

=== COVER PAGE ===

TO: _____

FROM: KAILUAWELLNESSCENTER

FAX: 8082617770

TEL:

COMMENT:



Printed On Wednesday, September 04, 2024

Member ID: **R000080565518**
 Member Name: **POULTON, BRYSEN C** Birth Date: **4/30/1975**
 Relationship: **Subscriber** Gender: **Male**
 Subscriber Name: **POULTON, BRYSEN C** Plan End Date:
 Address: **46-051 KONOHIKI ST APT** Eligibility Search Dates: **2/1/2017-Current**
3755
KANEQHB, HI 96744
 Other HMSA Subscriber ID: **R000082769316** (cancelled 1/1/2024)
R000084820273 (cancelled 8/1/2024)

Please validate member's birthdate and address to ensure correct eligibility.

Coverage

Coverage Type	Eligibility Begin Date	Eligibility End Date	Plan Coverage Code	Plan Type	Benefit Detail
Medical	8/1/2024		<u>XG</u>	HMO	<input type="text" value=""/>
Comp Care	8/1/2024		<u>C16</u>	PPO	
Medical	2/1/2017	1/1/2022	<u>LP</u>	HMO	
Pharmacy	2/1/2017	1/1/2022	<u>784</u>	PPO	
Vision	2/1/2017	1/1/2022	<u>ODK</u>	PPO	
Chiropractic Medical	2/1/2017	1/1/2022	<u>LP</u>	HMO	
Comp Care	2/1/2017	1/1/2022	<u>B16</u>	PPO	

This information is not a guarantee of payment. Services must meet plan benefit and eligibility determination guidelines at the time of claims processing. Medical coverage includes Medical, Hospital, Emergency Service, Physician Office Visit, Mental Health and Urgent Care.

Other Payer

Coverage Type	Effective Date	End Date	Carrier	Subscriber ID	Sequence
Drug	1/1/2024	7/31/2024	HMSA	R000084820273	Primary
Medical	1/1/2024	7/31/2024	HMSA	R000084820273	Primary
Vision	1/1/2024	7/31/2024	HMSA	R000084820273	Primary
Dental	1/1/2022	12/31/2023	HMSA	R000082769316	Primary
Drug	1/1/2022	12/31/2023	HMSA	R000084820273	Primary
Medical	1/1/2022	12/31/2023	HMSA	R000084820273	Primary
Vision	1/1/2022	12/31/2023	HMSA	R000084820273	Primary
Dental	7/1/2021	12/31/2021	HMSA	R000082769316	Primary
Dental	1/1/2018	4/30/2021	HMSA	R000082769316	Primary

Please confirm other payer coverage with your patient. Information provided is for your reference only.

Primary Care Provider

Primary Care Provider Name	National Provider ID	Health Center	PCP Begin Date	PCP End Date	Coverage Type
JUN, ANDREW K	1720116809	HAWAII IPA	8/1/2024		Medical
JUN, ANDREW K	1720116809	HAWAII IPA	11/3/2018	7/31/2024	Medical
JUN, ANDREW K	1720116809	HAWAII IPA	10/30/2018	11/2/2018	Medical
KAU, KENNETH K	1528048360	OAHU PHYSICIANS GROUP	3/19/2018	10/29/2018	Medical
NITTA, RANDALL J	1588757066	PACIFIC HEALTH CARE	9/1/2017	3/18/2018	Medical
BUENCONSEJO-LUM, LEE E	1669442851	HAWAII HEALTH PARTNERS	2/1/2017	8/31/2017	Medical

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