

ALLWAYS replaced Neighborhood Health Plan on January 1, 2019. Go to <https://allwaysmember.org> to log into the Members' Portal.



Log in to AllWays Health Partners Member Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Log In

[Not registered yet?](#)

Did you have a mynhp.org account?

No problem! Your mynhp.org username and password will work here at allwaysmember.org.

Access your AllWays Health Partners digital ID card



Show providers your card on your phone or download a printable copy.

[Get your card now](#)

CONTACT US

[Chat](#)

Customer Service - [1-866-414-5533](tel:1-866-414-5533)

Email - customerservice@allwayshealth.org

By logging into any of AllWays Health Partners' online services, you agree to the [terms and conditions of use](#).

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Member Page – Click on the “Claims and Payments” at the bottom of the page In the center

Welcome to Allwaysmember.org

Find a Doctor

Contact Us

MEMBER NAME

Member Name

allways
HEALTH PARTNERS

PLAN NAME

PRIME HMO PLAN FOR GIC MEMBERS

MEMBER ID

COM3316817

ENROLLMENT EFFECTIVE

01/01/2019

MY DEPENDENTS >

Dependent Name(s)

CafeWell ↪

Start a personalized wellness program today

Partners
Healthcare on
Demand ↪


Get convenient urgent care through an interactive video visit

DoctorSmart
Rewards ↪

Earn cash back for making smart choices about your care


Plan Documents
↪


Claims and Payments
↪


Find a Doctor
↪

Click on "Track costs & claims"



Member Name



My coverage


Track cost & claims


Find doctors & care

Tools & resources

My Profile

Welcome to Allwaysmember.org

Find a Doctor 

Contact Us 

Check costs and claims

Our easy-to-use search tool gives you the most detailed information about your claims.

[Search for a claim](#) from any time in the last 12 months to see your share of costs, provider information, and more.

CONTACT US

[Chat](#)

Customer Service - 1-866-414-5533

Email - customerservice@allwayshealth.org



FOUNDED BY BIRGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

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You will see each month listed. Click on "View SOP" (Summary of Payments) under the LAST month available.

The screenshot shows the Allways Health Partners website interface. At the top, the logo "allways HEALTH PARTNERS" is on the left, and the user name "NORMA L FORGIONE" with a home icon is on the right. Below the logo is a navigation bar with buttons for "My coverage", "Track cost & claims", "Find doctors & care", "Tools & resources", and "My Profile".

The main content area starts with a welcome message: "Welcome to Allwaysmember.org" and links for "Find a Doctor" and "Contact Us". The section is titled "Summary of Payments" and explains that it provides an overview of costs for each month. It lists information provided in SOPs, such as service costs, cost shares, and out-of-pocket costs. A link to a "claim search tool" is provided for more detailed information.

A list of months from January 2018 to December 2018 is shown. For most months, the status is "Member Not Enrolled". For July 2018, it says "No Member Claims". For August 2018, it says "View SOP". For September 2018, it says "No Member Claims". For October 2018, it says "View SOP". For November 2018 and December 2018, it says "No Member Claims". A large blue arrow points to the "View SOP" link for October 2018.

At the bottom, there is a "CONTACT US" section with a "Chat" button, customer service phone number (1-866-414-6333), and email address (customerservice@allwayshealth.org). The footer includes the INOVA logo and copyright information: "© 2019 Allways Health Partners".

The "Summary of Payments" shows the amount of Deductible Costs paid. Print this Summary and send to MOSES for reimbursement.

Neighborhood Health Plan
 399 REVOLUTION DR STE 820
 SOMERVILLE MA 02145-1471

10/15/2018
 1361 17819

J5A0 [5,782] 1 of 3



Summary of Payments
 THIS IS NOT A BILL

[3F-1]

Forwarding Service Requested



Member Name
 & Address

Customer Service

For questions, please call the Customer Service number on the back of your member ID card Monday through Friday 8:00 AM to 6:00 PM, and Thursday 8:00 AM to 8:00 PM or email memberservices@nhp.org.

Member Name: [Redacted]
 NHP ID: [Redacted]
 Date: 11/05/2018
 Individual Deductible plan amount: \$500.00
 Family Deductible plan amount: \$1,000.00

A Guide to your Summary of Payments

This Summary of Payments (SOP) explains the costs to NHP and to you for the prior month of claims finalized by NHP.

First we breakdown the costs for each individual claim. Then we provide "statement totals" so you can see all the costs for the month.

"Your Share" is the amount you are responsible for paying your provider (copays, deductible, and coinsurance) after NHP has paid its share. You may have paid this amount at the time of your visit. Otherwise, you will receive a bill from your provider.

There is a glossary of helpful definitions at the end of this statement.

You can review your cost and benefit information at any time on mynhp.org.

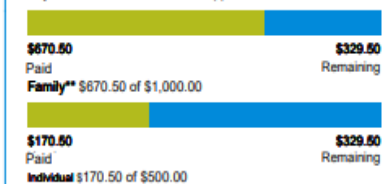
Provider: Health Service Provider

Claim #: 18267E04295

Dates of Service	Health Care Provider	Provider Charges	NHP Share		Your Share					Your Total Share
			Allowed Amount	Paid by NHP	Deductible	Copay	Co-Insurance	Not Covered	See Notes	
09/22-09/22/2018	Immunizations & Injections	\$130.00	\$73.66	\$73.66	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Totals:		\$130.00	\$73.66	\$73.66	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

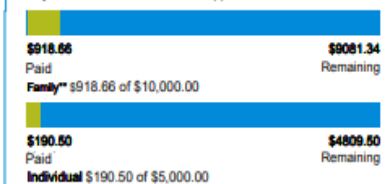
Deductible

Family versus Individual Amount* applied as of 11/05/2018

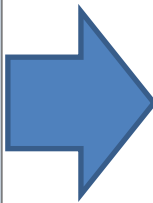


Out Of Pocket Maximum

Family versus Individual Amount* applied as of 11/05/2018



*Amount includes any member cost sharing applied from beginning of your benefit period to the date indicated above.
 **Family amounts do not apply if you have an individual policy



Helpful Definitions

Allowed amount: This is the maximum payment the plan will pay a provider for a covered health care service.

Claim Number: This is the unique NHP identification number for the services rendered.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent (for example 20%) of the allowed amount for the service.

Copayment: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe your provider for covered services before NHP begins to pay.

Not covered: This is the amount not covered by NHP and is usually for a service that was not covered by NHP.

Out-of-pocket maximum: The most you pay during a policy period (usually a year) before your health plan begins to pay 100% of the covered health care services. This does not include your premium or services not covered by NHP.

Paid by NHP: This is the amount paid by NHP for your covered health care service.

Provider Charges: The Amount the provider (physician, hospital, etc.) charged NHP for this service.

Provider: The medical professional, hospital or health services organization that provided medical, behavioral health, or prescription services to the member listed.

Your Share: The amount you are responsible for paying your provider (copays, deductible, and coinsurance) after NHP has paid its share. You will pay this amount either at the time of your visit or you may receive a bill from your provider.

Important Information

If you prefer to receive your SOP in an alternate method please log into mynhp.org to set your delivery preference. Other plan information is also available on mynhp.org.

Please note:

If you did not receive a service listed on this SOP, please contact NHP Customer Service at the number on the back of your member ID card or email us at memberservices@nhp.org.

You may have additional claims that NHP is still processing. Also, NHP may correct some claims after this SOP was issued. If so, these costs will appear in your next SOP.

You have the right to file an appeal (a request for NHP to reconsider a denial) within 180 calendar days after you are notified of NHP's decision. To file an appeal, contact NHP Customer Service.

CONFIDENTIALITY NOTICE: This SOP contains confidential and privileged information and is for the sole use of the intended recipient. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact Neighborhood Health Plan and destroy all copies of the original document.