

UHC - Evercare (UnitedHealthcare) 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, & DATE OF SERVICE
- PROVIDER ID, SOCIAL SECURITY NUMBER, & DATE OF SERVICE

04/26/05 11:27:18
Status: CLOSED Id:3.300 Record: 300

UHC
Subscriber Eligibility v2.0

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

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

UHC Prov ID 0181634
*Subscriber ID 987654321
(On File) 123456789
Date Of Service 10/06/2003
Date Of Birth
(On File) 01/01/1960
Last Name
(On File) OFFICE
First Name
(On File) MODEL

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

Submit ID 123456789012345678901234
Creation Date 04/01/2004
Creation Time 16:00:00
Benefit Ind Y
Medicare Ind NA
Other Payer Ind NA

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

Primary ID 00112
Name UNITED HEALTHCARE

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

Primary ID 010600536

-----Subscriber-----

Trace 1 123456789012345678901234
9MEDIFAXX
Trace 2 123456789
9WEBMD

Primary ID 123456789
Last Name OFFICE
First Name MODEL
Date Of Birth 01/01/1960
Gender Female
123 OAK ST
ANYTOWN
US
12345

Change N

-----Subscriber Additional ID-----
Grp #: 1234567

-----Subscriber Date-----
Elig Begin: 01/01/2004

-----Eligibility/Benefit-----

Actv Cvg
Health Bene Plan Cvg
Plan Cvg CHOICE
Payer
UNITED HEALTHCARE
P.O. BOX 30555
SALT LAKE CITY
UT
841300555

-----Eligibility/Benefit-----

Ded
Individual
Health Bene Plan Cvg

Amount \$150.00

In Network Yes

-----Eligibility/Benefit-----

Out of Pckt (Stop Loss)
Individual
Health Bene Plan Cvg

Amount \$2,000.00

In Network Yes

-----Eligibility/Benefit-----

Ded
Family
Health Bene Plan Cvg

Amount \$450.00

In Network Yes

-----Eligibility/Benefit-----

Out of Pckt (Stop Loss)
Family
Health Bene Plan Cvg

Amount \$0.00

In Network Yes

-----Eligibility/Benefit-----

Ded
Individual
Health Bene Plan Cvg

Time Period	YtD
Amount	\$0.00
In Network	Yes

-----Eligibility/Benefit-----

Out of Pckt (Stop Loss)

Individual

Health Bene Plan Cvg

Time Period	YtD
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Amount	\$0.00
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In Network	Yes
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-----Eligibility/Benefit-----

Ded

Family

Health Bene Plan Cvg

Time Period	YtD
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Amount	\$0.00
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In Network	Yes
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-----Eligibility/Benefit-----

Out of Pckt (Stop Loss)

Family

Health Bene Plan Cvg

Time Period	YtD
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Amount	\$0.00
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In Network	Yes
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Product/Svc ID Source	0
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====Medifax MAX Transaction Stats====

Query: Subscriber ID - PASS