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 phone: (315) 895-5303 fax: (315) 895-5307

MVP Select Care, Inc. P.O. Box 2207 625 State Street Schenoctady, 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

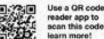
\$201.00	This was the amount that was billed for your visit for date(s) of service 02/17/2016 - 02/17/2016
\$0.00	Any billed charges not covered by your policy including services provided by an out-of-network health care provider. This amount is included in What You Owe below.
\$172.32	This is what MVP 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.
\$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.
	<b>\$0.00</b> \$172.32

#### 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 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.



reader app to scan this code and learn more!

#### We value your feedback. Please fill out our brief, anonymous survey at www.mvplistens.com.

MVP Select Care, Inc., P.O. BOX 2207 625 STATE STREET, SCHENECTADY, NY 12301/ www.mvphealthcare.com / 1-800-765-3773 At MVP, we're tough on health care fraud. Help us light 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 Amoun	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	