

Eligibility Response

-- NEEDS REVIEW --

Information Source
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Name : CMS/MEDICARE
Payer ID : 00000

Subscriber Eligibility / Benefit Information
=====

Name : DOE, JANE
Member Identification Number : 123456789
Date of Birth : 8/30/1934
Gender : F
Address : 123 MAIN LANE
ANYTOWN, USA 55555-5555

Relationship : Self (18)

Eligibility Date (307) : 01/10/2011

Health Benefit Plan Coverage

Individual Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

Other or Additional Payer
Insurance Policy Number : 123456789
Primary Payer : **BLUE CROSS BLUE SHIELD OF IL**
Phone : (800)555-5555
Address : PO BOX 555555
CHICAGO, IL 55555

Coordination of Benefits Date (290): 1/1/2010

Note: These sample responses **ONLY** depict the portion of the response pertaining to "Other or Additional Payer". To save space, the rest of the response has been left out.

If you want a full Medicare response sample, please call us at 800-845-0367.

Eligibility Response

-- NEEDS REVIEW --

Information Source
=====

Name : CMS/MEDICARE
Payer ID : 00000

Subscriber Eligibility / Benefit Information
=====

Name : DOE, JOHN
Member Identification Number : 9999999999
Patient Account Number : 11111
Date of Birth : 10/09/1924
Gender : M
Address : 123 MAIN LANE
ANYTOWN, USA 55555-5555

Relationship : Self (18)

Eligibility Date (307) : 1/18/2011

Health Benefit Plan Coverage

Health Maintenance Organization (HMO) Medicare Risk

Other or Additional Payer
Plan Number : H0000000
Primary Payer : **EVERCARE OF TEXAS, LLC**
Phone : (800)555-5555
Address : MN 008-W130
9900 BREN RD E
HOPKINS, MN 55343-9664

Coordination of Benefits Date (290): 1/1/2011