

# AMC – Health Future Eligibility Transaction Sample

## NOTES:

THIS TRANSACTION SAMPLE IS INTENDED FOR REPRESENTATIONAL PURPOSES ONLY.

### ONE OF THE FOLLOWING METHODS MAY BE USED TO INQUIRE FOR DATA:

- PROVIDER ID, SUBSCRIBER ID, LAST NAME, FIRST NAME, DATE OF BIRTH, & PLAN NETWORK ID

04/03/05 13:03:05  
Status: CLOSED Id:3.69 Record: 69

AMC  
Subscriber Eligibility v1.1

Benefit.....: Y  
Other Payer....: NA  
Medicare.....: NA

#### -----Input / Response Information-----

AMC Tax ID 123456789  
Plan Network ID 00237  
Subscriber ID 99987654321  
(On File) 99987654321  
Date Of Svc 08/02/2004  
Sub Birth Date 04/04/1944  
(On File) 04/04/1944  
Sub Last Name OFFICE  
(On File) OFFICE  
Sub First Name MODEL  
(On File) MODEL

#### -----Transaction Information-----

Submit ID 12340200130803040904387  
Creation Date 08/03/2004  
Creation Time 09:02:00  
Benefit Ind Y  
Medicare Ind NA  
Other Payer Ind NA

#### -----Information Source-----

Primary ID 00246  
Name HEALTH FUTURE

#### -----Information Receiver-----

Primary ID 123456789

#### -----Subscriber-----

Trace 1 12340200130803040904387  
9MEDIFAX  
Trace 2 123420576  
9WEBMD

Primary ID 99987654321  
Last Name OFFICE  
First Name MODEL  
Middle Name A  
Date Of Birth 04/04/1944  
Gender Female  
123 ANY STREET  
ANYTOWN  
OR  
12345

Change N

-----Subscriber Additional ID-----  
Plan #: BAHP-M12  
BAH PREMIUM PLAN - PREM MEDL, BASIC  
DENTAL, BASIC VISION. DENTAL INCENT  
LVL 100

-----Subscriber Additional ID-----  
Grp #: BA/RN

-----Subscriber Date-----  
Service: 08/02/2004-08/02/2004

-----Eligibility/Benefit-----  
Actv Cvg

Health Bene Plan Cvg  
Plan Cvg BAH PREMIUM PLAN - PREM  
MEDL, BASIC DENTAL, BASIC  
Elig Begin: 01/08/1998

-----Eligibility/Benefit-----  
Bene Disclmr

The provided information is not a  
guarantee of coverage. Actual  
benefits are determined only when the  
claim is received.

====Medifax MAX Transaction Stats====  
Query: Recipient ID - PASS