

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: 1/14/2016

First Receipt Request - Action Required

Dear SENTHIL MURUGAN:

Thank you for using your Horizon MyWay Prepaid Benefits Card. Our records indicate that you incurred the following expense(s) with your card. In order to comply with IRS regulations, we are required to perform a review of card transactions.

The transaction(s) listed below has been selected for review. 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.

Please be advised that if you use your Card to purchase OTC (over-the-counter) items at a retail establishment, you will be subject to audit in order to substantiate all expenses.

If you have any questions, please contact our office at (877) 663-7258 between the hours of 8am and 6pm (EST) 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>
MRK002151104D0004701	2015 Unreimbursed Medical	11/2/2015	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