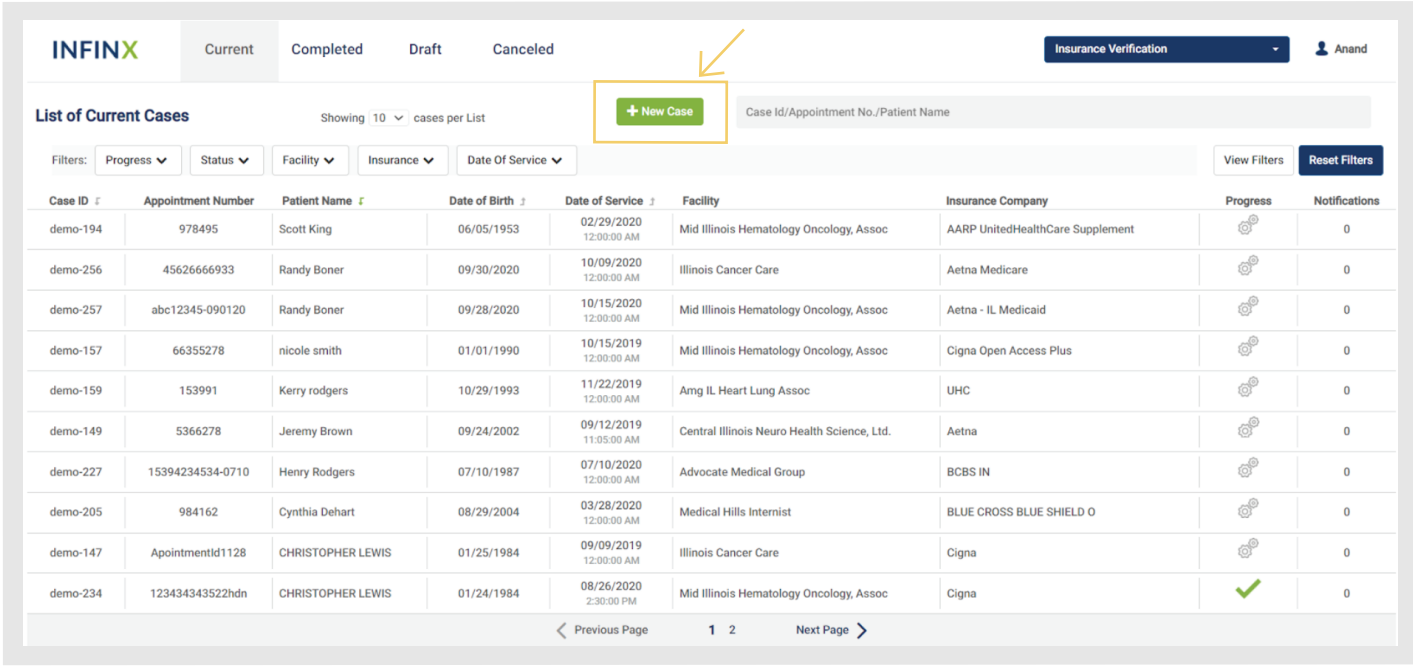
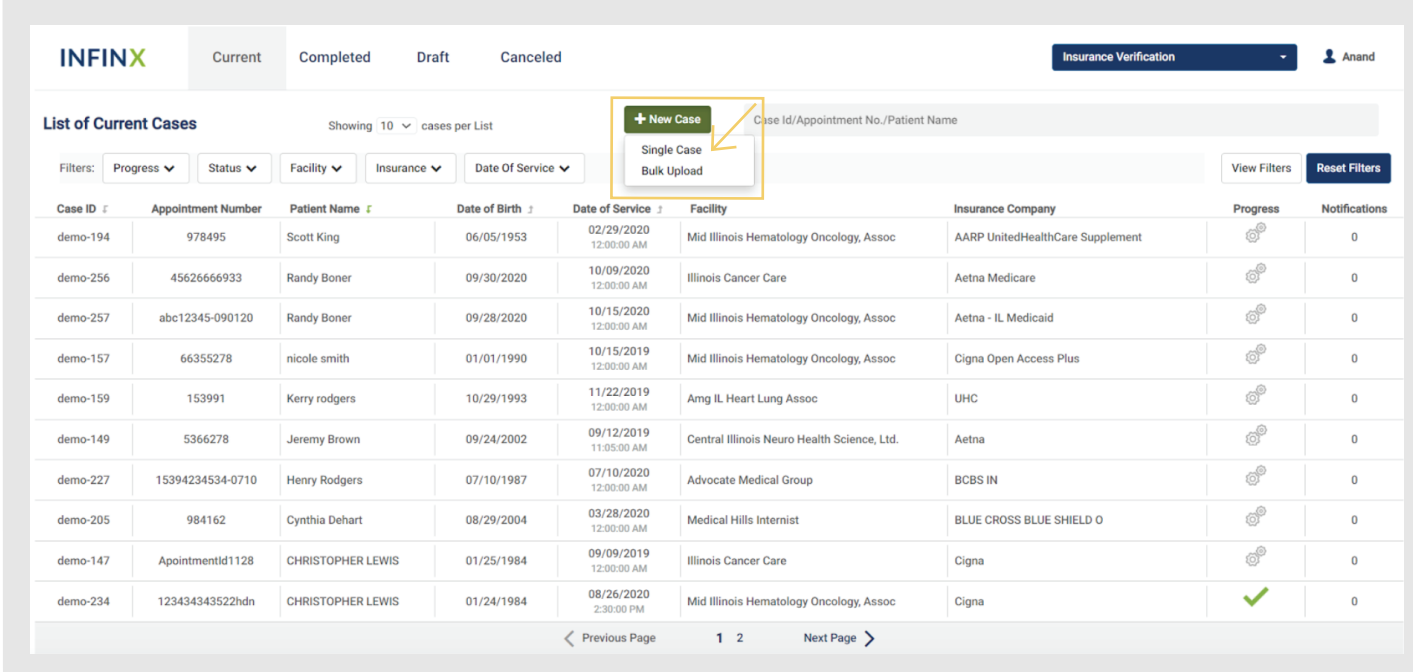
How to Verify Insurance & Eligibility Benefits

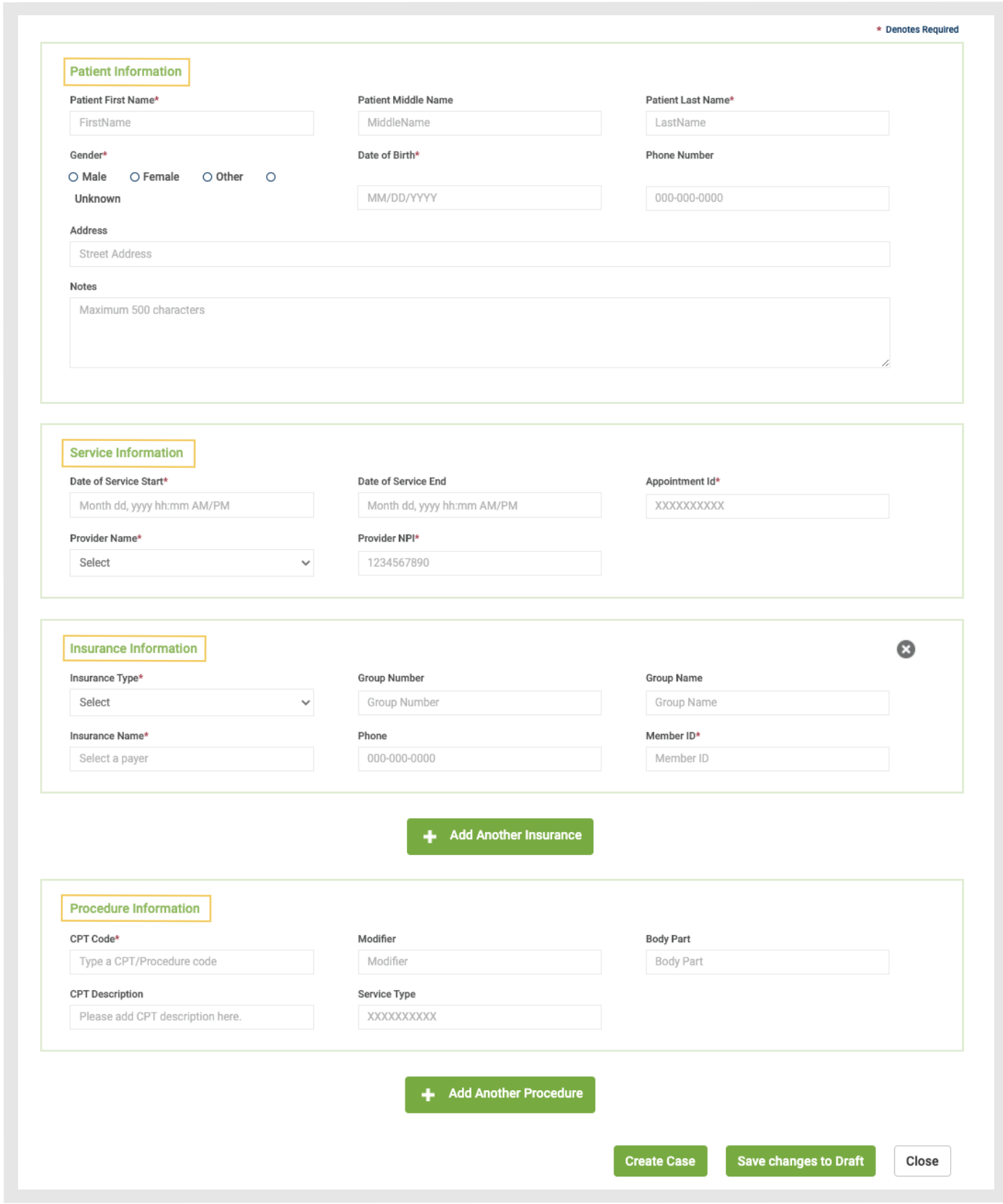
1. To verify a patient's insurance & benefits, start by clicking on the green New Case button.



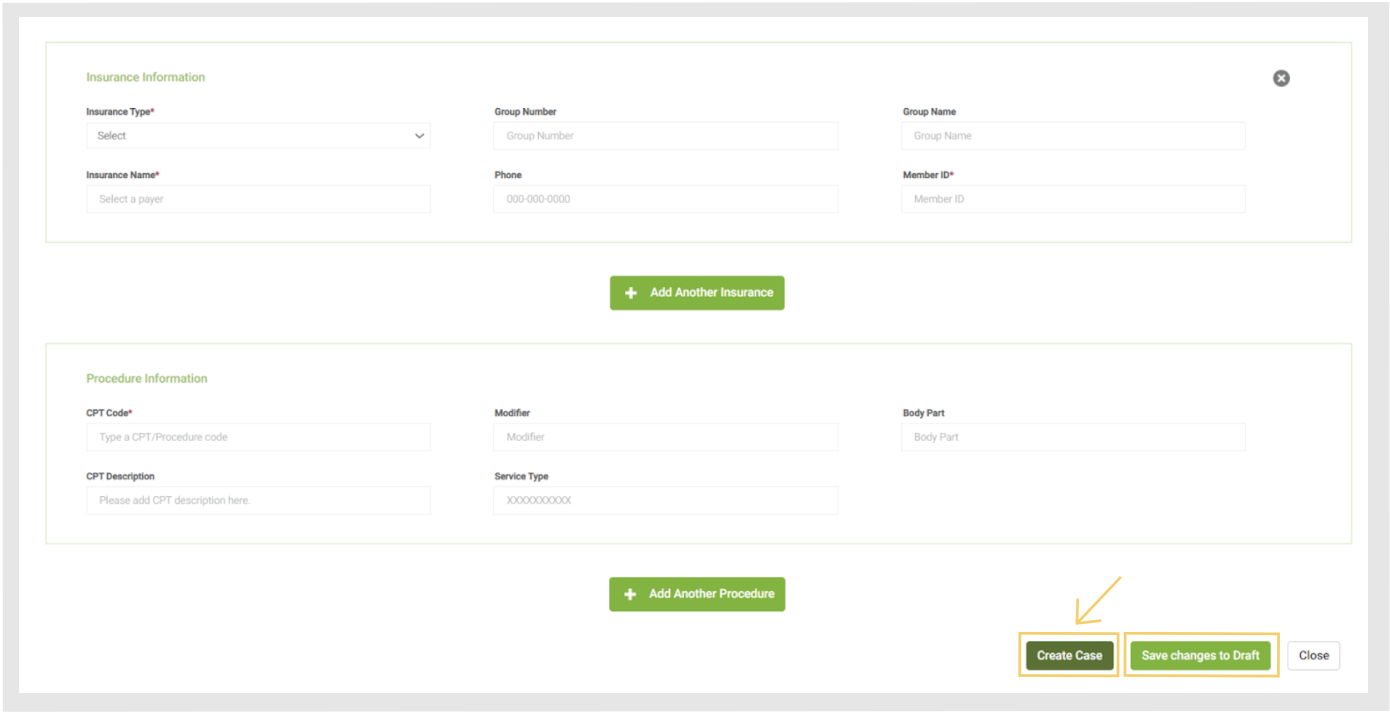
2. Notice that you have the option to create a Single Case or to Bulk Upload multiple cases. Click Single Case.



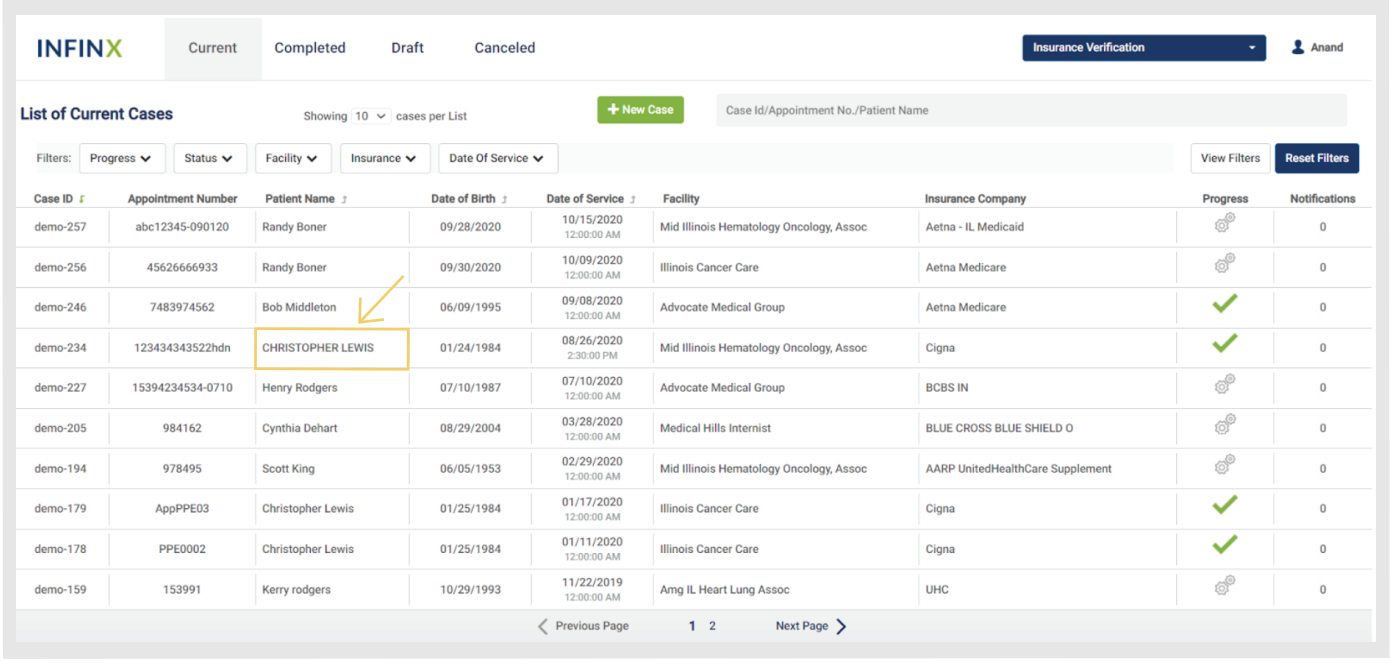
3 You will now be required to fill out some information. All fields marked with an asterisk are required.



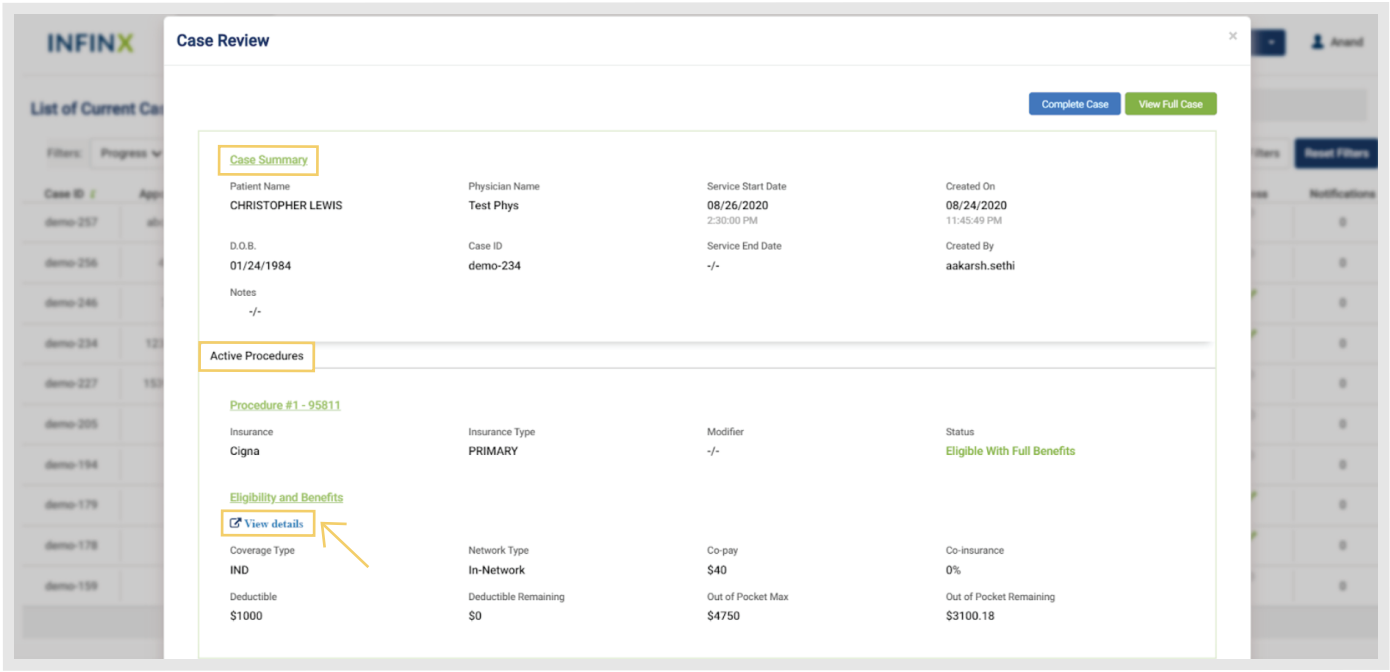
4 Once all of the required information is filled out, click the Create Case button. Notice that you can save as a draft if you do not have all of the necessary information at the moment.



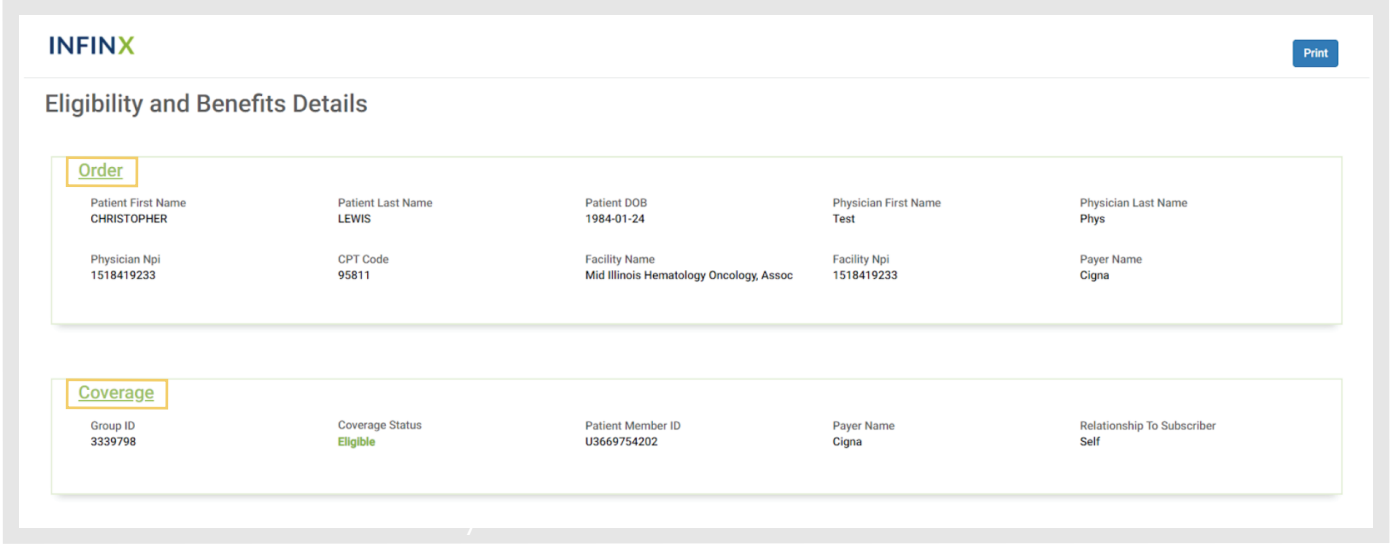
5 This will bring you back to your list of Current cases. Click on a patient's name to review their case.



6 This will bring up the Case Review screen, where you can view the Case Summary and Active Procedures. Click on “View details” to see a more detailed view of the patient’s eligibility and benefits.



7 This will bring up all of the patient’s Eligibility & Benefits details. You can see all of the Order, Coverage, and Benefits information. The Benefits information includes details about the Co-Insurance, Co-Pay, Out of Pocket Max, Out of Pocket Remaining, Deductible, and Deductible Remaining.



Benefits

Co-Insurance

Coverage Level : **Family**
Network Type : **In-Network**
Co-Insurance value : **20.0%**
Applicable For : **This benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Individual**
Network Type : **Out-Network**
Co-Insurance value : **40.0%**
Applicable For : **This benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Insurance value : **20.0%**
Applicable For : **This benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Family**
Network Type : **Out-Network**
Co-Insurance value : **40.0%**
Applicable For : **This benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Insurance value : **0%**
Applicable For : **Specialist, PCP**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Insurance value : **0%**
Applicable For : **PET**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Insurance value : **0%**
Applicable For : **PET**

Coverage Level : **Individual**
Network Type : **General**
Co-Insurance value : **0%**
Applicable For : **PET**

Coverage Level : **Family**
Network Type : **Out-Network**
Co-Insurance value : **20.0%**
Applicable For : **PET, This benefit does apply to member's out-of-pocket maximum**

Co-Pay

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Pay value : **$40**
Applicable For : **Specialist, Benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Pay value : **$25**
Applicable For : **PCP, Benefit does apply to member's out-of-pocket maximum**

Coverage Level : **Individual**
Network Type : **In-Network**
Co-Pay value : **$100**
Applicable For : **PET, Benefit does apply to member's out-of-pocket maximum, Deductible applies after the copay has been paid**

Out Of Pocket Max

Coverage Level : **Family**
Network Type : **In-Network**
Out of Pocket value : **$9500**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Pharmacy AND Mental Health**

Coverage Level : **Individual**
Network Type : **Out-Network**
Out of Pocket value : **$9500**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **In-Network**
Out of Pocket value : **$4750**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Pharmacy AND Mental Health**

Coverage Level : **Family**
Network Type : **Out-Network**
Out of Pocket value : **$19000**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Out of Pocket Remaining

Coverage Level : **Family**
Network Type : **In-Network**
Out of Pocket Remaining value : **$7641.04**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Pharmacy AND Mental Health**

Coverage Level : **Individual**
Network Type : **Out-Network**
Out of Pocket Remaining value : **$9500**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **In-Network**
Out of Pocket Remaining value : **$3100.18**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Pharmacy AND Mental Health**

Coverage Level : **Family**
Network Type : **Out-Network**
Out of Pocket Remaining value : **$19000**
Applicable For : **Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Deductible

Coverage Level : **Family**
Network Type : **In-Network**
Deductible Value : **$2000**
Applicable For : **Benefit does apply to member's out-of-pocket maximum, Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **Out-Network**
Deductible Value : **$2000**
Applicable For : **Benefit does apply to member's out-of-pocket maximum, Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **In-Network**
Deductible Value : **$1000**
Applicable For : **Out of network amounts apply to in-network, Benefit does apply to member's out-of-pocket maximum, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Family**
Network Type : **Out-Network**
Deductible Value : **$4000**
Applicable For : **Out of network amounts apply to in-network, Benefit does apply to member's out-of-pocket maximum, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **In-Network**
Deductible Value : **$0**
Applicable For : **PET**

Coverage Level : **Individual**
Network Type : **In-Network**
Deductible Value : **$0**
Applicable For : **PET**

Coverage Level : **Family**
Network Type : **In-Network**
Deductible Value : **$0**
Applicable For : **PCP, Specialist**

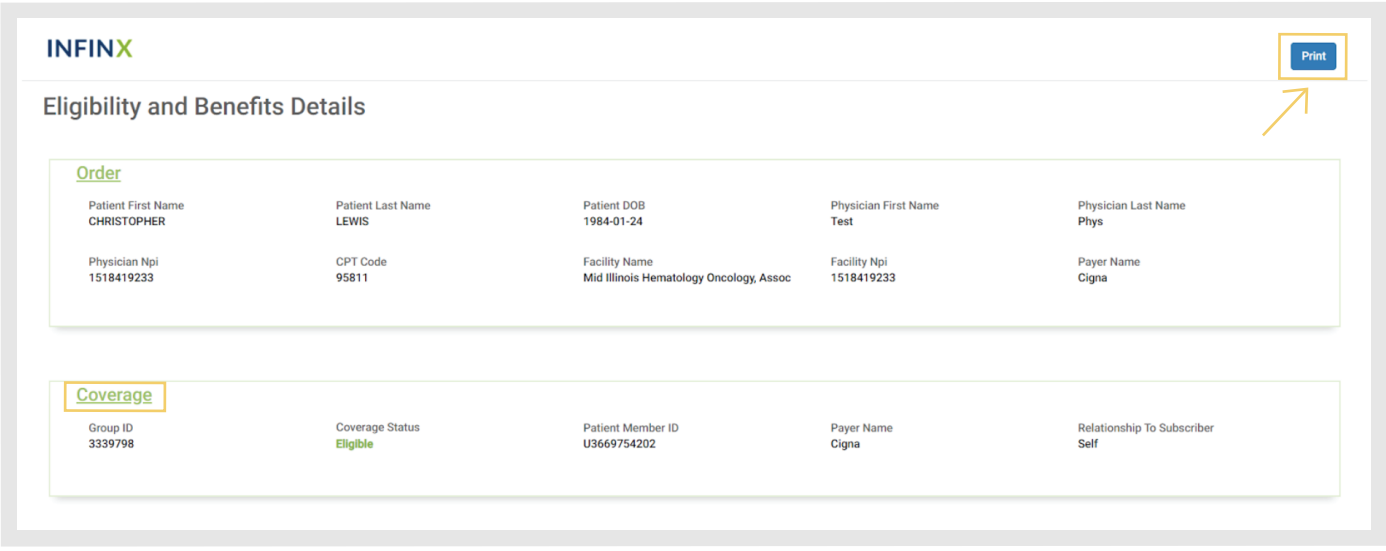
Coverage Level : **Individual**
Network Type : **General**
Deductible Value : **$0**
Applicable For : **PET**

Deductible Remaining

Coverage Level : **Family**
Network Type : **In-Network**
Deductible Remaining value : **$933.34**
Applicable For : **Benefit does apply to member's out-of-pocket maximum, Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **Out-Network**
Deductible Remaining value : **$2000**
Applicable For : **Benefit does apply to member's out-of-pocket maximum, Out of network amounts apply to in-network, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Individual**
Network Type : **In-Network**
Deductible Remaining value : **$0**
Applicable For : **Out of network amounts apply to in-network, Benefit does apply to member's out-of-pocket maximum, Accumulators are shared between Medical AND Mental Health**

Coverage Level : **Family**
Network Type : **Out-Network**
Deductible Remaining value : **$4000**
Applicable For : **Out of network amounts apply to in-network, Benefit does apply to member's out-of-pocket maximum, Accumulators are shared between Medical AND Mental Health**

8 All of these Eligibility & Benefits details can be printed. Scroll to the top of the page and click the Print button.