Eligibility Response

Inquiry ID: 5443682623 **Processed:** 6/10/2024 1:15 PM

MIXED COVERAGE

ALERTS (1)

Deductible Remaining

Coverage Details

User Entered Information

Payer	Medicare A & B Eligibility (All States)	**Service Dates**	06/10/2024 to 06/10/2024

SUBSCRIBER INFORMATION

Member ID	4EW3JY4VX13
Last Name	EMERSON
Date of Birth	02/16/1938

SERVICE TYPES REQUESTED

42 - Home Health Care

Payer Returned Information

SUBSCRIBER INFORMATION

EMERSON, FRANK E
830 W 40TH ST APT 420
BALTIMORE, MD 212112127

Member ID	4EW3JY4VX13
Date of Birth	02/16/1938
Sex	Male

SUBSCRIBER COVERAGE INFORMATION

Eligibility Date	06/10/2024
	,

MEDICARE PART A — ACTIVE COVERAGE

General

Medicare Part A

Plan Date	02/01/2003
Payer Note	0-BENEFICIARY INSURED DUE TO AGE OASI
Service Type	Health Benefit Plan Coverage

Deductible	$1632.00 Episode
Plan Date	01/01/2024 to 12/31/2024
Service Type	Health Benefit Plan Coverage

Deductible	$1632.00 Remaining
Plan Date	01/01/2024 to 12/31/2024
Service Type	Health Benefit Plan Coverage

MEDICARE PART B — INACTIVE COVERAGE

General

Medicare Part B
INACTIVE

Service Type	Health Benefit Plan Coverage

HOME HEALTH CARE MIXED COVERAGE

General

Medicare Part A
ACTIVE COVERAGE

Plan Date	02/01/2003
Payer Note	0-BENEFICIARY INSURED DUE TO AGE OASI
Deductible	$0.00 Episode
Benefit Date	01/01/2024 to 12/31/2024

Medicare Part B
INACTIVE