

FRIEDMAN, NOAH Child of Subscriber

MEMBER ID W270858182
DOB Dec 13, 2007
GENDER Male
ELIGIBILITY DATE Jan 01, 2022
DATE OF SERVICE Mar 31, 2023



Patient Information

5006 GLENMEADOW DR
HOUSTON, TX 77096
RELATIONSHIP TO SUBSCRIBER Child
GROUP NUMBER 017586701100001
GROUP NAME LOGICWORKS SYSTEMS CORP.
PLAN NUMBER 0175867
PLAN DATE Jan 01, 2022

Subscriber Information

SUBSCRIBER FRIEDMAN, BEN
MEMBER ID W270858182

Plan / Product Information

ACTIVE COVERAGE **FAMILY**

INSURANCE TYPE Point of Service (POS)
PLAN / PRODUCT Open Access MC

Service Types

Health Benefit Plan Coverage

Payer Details

PAYER AETNA INC
PAYER ID AETNA

Other or Additional Payers

No Additional Payer Information

Provider Details

REQUESTING PROVIDER

NAME EMPATHY FIRST CLINICAL COUNSELING AND
CONSULTING, PLLC
NPI 1699361089

OTHER SOURCE OF DATA

PAYER CONTACT Aetna
TYPE Payer

PO Box 981106
El Paso, TX 79998

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.

Coverage and Benefits Information

Mental Health Provider - Outpatient - CF

ACTIVE COVERAGE **FAMILY**

Co-Payment - Mental Health Provider - Outpatient

IN NETWORK **FAMILY**

\$0.00

PLACE OF SERVICE On Campus-Outpatient Hospital

- All Other In-Network Providers
- Outpatient Professional Services for Mental Health

IN NETWORK **FAMILY**

\$25.00

- All Other In-Network Providers
- Outpatient Professional Visit for Mental Health
- Telemedicine Behavioral Health Visit

OUT OF NETWORK **FAMILY**

\$0.00

PLACE OF SERVICE On Campus-Outpatient Hospital

- Outpatient Professional Services for Mental Health

OUT OF NETWORK **FAMILY**

\$0.00

- Outpatient Professional Visit for Mental Health
- Telemedicine Behavioral Health Visit

Co-Insurance - Mental Health Provider - Outpatient

IN NETWORK **FAMILY**

0 %

PLACE OF SERVICE On Campus-Outpatient Hospital

- All Other In-Network Providers
- Outpatient Professional Services for Mental Health

IN NETWORK **FAMILY**

0 %

- All Other In-Network Providers
- Outpatient Professional Visit for Mental Health
- Telemedicine Behavioral Health Visit

OUT OF NETWORK **FAMILY**

30 %

PLACE OF SERVICE On Campus-Outpatient Hospital

- Outpatient Professional Services for Mental Health,COINS APPLIES TO OUT OF POCKET

OUT OF NETWORK **FAMILY**

30 %

- Outpatient Professional Visit for Mental Health,COINS APPLIES TO OUT OF POCKET
- Telemedicine Behavioral Health Visit,COINS APPLIES TO OUT OF POCKET

Limitations - Mental Health Provider - Outpatient

IN NETWORK **FAMILY**

PLACE OF SERVICE On Campus-Outpatient Hospital

- All Other In-Network Providers
- Outpatient Professional Services for Mental Health/Plan Ded Waived

IN NETWORK **FAMILY**

- All Other In-Network Providers
- Outpatient Professional Visit for Mental Health/Plan Ded Waived
- Telemedicine Behavioral Health Visit/Plan Ded Waived

NETWORK NOT APPLICABLE **FAMILY**

- 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.

FAMILY

- 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.
- COMMERCIAL

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE **FAMILY**

INSURANCE TYPE Point of Service (POS)

PLAN / PRODUCT Open Access MC

Deductible - Health Benefit Plan Coverage

IN NETWORK **INDIVIDUAL**

\$750.00 Calendar Year

PLAN START DATE Jan 01, 2023

- All Other In-Network Providers

IN NETWORK **FAMILY**

\$1,500.00 Calendar Year

PLAN START DATE Jan 01, 2023

- All Other In-Network Providers

OUT OF NETWORK **INDIVIDUAL**

\$2,000.00 Calendar Year

PLAN START DATE Jan 01, 2023

- DED INCLUDED IN OOP

OUT OF NETWORK **FAMILY**

\$4,000.00 Calendar Year

PLAN START DATE Jan 01, 2023

- DED INCLUDED IN OOP

Out of Pocket (Stop Loss) - Health Benefit Plan Coverage

IN NETWORK **INDIVIDUAL**

\$3,000.00

- All Other In-Network Providers
- INT MED AND RX

IN NETWORK **FAMILY**

\$6,000.00

- All Other In-Network Providers
- INT MED AND RX

OUT OF NETWORK **INDIVIDUAL**

\$8,000.00

- INT MED AND RX

OUT OF NETWORK **FAMILY**

\$16,000.00

- INT MED AND RX

Limitations - Health Benefit Plan Coverage

FAMILY

- Our records indicate the provider ID you entered is participating in this patient's network.