

## Provider Explanation of Payment (EOP) Request Form

If you would like duplicate copies of an Explanation of Payment (EOP), please complete this EOP Request form and submit it via email to [CustomerServiceCorrespondence@HealthTradition.com](mailto:CustomerServiceCorrespondence@HealthTradition.com).

Please submit the email with the subject line: **Provider EOP Request.**

**NOTE:** If you receive an electronic EOP, we are unable to provide specific details. You will need to contact your IT department for that information.

Provider Explanation of Payment (EOP) Request Form	
<b>Provider/Supplier Name:</b>	<b>Member Name:</b>
<b>Member ID:</b>	<b>Member Date of Birth:</b>
<b>Date(s) of Services:</b>	<b>Billed Amounts:</b>

