Eligibility Response

Response Generated: 1/16/2026 12:56:02 pm CT

Your Request

Payer	Kaiser Foundation Health Plan of The Mid-Atlantic
Provider ID (NPI)	1487113239 - HomeCentris Home Health
Service Dates	1/16/2026
Last Name	CONLEY
First Name	LAWRENCE
Middle Name/Init	E
Member ID	92109397
DOB	10/20/1940
EVC Number	837366322

Patient Demographics

Address	1822 LOCH SHIEL RD, TOWSON, MD 21286
Gender	M

Eligibility State:	Active Coverage
	Display on Dashboard
	Currently Unreviewed
Owner:	Me (Sta. Rita, Jasmin)
Follow-up Status:	Financial Counseling/Self Pay Front Desk POS Collection
Follow-up Date:	mm/dd/yyyy
Add Request to Batch	Choose a Batch

Update Request

Service Coverage Overview

0 User Note(s)

Eligibility Summary: Active Coverage

Plan Name:	DP MEDICARE ADV STD2 PARTD MD-11
Plan Start Date:	1/1/2026
Plan End Date:	
Sub. Group Number:	514012

Primary Care Provider

PCP Name:	Robert Levine
Address:	2391 GREENSPRING DR, TIMONIUM, MD 21093-3117
NPI:	1417274432
Telephone:	(410) 847-3000

Service Types

Go To Top

Displaying 11 of 11 sections

Edit Display Show All Hide All

Health Benefit Plan Coverage (30)

Hide

Active Coverage:	Plan Begin: 1/1/2026 Plan Number: 5044503 Group Number: 514012 Name: MAS KP-MEDICARE ADVANTAGE Message: SRA - SENIOR ADVANTAGE
Inactive:	Description: DP MEDICARE BALT STD/ PART D-8 Benefit Begin: 4/1/2014 - 12/31/2018 Plan Number: 5008714 Group Number: 316807 Name: MAS KP-MEDICARE COST Message: MCC - MEDICARE COST Description: DP MEDICARE BALT (STD) PART D-11 Benefit Begin: 1/1/2019 - 12/31/2025 Plan Number: 5039964 Group Number: 501180 Name: MAS KP-MEDICARE ADVANTAGE Message: SRA - SENIOR ADVANTAGE
Coverage Level:	Individual
Out of Pocket (Stop Loss):	$8,900.00 / Calendar Year Plan: Calendar Year 2026 Message: 5007087 Out-of-Pocket T1 $8,632.00 / Remaining Plan: Calendar Year 2026 Message: 5007087 Out-of-Pocket T1

Chiropractic (33)

Hide

Co-Payment:	$5.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Alternative Medicine_Chiropractic Services_In Network__INTERNAL__ADJ LEVEL 1_MOOP $25.00 (Out of Plan Network) Plan Begin: 1/1/2026 Message: Alternative Medicine_Chiropractic Services_____ADJ LEVEL 1_
Coverage Level:	Individual
Limitations:	$1,200.00 / Calendar Year (Out of Plan Network) Plan: Calendar Year 2026 Message: Alternative Medicine_Chiropractic Services_____NET INSURANCE_ $1,200.00 / Remaining (Out of Plan Network) Plan: Calendar Year 2026 Message: Alternative Medicine_Chiropractic Services_____NET INSURANCE_

Consultation (3)

Hide

Co-Payment:	$0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Virtual Services_Televideo Consults_In Network__INTERNAL__ADJ LEVEL 1_ $0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Virtual Services_Telephone Consults_In Network__INTERNAL__ADJ LEVEL 1_

Hide

Dental Care (35)

Hide

Co-Payment:	$0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Dental Services_Routine Dental Services_In Network__INTERNAL__ADJ LEVEL 1_

Emergency Services (86)

Hide

Co-Payment:	$115.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Emergency Services_Emergency Services_In Network__INTERNAL__ADJ LEVEL 1_MOOP

Hospital - Inpatient (48)

Hide

Co-Payment:	$375.00 1 Quantity Used (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Hospital Services, IP_Hospital Services Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP $0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Hospital Services, IP_Hospital Services Inpatient_In Network__INTERNAL__ADJ LEVEL 2_MOOP $375.00 1 Quantity Used (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Maternity Services_Delivery Services, Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP $0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Maternity Services_Delivery Services, Inpatient_In Network__INTERNAL__ADJ LEVEL 2_MOOP
Coverage Level:	Individual
Limitations:	5 Number of Services or Procedures / Admission (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Hospital Services, IP_Hospital Services Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP 5 Number of Services or Procedures / Remaining (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Hospital Services, IP_Hospital Services Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP 5 Number of Services or Procedures / Admission (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Maternity Services_Delivery Services, Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP 5 Number of Services or Procedures / Remaining (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Maternity Services_Delivery Services, Inpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP

Hospital - Outpatient (50)

Hide

Co-Payment:	$325.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Outpatient Services_Surgical Services Outpatient_In Network__INTERNAL__ADJ LEVEL 1_MOOP

Pharmacy (88)

Hide

Co-Payment:	$0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Drugs, Supplies, & Supplements_Pharmacy - Generic Drugs_In Network__INTERNAL__ADJ LEVEL 1_MOOP

Professional (Physician) Visit - Office (98)

Hide

Co-Payment:	$5.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Office Visits_Primary Care Office Visit_In Network__INTERNAL__ADJ LEVEL 1_MOOP $25.00 (Out of Plan Network) Plan Begin: 1/1/2026 Message: Office Visits_Primary Care Office Visit_____ADJ LEVEL 1_ $40.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Office Visits_Specialty Office Visit_In Network__INTERNAL__ADJ LEVEL 1_MOOP $65.00 (Out of Plan Network) Plan Begin: 1/1/2026 Message: Office Visits_Specialty Office Visit_____ADJ LEVEL 1_
Coverage Level:	Individual
Limitations:	$1,200.00 / Calendar Year (Out of Plan Network) Plan: Calendar Year 2026 Message: Office Visits_Primary Care Office Visit_____NET INSURANCE_ $1,200.00 / Remaining (Out of Plan Network) Plan: Calendar Year 2026 Message: Office Visits_Primary Care Office Visit_____NET INSURANCE_ $1,200.00 / Calendar Year (Out of Plan Network) Plan: Calendar Year 2026 Message: Office Visits_Specialty Office Visit_____NET INSURANCE_ $1,200.00 / Remaining (Out of Plan Network) Plan: Calendar Year 2026 Message: Office Visits_Specialty Office Visit_____NET INSURANCE_

Urgent Care (UC)

Hide

Co-Payment:	$40.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Urgent Care Services_Urgent Care_In Network__INTERNAL__ADJ LEVEL 1_MOOP

Vision (Optometry) (AL)

Hide

Co-Payment:	$5.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Vision Services_Eye Exams_In Network__INTERNAL__ADJ LEVEL 1_MOOP $0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Vision Services_Lenses & Frames_In Network__INTERNAL__ADJ LEVEL 1_ $0.00 (In Plan Network) **Authorization Required** Plan Begin: 1/1/2026 Message: Vision Services_Contact Lenses_In Network__INTERNAL__ADJ LEVEL 1_
Coverage Level:	Individual
Limitations:	$200.00 (In Plan Network) **Authorization Required** Plan: 1/16/2026 - 1/15/2028 - 730 Days Message: Vision Services_Lenses & Frames_In Network__INTERNAL__NET INSURANCE_

	$200.00 / Remaining (In Plan Network) **Authorization Required** Plan: 1/16/2026 - 1/15/2028 - 730 Days Message: Vision Services_Lenses & Frames_In Network__INTERNAL__NET INSURANCE_ $200.00 (In Plan Network) **Authorization Required** Plan: 1/16/2026 - 1/15/2028 - 730 Days Message: Vision Services_Contact Lenses_In Network__INTERNAL__NET INSURANCE_ $200.00 / Remaining (In Plan Network) **Authorization Required** Plan: 1/16/2026 - 1/15/2028 - 730 Days Message: Vision Services_Contact Lenses_In Network__INTERNAL__NET INSURANCE_