

# Health Net (Oregon) 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:

- MEMBER ID & DATE OF SERVICE
- SOCIAL SECURITY NUMBER, DATE OF BIRTH, & DATE OF SERVICE
- LAST NAME, FIRST NAME, DATE OF BIRTH, & DATE OF SERVICE

04/13/05 16:48:13  
Status: CLOSED Id:3.138 Record: 138

Health Net of Oregon  
Eligibility v1.0

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

Member ID AB1234567890  
(On File) AB1234567890  
Date Of Svc 01/01/2003  
Date Of Birth  
(On File) 07/04/1979  
Last Name  
(On File) OFFICE  
First Name  
(On File) MODEL

#### -----Member Information-----

Effective Date 01/01/2003  
Term Date 12/31/9999  
Refresh Date 01/29/2003  
PCP Name REQUIRED (OREGON), PCP NOT  
Status Code A8  
Primary Insurance Member is Eligible  
Group # A1234  
Group Name PORTLAND IPA  
Plan Code XGC  
Line Of Bus Code OP

#### -----Disclaimer-----

INSURANCE ELIGIBILITY OR PAYMENT IS  
CONTINGENT ON FINAL REVIEW BY THE  
INSURANCE CARRIER.

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