HEALTH NET CAPITATION

PROFESSIONAL EXPANDED ELIG REPORT FOR THE MONTH OF 04/07 (BY SITE) PAGE 1 PROVIDER ID: M012 ABC CLINIC - HITCHCOCK

24-MAR-2007

012 SOUTH Sample

SANTA BARBARA CA 01234

MBR PLAN PROD FUND BENEFIT/COPAY $\$ DATE OF PHY P R O V I D E R CODE GROUP CODE IN RX CODE TYPE O/V DME E/R C.O.B. BIRTH ID EFF DATE CAN DATE LAST NAME FIRST NAME M ID REF ID Sample John J 012345678 MD1 01234A 69T Y Y HMO R 15 YES 50 09/12/85 012345 01/01/04 R01234567 CITY: SANTA BARBARA ADDR:130 S ABC RD ST:CA ZIP: 01234 5821 PH: G 123456789 FD2 12345A 69T Y Y HMO R 15 YES 50 Sample Jane 08/19/87 123456 01/01/04 R12345678 ADDR:125 S ABC RD CITY: SANTA BARBARA ST:CA ZIP: 01234 5821 PH:

PRODUCT PRODUCT TYPE DESCRIPTION	FUND MEMBERS ELIGIBLE TYPE AT MONTH END	MEMBERS ELIGIBLE AT LEAST ONE DAY
FLX HMO MEDICAL FLEX FUND POS POINT OF SERVICE GROUPS MCRS HMO MEDICAL> MEDICARE COB HMO HMO MEDICAL> STANDARD SBP SMALL BUSINESS PLANS SBPE SMALL BUSINESS - ELECT TIER 1 SB50 ELECT OVER 50 SBPS SMALL BUSINESS - SELECT HFN HEALTHY FAMILIES	F 1 R 38 R 13 R 1,525 R 61 R 117 R 4 R 4 R 407	1 38 13 1,525 61 117 4 4 407
TOTAL MEMBERS	2,170	2,170
FLX MEMBERS POS MEMBERS MCRS MEMBERS HMO MEMBERS SBP MEMBERS SBPE MEMBERS SBPE MEMBERS SBSO MEMBERS SBPS MEMBERS HFN MEMBERS	SUMMARY 1 38 13 1,523 61 117 4 407 2,168	1 38 13 1,523 61 117 4 407
PHARMACY POS MEMBERS MCRS MEMBERS HMO MEMBERS SBP MEMBERS SBPE MEMBERS SB50 MEMBERS SBPS MEMBERS HFN MEMBERS	7 BENEFIT SUMMARY 9 11 1,355 61 117 3 4 407 1,967	9 11 1,355 61 117 3 4 407

Doc Mgr #_Eligiblity Report_ACE_42P_03.29.07.txt

AVAILABLE FUNDING TYPES:

F - FLEX FUNDING R - REGULAR FUNDING S - SELF FUNDING