

PAYER : UNITEDHEALTHCARE  
DOS : 05/10/2021 - 05/10/2021  
VERIFICATION TYPE : Subscriber Verification

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SUBSCRIBER INFORMATION

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Name : LORIE E SMITH  
Address : 625 S 5TH STREET  
City-State-Zip : PHOENIX-  
Gender AZ-85004 : Female  
Date Of Birth : 07/01/1991  
Lastname\_R : SMITH  
Firstname : LORIE  
Member ID : J250456234  
Plan Number : 50345  
Group Number : 23490  
Plan Begin : 01/01/2021  
Term Date : 12/31/2021

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ELIGIBILITY & BENEFIT INFORMATION

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Service Type : Health Benefit Plan Coverage

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Active Coverage (CHOICE PLUS)

Policy Type : Commercial  
Date of Last Update : 07/02/2018  
[Payer]  
Last Name : UNITEDHEALTHCARE  
Address : P.O. BOX 30555  
City : SALT LAKE CITY  
State : UT  
Zip : 841300555  
Uniform Resource Locator (URL) : WWW.UHCPROVIDER.COM  
Payor ID : 87726  
\*\*\* FUNDING TYPE = SELF INSURED

In Plan-Network Status

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Individual Calendar Year Deductible : \$2150.00  
\*\*\* DEDUCTIBLE IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Remaining Deductible : \$1496.98  
\*\*\* DEDUCTIBLE IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Calendar Year Out of Pocket : \$3375.00  
Policy Type : Commercial  
\*\*\* OOP MAXIMUM IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Remaining Out of Pocket : \$2721.98  
Policy Type : Commercial  
\*\*\* OOP MAXIMUM IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Out of Plan-Network Status

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Individual Calendar Year Deductible : \$4300.00  
\*\*\* DEDUCTIBLE IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Remaining Deductible : \$3646.98  
\*\*\* DEDUCTIBLE IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Remaining Out of Pocket : \$6096.98  
Policy Type : Commercial  
\*\*\* OOP MAXIMUM IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Calendar Year Out of Pocket : \$6750.00  
Policy Type : Commercial  
\*\*\* OOP MAXIMUM IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Applies to In & Out Plan-Network Status

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Individual Year to Date Deductible : \$653.02  
\*\*\* DEDUCTIBLE IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

Individual Year to Date Out of Pocket : \$653.02  
Policy Type : Commercial  
\*\*\* OOP MAXIMUM IS MET WHEN INDIVIDUAL AMOUNT IS  
SATISFIED

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Service Type : Misc. Info

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Health Care Facility  
[Provider]  
Last Name : KUNICH  
HCFA National Provider ID : 1518024256

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Service Type : Physical Therapy  
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In Plan-Network Status

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Individual Visit Co-Insurance	: 20%
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Individual Remaining Limitations

Visits : 3

\*\*\* REHABILITATIVE

\*\*\* ADDITIONAL BENEFIT FOR MUSCULOSKELETAL PAIN  
MANAGEMENT PROGRAM

Individual Limitations : \$0.00

Individual Limitations : \$0.00

\*\*\* ADDITIONAL COVERED PER OCCURRENCE

Out of Plan-Network Status

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Individual Visit Co-Insurance	: 40%
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Applies to In & Out Plan-Network Status

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Active Coverage

Individual Visit Co-Payment : \$0.00

Individual Calendar Year Limitations : \$999999.99

Visits : 60

\*\*\* LIMITATION IS COMBINED FOR PT, AD, AND AF FOR  
BOTH IN AND OUT OF NETWORK

\*\*\* ADDITIONAL VISITS AVAILABLE BASED ON MEDICAL  
NECESSITY REVIEW

\*\*\* REHABILITATIVE

Individual Remaining Limitations : \$999999.99

Visits : 52

\*\*\* LIMITATION IS COMBINED FOR PT, AD, AND AF FOR  
BOTH IN AND OUT OF NETWORK

\*\*\* ADDITIONAL VISITS AVAILABLE BASED ON MEDICAL

NECESSITY REVIEW  
\*\*\* REHABILITATIVE

I hereby attest the benefits information contained in this form are accurate and does not constitute a guarantee of payment. I understand I am financially responsible for charges associated with any and all services received.

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Sign Here

DATE