00 co payment , provider is In network, no deductible and no oop max, referral is not required and authorization is not required, TFL 90 days from DOS, Claim mail P.O. Box 330755, Salt Lake City, UT, 84130-0755, Ref#C8005486549, Phillip-12012010	In network	No Issues	Yes	\$0.00	\$0.00

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3:15 PM	██████████	Cigna	Active	8/1/2010	\$0.00	As per Kim @ Cigna patient policy Effective date is 08/01/2010-still active and policy type is Open access plan, Provider is in network and it covers 50 visits per calendar year, it covers 100% of allowed amount and \$0.00 co payment, no deductible and no OOP max, referral is not required Authorization is not required, TFL 180 days from DOS, PO Box 5200, Scranton, PA 18505-5200 , Reg#9503, Phillip-12012010	In network	Add on	Yes	\$0.00	\$0.00