

Horizon BCBSNJ
PO Box 829
Newark, NJ 07101

SENTHIL MURUGAN
110 GALWAY CIR
CHALFONT, PA 18914-3900

Employer Name: MERCK (LSP)
Employer Code: MRK002
Participant
Account ID: 0000201350
Date: 7/9/2015

Overdue Notice - Action Required

Dear SENTHIL MURUGAN:

Thank you for using your Horizon MyWay Prepaid Benefits Card. According to our records, we have not received a response to the two previous letters sent regarding the expense(s) listed below.

If you have the required documentation, please IMMEDIATELY return this letter along with either your receipt(s) from the provider of service or an Explanation of Benefits (EOB) from your insurance carrier which includes:

- Provider Name
- Patient Name
- Service(s) Received or Item(s) Purchased
- Date of Service
- Amount of expense incurred

Please mail your response to this request IMMEDIATELY to Horizon Blue Cross Blue Shield of NJ, PO Box 829, Newark, NJ 07101-0829. You may also FAX the documentation to our office at (973)274-2233. After you have submitted the appropriate documentation, no further action is required on your part unless you are otherwise notified.

If you do not have the required documentation, please return this letter with your payment for the amount listed in the "Amount Due" column.

Checks should be made payable to Horizon BCBSNJ and mailed to the following address for proper handling:
Horizon Blue Cross Blue Shield of NJ
P.O. Box 829
Newark, NJ 07101-0829

As outlined in the "My Use of Card Promises" information provided with your original cards, please be advised that your card will be temporarily suspended until this matter is resolved.

Thank you for your cooperation. If you have any questions, please call our office at (877) 663-7258 between the hours of 8am and 6pm (Eastern Time), Monday through Friday.

In accordance with the Merck Flexible Spending Account Summary plan description, you have a right to review all documentation that was used to make a decision about your claim. If you disagree with Horizon BCBS' decision, you have 60 days after receiving the notice of denial to file a written appeal to Horizon BCBS at the following address:

Horizon Blue Cross Blue Shield of NJ
P.O. Box 829
Newark, NJ 07101-0829

Please refer to your SPD if you should require any additional information.

Sincerely
Merck Flexible Spending Account Team

<u>Claim No.</u>	<u>Plan Name</u>	<u>Transaction Date</u>	<u>Merchant</u>	<u>Claim Amount</u>	<u>Payment Received</u>	<u>Amount Due</u>
MRK002150226D0002501	2015 Unreimbursed Medical	2/24/2015	LMG FAMILY PRACTICE PC	\$11.95	\$0.00	\$0.00

CONTACT INFORMATION

Horizon BCBSNJ
Horizon BCBS NJ
PO Box 829
Newark, NJ 07101

Phone Number:	877-663-7258
Email Address:	cdhproduction@horizonblue.com
Fax Number:	973-274-2233