

Urgent Care benefits at a glance in 3-6 seconds! Easily identify:

- 1 Specific Urgent Care Benefits
- 2 Urgent Care Co-Pay
- 3 Urgent Care Co-Insurance
- 4 Deductible Amount Remaining



ACTIVE COVERAGE

[Show Details](#)

PATIENT INFORMATION

Patient Name JANE DOE
Date of Birth 5/9/58
Gender FEMALE
Relationship SELF
Address 310 E. CHESTNUT STREET
 HOUSTON, TX 77777
Insured JANE DOE
Member ID ZGP999999999999
Group # S42510
Plan #
Payer BLUE CROSS AND
 BLUE SHIELD OF TX

TRANSACTION SUMMARY

Submit Date 12/11/15
Customer Trace # 606720907-9000011872
Billing Provider Name MY URGENT CARE CLINIC
Billing Provider ID 999999999999 (NPI)

BENEFITS SUMMARY

Insurance Type **Service Type** **In/Out of Network**
Facility Type

Co-Pay **\$87.00**

Co-Insurance **20%**

Deductible (Individual) **Total \$700.00**

\$350.00 Used \$350.00 Remaining

Out of Pocket (Individual) **Total \$3,210.00**

\$0.00 Used \$3,210.00 Remaining

Spend Down

Amount Remaining Unknown

Cost Containment

Amount Remaining Unknown

Plan Details

Plan Name: BLUE OPTIONS Self-insured Group
Plan Type: Preferred Provider Organization (PPO)

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