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Single Subscriber Response

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Eligibility transaction performed by provider: [REDACTED] on Saturday, January 8, 2022 at 8:56:30 AM



Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: [REDACTED] CNTY CODE: 19.
PRMY AID CODE: 10. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.
HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800)675-6110. HCP: CALL (800) 675-6110
FOR HCP INFORMATION. PCP: SEE YOUR MEDICARE DOCTOR CALL: (800)675-6110. PART A, B AND
D MEDICARE COV W/MEDICARE ID [REDACTED] MEDICARE PART A AND B COVERED SVCS
MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS
MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH
INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: UHC OF
CALIFORNIA, INC.. COV: OIM R.

Name: [REDACTED]**Subscriber ID:** [REDACTED]**Service Date:** 07/31/2021**Subscriber Birth Date:** [REDACTED]**Issue Date:** 01/08/2022**Primary Aid Code:** 10**First Special Aid Code:** 80**Second Special Aid Code:****Third Special Aid Code:****Subscriber County:** 19-Los Angeles**HIC Number:** [REDACTED]**Primary Care Physician Phone #:** 8006756110**Service Type:** OIM R**Trace Number (Eligibility Verification Confirmation (EVC) Number):** [REDACTED]