

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: 4/1/2016

Second Receipt Request - Action Required

Dear SENTHIL MURUGAN:

According to our records, we requested additional documentation in regards to the Horizon MyWay Prepaid Benefits Card transaction(s) listed below. As of today, we have not received receipts or any other form of substantiation for this transaction.

Please return this letter along with a receipt or Explanation of Benefits (EOB) 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 within 14 days 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.

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> |
|----------------------|---------------------------|-------------------------|------------------------|---------------------|-------------------------|-------------------|
| MRK002151216D0000801 | 2015 Unreimbursed Medical | 12/14/2015 | 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
Fax Number: 973-274-2233
Email Address: cdhproduction@horizonblue.com