

Date of Service Apr 4, 2024

Transaction ID 62445003545 Transaction Time Apr 4, 6:27 PM Customer ID 1023236

LEWIS, CHRISTINA S

1250 NORTH BUNYAN RD
SUSANVILLE, CA 96130

  Feedback

Member Status

Active Coverage

Date of Birth

Feb 27, 1973

Gender

Female

Relationship to Subscriber

Self

Member ID Card

Patient Cost Estimator

[Aetna Provider Referral Directory](#)

Member ID: W240478687
Group Number: 028573105500002
Group Name: BANNER HEALTH
Plan Number: 0285731
Plan Begin Date: Jan 1, 2022
Eligibility Begin Date: Jan 1, 2018



Payer: AETNA INC

Other or Additional Payer Information

Secondary Payer

Payer: BCBS
Payer Id: R59757168
COB Date: Jan 1, 2018

▼ Provider Information

Requesting Provider

Name: Total Lipedema Care
Category: Requesting Provider
NPI: 1003417833

FILTER BY NETWORK

Out of Network In Network All Networks

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Point of Service (POS)
Plan / Product: Open Access POS II
Coverage Level: Employee and Children

Information / Details	Individual	Family
<div><p>In Network</p><p>Plan Start Date: Jan 1, 2024</p><ul style="list-style-type: none">STANDARD SAVINGSCustomer Non-Designated ProvidersDED INCLUDED IN OOP</div>	<p>\$400 / Calendar Year(s)</p> <p>-\$0 Year to Date</p>	<p>\$800 / Calendar Year(s)</p> <p>-\$0 Year to Date</p>
<div><p>Out of Network</p><p>Plan Start Date: Jan 1, 2024</p><ul style="list-style-type: none">DED INCLUDED IN OOP</div>	<p>\$1,000 / Calendar Year(s)</p> <p>-\$230.25 Year to Date</p>	<p>\$2,000 / Calendar Year(s)</p> <p>-\$230.25 Year to Date</p>

Information / Details	Individual	Family
<div><div>In Network</div><ul style="list-style-type: none">MAXIMUM and STANDARD SAVINGSCustomer Designated Providers and Customer Non-Designated ProvidersINT MED AND RX</div>		
Out Of Pocket		
<div><div>In Network</div></div>	\$3,886.48 Remaining	\$7,878.89 Remaining
<div><div>Out of Network</div><ul style="list-style-type: none">INT MED AND RX</div>	\$8,000	\$16,000
<div><div>Out of Network</div></div>	\$7,769.75 Remaining	\$15,769.75 Remaining

Unlimited

Coverage Level: Employee and Children

Limitations

Network Not Applicable

Coverage Level: Employee and Children

- This plan may require precert for certain services. To check if one is required please refer to the Code Search Tool on the Aetna website or submit a Precert transaction.

Coverage Level: Employee and Children

- Plan includes NAP, but program limitations may apply in relation to Third Party Discount Networks. Final determination is made at the time of claim processing.
- Our records indicate the provider ID you entered is participating in this patient's network.
- SELF-FUNDED

Service Level Contact Information

Name: PCP SELECTION NOT REQUIRED

Category: Primary Care Provider

Type: Primary Care Provider

Benefit Disclaimer

THE PROVIDER UNDERSTANDS THAT RECEIPT OR USE OF THIS INFORMATION DOES NOT GUARANTEE PAYMENT OF ANY HEALTH CARE CLAIM BY AETNA AND SUCH INFORMATION IS SUBJECT TO CHANGE, EVEN RETROACTIVELY, AT ANY TIME.