



- The name of the healthcare provider*
- Date of service (the date of service is the date the service is rendered and not the date the service is paid for)*
- The patient's name*
- An itemized listing of the products or services provided*
- The total cost of the products or services*
- The amount covered by insurance*
- The amount for which the patient is responsible*

Explanation of Benefits

be deactivated
once you provide a sufficient receipt to approve the transaction.

second
third
your card will
Your card will be reactivated

If a receipt or payment is not received and processed within 20 days from the date of the "ineligible letter," your card will be deactivated

