

 Referral Link Submission Results

SUBMISSION DETAILS

DATE OF SUBMISSION	REFERRAL ID
08/18/2020	123456789

REFERRING PROVIDER

NAME Provider Name	RHONE (618) 123-4567	NPI 12345678	TIN 12345678
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PATIENT DETAILS

NAME Patient Name (Subscriber)	MEMBER ID 12345678
BIRTHDATE 01/01/1955	GROUP NUMBER 12345

INSURANCE DETAILS

PLAN DESCRIPTION MEDICARE ADVANTAGE (HMO-POS)	EFFECTIVE-TERM DATES 01/01/2020 --
PAYER UnRedHealthcare	PAYER ID 12345

REFERRED TO PROVIDER

NAME SUSAN SCHA8ERG	NPI 12345678
ADDRESS 4949 Autumn Oaks Dr, St B Maryville, IL 62062	TIN 12345678
PHONE 618-288-9450	

REFERRAL DETAILS

REFERRAL DATES 01/01/2020-02/14/2021	NUMBER OF VISITS 12
DIAGNOSIS CODE(S) L98.9 Disorder of the skin and subcutaneous tissue, unspecified	