

2nd BUCKET

IN NETWORK ONLY

| SERVICE DATE | PROVIDER NAME | APPLIED TO DEDUCTIBLE | APPLIED TO 2nd BUCKET | AMT YOU PAY PROVIDER | DATE YOU PAID PROVIDER | FAX/EMAIL EOB to PHPC |
|--------------|---------------|-----------------------|-----------------------|----------------------|------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOTAL AMOUNT APPLIED TO DEDUCTIBLE

TOTAL AMOUNT APPLIED TO 2nd Bucket

AMOUNT YOU PAY TO PROVIDER

3rd BUCKET

IN NETWORK ONLY

| SERVICE DATE | PROVIDER NAME | APPLIED TO DEDUCTIBLE | APPLIED TO 3rd BUCKET | AMT EMPLOYER TO PAY PROVIDER | AMT YOU PAY TO PROVIDER | DATE YOU PAID PROVIDER | FAX/EMAIL EOB to PHPC |
|--------------|---------------|-----------------------|-----------------------|------------------------------|-------------------------|------------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TOTAL AMOUNT APPLIED TO DEDUCTIBLE

TOTAL AMOUNT APPLIED TO 3rd Bucket

AMOUNT YOU PAY TO PROVIDER

REMINDER: ALL BALANCE AND CARD TRANSACTION HISTORY AS WELL AS FORMS ARE AVAILABLE ON OUR WEBSITE: www.phpcarolinas.com
 SEND ALL EOB's TO PHPC: FAX (704-847-3014), EMAIL (destevenson@phpcarolinas.com) or MAIL (P.O. Box 220397 Charlotte, NC 28222).
 PHONE: (704) 847-2321 (X305)