

## Member Explanation of Benefits (EOB) Request Form

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

Please submit the email with the subject line: **Member EOB Request.**

Member Explanation of Benefits (EOB) Request Form	
<b>Provider/Supplier Name:</b>	<b>Patient/Member Name:</b>
<b>Patient/Member ID:</b>	<b>Patient/Member DOB:</b>
<b>Date(s) of Services:</b>	<b>Billed Amounts:</b>

