

Managed Medicare & Medicaid (Medi/Medi)

Eligibility Response Details

Client Information:	
Client ID#	[REDACTED]
Gender	M
Date of Birth	02/12/1962
Anniversary Date	10/12/2018
Residence Address	
County	Albany
Date of Receipt	01/02/2019
Client Name	[REDACTED]
Address 1	APT 104 2 CARROLL ST DRWS
Address 2	
City, State, Zip	WATERLOO, NY 13148
Office	
Plan Date	01/02/2019

Medicaid Eligibility Information:	
ELIGIBLE PCP	
Copay Responsibility	\$100.00
Covered Services	
Code	Description
82	Family Planning
88	Pharmacy
Standard Co-pay	
Service Type	Copay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00

Medicaid Managed Care:	
Plan Name	WELLCARE OF NEW YORK 02/19
Address	100 WEST AVE Fl. 2
	NEW YORK, NY 10003-2842
Phone	(212) 240-1847
Plan Code	YW

Medicare Information:	
Other Payer Name	MEDICARE ADVANTAGE
Health Insurance Claim Number(HIC)	[REDACTED]

Third Party Insurance:	
Other Payer Name	WELLCARE
Carrier Code	00000
Other Payer Address	PO BOX 2888
	TAMPA, FL 33629
Phone Number	(800) 270-5555
Policy Number	[REDACTED]
Group Number	00000

Plan Code	Plan ID #	PCP Provider Name	Telephone Number	Plan Type
YW	02645710	Wellcare of NYM/M	(866) 491-5746	<u>MA Advantage</u>

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