

SAMPLE — FICTITIOUS PATIENT · FOR DEMONSTRATION

Jane Sample • ACTIVE

Date of Birth	01/15/1960	Payer	Aetna
Member ID	W000000001	Plan	Choice POS II
Group	0074512	Coverage	01/01/2026 – Present
Relationship	Subscriber	Network	In-Network

COST SHARE (IN-NETWORK)

BENEFIT	AMOUNT	MET	REMAINING
Specialist Office Visit — Copay	\$30	—	—
Primary Care Visit — Copay	\$20	—	—
Individual Deductible	\$500	\$250	\$250
Individual Out-of-Pocket Max	\$3,000	\$1,100	\$1,900
Coinsurance (after deductible)	20%	—	—

REQUIREMENTS & FLAGS

Referral Required	NO
Other / Secondary Insurance on File	NO
QMB (Medicaid dual — do not balance-bill)	NO

How to read this: the patient owes a **\$30 specialist copay** today; their deductible has **\$250 remaining** and their out-of-pocket max has **\$1,900 remaining**. No referral is required. Always confirm benefits against the plan before billing.