

Scan HMO 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
- LAST NAME, FIRST NAME, DATE OF BIRTH, & DATE OF SERVICE
- SOCIAL SECURITY NUMBER, DATE OF BIRTH, & DATE OF SERVICE

05/24/05 15:36:45
Status: CLOSED Id:3.348 Record: 348

SCAN HMO
Eligibility v1.0

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-----Input / Response Information-----
Member ID                12345678901
(On File)                12345678901
Date Of Svc              09/10/2002
Date Of Birth            04/04/1927
(On File)
Last Name                OFFICE
(On File)
First Name              MODEL
(On File)

-----Member Information-----
Effective Date           12/01/2000
Term Date                99/99/9999
Refresh Date             11/22/2002
PCP Name                 SCHREIMAN, ROBERT
Status Code              A8
    Primary Insurance Member is Eligible
Group #                  20898
Group Name               MONARCH HEALTHCARE -
Drug BN Copay            $15
Drug GN Copay            $5
ER Copay                 $25
OV Copay                 $0
Claim Sub Add            P.O. Box 22698
                        Long Beach
                        CA
                        90802
Plan Code                 B
Line Of Bus Code         SOCIAL HMO

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

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