

This is a sample copy of the Explanation of Benefits document from MVP that you will receive in the mail a couple of weeks after your appointment. Please mail, e-mail (good cell phone pictures work) or fax a copy of the first 2 pages to the ESHCA Wellness Coordinator.

Patrick Flaherty, 2481 Higby Road, Frankfort, NY 13340  
[pflaherty@eshca.org](mailto:pflaherty@eshca.org) phone: (315) 895-5303 fax: (315) 895-5307

MVP Select Care, Inc.  
P.O. Box 2207 625 State Street  
Schenectady, NY 12301



MVP MEMBER  
625 STATE STREET  
SCHENECTADY, NY 12035

## THIS IS NOT A BILL

Your health care provider may bill you for any amount that you owe.

Member MVP ID:	800100ABC00
Group Plan:	MVP GROUP
Claim Number:	E07ZZ0ABCD00
Claim Received On:	05/31/2016
Claim Processed On:	05/31/2016

### Explanation of Benefits (EOB)

Summary of a claim for Date(s) of Service: February 17, 2016 - February 17, 2016 for services provided by LABCORP RARITAN

Billed Charges	\$201.00	This was the amount that was billed for your visit for date(s) of service 02/17/2016 - 02/17/2016
Not Covered / Due from Patient	\$0.00	Any billed charges not covered by your policy including services provided by an out-of-network health care provider. This amount is included in What You Owe below.
Paid by Plan	\$172.32	This is what MVP will pay your provider. It can also mean the amount MVP will send you if you paid your provider first and then sent a claim to MVP.
What You Owe	\$0.00	This total due from patient is the amount that the health care provider may bill you, which may include a Deductible, Copay or Coinsurance and any charges not covered under your health plan.

PLEASE SEE CLAIM DETAILS ON BACK.

Go Paperless and view your Explanation of Benefits online. To sign up, *Log In* or *Register* for an MVP online account at [www.mvphealthcare.com](http://www.mvphealthcare.com) and select *Manage Your Account* and then *Claims Status & History*.

#### MYMVP MOBILE APP

View EOBs, check claims, find a doctor, view your ID card and more with our FREE app. **Download it today** to your iPhone® or Android™ mobile device! Note: MSG and data rates may apply.



Use a QR code reader app to scan this code and learn more!

We value your feedback. Please fill out our brief, anonymous survey at [www.mvplistens.com](http://www.mvplistens.com).

MVP Select Care, Inc., P.O. BOX 2207 625 STATE STREET, SCHENECTADY, NY 12301/ [www.mvphealthcare.com](http://www.mvphealthcare.com) / 1-800-765-3773  
At MVP, we're tough on health care fraud. Help us fight this costly problem. If the information on this statement does not match your records, please call our Special Investigations Unit at 1-877-TELL-MVP. All calls are confidential.



## Claim Details

- A claim for services you received was sent to MVP. This EOB can help you understand the amount charged by your health care provider and what your health plan paid. It also shows the out-of-pocket costs that you must pay.
- If you received covered services from an MVP-participating provider, that provider has agreed to accept the Allowed Amount shown below as payment in full, minus any Deductible, Copay or Coinsurance.
- If services were from a provider not participating with MVP, you may need to pay the difference between the Billed Charges shown below and the Allowed Amount.

Billed Charges	Allowed Amount	Not Allowed/ Not Due from Patient	Not Covered/ Patient	Other Insurance Payments	Deductible	Coinsurance	Copay	Paid By Plan	Reason Code(s)
Date(s) of Service: 01/18/2018– 01/18/2018					Description: Est Pt Prevent Healthy 40 to 64 Yrs				
201.00	201.00	0.00	0.00	0.00	0.00	0.00	0.00	201.00	YF5

Reason Codes:

YF5 Plan year limit maximum for this service has been met.

### 2018 Limit Summary

Limit Name	Current Amount	Maximum
YEARLY IN-NETWORK DEDUCTIBLE (INDIVIDUAL)	0.00	1,000.00
YEARLY IN-NETWORK DEDUCTIBLE (FAMILY)	0.00	3,000.00
YEARLY OUT-OF-NETWORK DEDUCTIBLE (INDIVIDUAL)	0.00	3,000.00
YEARLY OUT-OF-NETWORK DEDUCTIBLE (FAMILY)	0.00	6,000.00
YEARLY INDIVIDUAL IN-NETWORK OUT-OF-POCKET	53.42	4,000.00
YEARLY FAMILY IN-NETWORK OUT-OF-POCKET	53.42	10,000.00
YEARLY INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET	0.00	8,000.00