

THIS TRANSACTION SAMPLE IS INTENDED FOR REPRESENTATIONAL PURPOSES ONLY.

ONE OF THE FOLLOWING METHODS MAY BE USED TO REQUEST A TRANSACTION RESPONSE:

- Provider ID, Member ID, Date of Service and Date of Birth
- Provider ID, Date of Service, Date of Birth, Last Name and First Name
- Provider ID, Date of Service, Social Security Number and Date of Birth

```
01/09/07                               17:31:12
Status: CLOSED                          Id:372.6 Record: 6
```

```
Health Alliance Plan
Eligibility v1.0
```

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

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

```
Provider ID           987654321
Member ID             1234567
(On File)             1234567
Date Of Service       06/06/2006
Date Of Birth         01/01/2001
(On File)             01/01/2001
Last Name
(On File)             OFFICE
First Name
(On File)             MODEL
```

-----Transaction Information-----

```
Submit ID      9876543210987654321012345
Creation Date   06/06/2006
Creation Time   16:25:00
Benefit Ind     Y
Medicare Ind    NA
Other Payer Ind NA
```

-----Information Source-----

```
Primary ID      00000002077
Name            HEALTH ALLIANCE PLAN
```

-----Information Receiver-----

```
Primary ID      987654321
```

-----Subscriber-----

```
Trace 1        9876543210987654321012345
                                           9MEDIFAXXX
```

Primary ID 1234567
 Last Name OFFICE
 First Name MODEL
 Date Of Birth 01/01/2001
 Gender Male
 123 Oak Ave
 Anytown
 TN
 37214
 Change N
 -----Subscriber Additional ID-----
 Grp #: 12345AJ
 MODEL OFFICE GROUP
 -----Subscriber Additional ID-----
 SSN: 123456789
 -----Subscriber Additional ID-----
 Plan Netwk ID #: 1HM
 MODEL OFFICE PROVIDERS, LLC
 -----Subscriber Date-----
 Elig: 01/01/2006-12/31/2006
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 DME Rent
 Plan Cvg HAP/HMO HFHS Preferred
 Regular HMO Primary
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 Skilled Nursing Care
 Plan Cvg HAP/HMO HFHS Preferred
 Regular HMO Primary
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 Vision (Optometry)
 Plan Cvg HAP/HMO HFHS Preferred
 Regular HMO Primary
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 Surg
 Plan Cvg HAP/HMO HFHS Preferred
 Regular HMO Primary
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 Dx X-Ray
 Plan Cvg HAP/HMO HFHS Preferred
 Regular HMO Primary
 -----Eligibility/Benefit-----
 Actv Cvg

| | | |
|----------|------------------------|---------------------|
| | | Individual |
| | | HHC |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Hspc |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Hosp - IP |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Licensed Ambulance |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Maternity |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Audiology Exam |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Allergy Testing |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Routine Physical |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |
| ----- | Eligibility/Benefit | ----- |
| | | Actv Cvg |
| | | Individual |
| | | Emergency Svcs |
| Plan Cvg | HAP/HMO HFHS Preferred | |
| | | Regular HMO Primary |

```

-----Eligibility/Benefit-----
                                Actv Cvg
                                Individual
                                Professional (PHY) Visit - Office
Plan Cvg          HAP/HMO HFHS Preferred
                                Regular HMO Primary
-----Eligibility/Benefit-----
                                Actv Cvg
                                Individual
                                OT
Plan Cvg          HAP/HMO HFHS Preferred
                                Regular HMO Primary
-----Eligibility/Benefit-----
                                Actv Cvg
                                Individual
                                Pharm
Plan Cvg          HAP/HMO HFHS Preferred
                                Regular HMO Primary
-----Eligibility/Benefit-----
                                Co-Pay
                                Individual
                                Hosp - Emergency Medical
Plan Cvg          Emergency Room Co-payment
Amount           $50.00
-----Eligibility/Benefit-----
                                Co-Pay
                                Individual
                                Professional (PHY) Visit - Office
Plan Cvg          Office Visit Co-payment
Amount           $10.00
-----Eligibility/Benefit-----
                                Co-Pay
                                Individual
                                Emergency Svcs
Plan Cvg          Urgent Care Co-payment
Amount           $10.00
-----Eligibility/Benefit-----
                                Co-Pay
                                Individual
                                Generic Rx Drg
Plan Cvg          Generic Brand Co-payment
Amount           $7.00
-----Eligibility/Benefit-----
                                Actv Cvg
                                Individual
                                Brand Name Rx Drg
Plan Cvg          Preferred Brand Co-payment
Amount           $15.00
-----Eligibility/Benefit-----
                                Actv Cvg
                                Individual
                                Free Standing Rx Drg

```

| | |
|----------|---------------------|
| Plan Cvg | Non-Preferred Brand |
| | Co-payment |
| Amount | \$30.00 |
| | PCP |
| | PROVIDER |
| | OFFICE |
| | C |
| | E12345 |
| | 123 OAK ST. |
| | ANYTOWN |
| | TN |
| | 37214 |
| | PCP |
| | Phone: 888-555-1234 |

==== Emdeon MAX Transaction Stats ====
Query: - PASS