



Medisoft v24 – Enhanced Eligibility Response Display / New Display – Open Detail

	Response: Completed Eligibility: Active 	Payer: TUFTS HEALTH PLAN	Policy Holder: DOE, JOPHN P
	Requested on: 5/2/2019	Eligibility: 10/1/2010	DOB: 6/15/1963 (Male)
	Patient: Kristina Oberbroeckling	Plan begin: 10/1/2012	
	PCP: JONES, JOEY		

> Active Coverage

> Non-Covered

▼ Deductibles

Coverage	Service Description	Period	Amount	Remaining	Year to Date	Network	Details
Individual	Health Benefit Plan Coverage	Calendar Year	\$1,500.00	\$600.00	\$900.00	In Network	
Family	Health Benefit Plan Coverage	Calendar Year	\$3,000.00	\$2,100.00	\$900.00	In Network	

> Co-Payments

> Co-Insurances

> Limitations

> Out of Pocket Costs

> Other Benefits