



VERRIFIC

ReVerification

(773) 804-8895

Patient Name	<u>Log, Ana</u>	Subscriber Name	<u>Log, Ana</u>	Group Number	<u>ASDFAS</u>
Date of Birth	<u>01/01/1999</u>	Subscriber DOB	<u>01/01/1999</u>	Date Verified	<u>02/07/2021 00:27:23 GMT</u>
Insurance Carrier	<u>Metlife</u>			Ins Max Used	<u>\$105</u>
Effective Date	<u></u>	Deductible Met	<u>\$50</u>		

History

	DOS	Procedure code	Tooth/Quad	Surface
1	01/01/2021	D3330	4	

Subscriber Note:

Patient name: Ana
Maximum remaining: 908
Deductible remaining: 0