EmblemHealth Inc. Senior Care Co-Pay Class Action

Confirmation of Payment of Co-Pays

The patient listed below is a member of a class action settlement involving the Emblem-administered portion of the medical GHI Senior Care plan. The patient may be eligible for a reimbursement of co-pay(s) they paid for eligible medical services they received during the period of January 1, 2022 through January 31, 2023.

Please complete the following information:

Medical Provider's Name: _____

Medical Provider's NPI Number: _____

Medical Provider's License Number: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Date: _____

Confirmation of co-pays paid for (Patient's Name) _____;

Patient's DOB: _____

Insurance Card Information – Member ID: _____

To Whom It May Concern:

This letter serves to certify that (Patient's Name) _____ is/was a patient of (Provider) _____.

We confirm that the patient received eligible medical services in the Emblem-administered portion of the medical GHI Senior Care plan during the period of January 1, 2022 through January 31, 2023 and has paid the co-pays.

According to our records, the patient saw the provider on the following dates and paid a total of $_____ in co-pays.

Between January 1, 2022 and January 31, 2023, the patient saw the provider on the dates specified below, and paid the following co-pay for each date of service:

Date	Co-pay Amount Paid

(If more space is required, please attach additional sheets.)

The payments listed above have been received and processed in full. If you require further information, please contact our billing department at the number listed above.

Sincerely,

_____

Title: _____