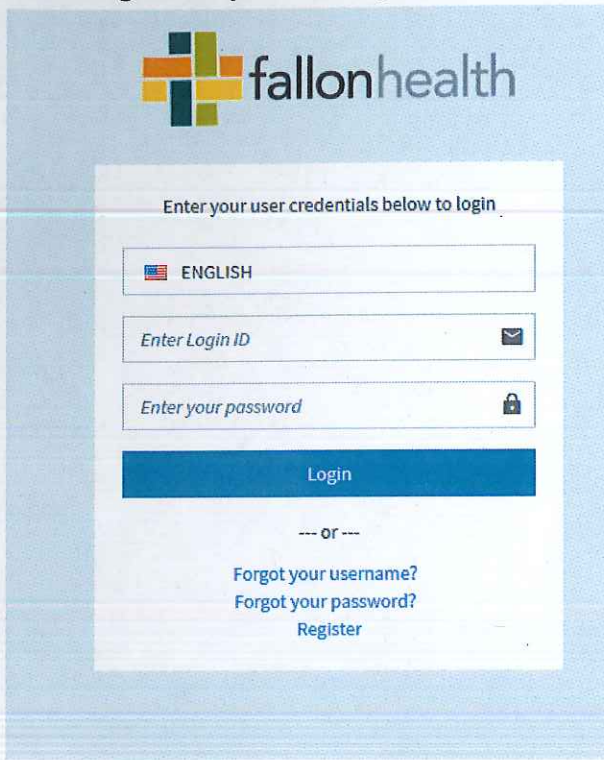


Login in page for Fallon Community Health Plan: <http://fchp.org/>

1. Click on members, Click on go to myFallon
2. If not registered you must register, once you register you will need to log in:



3. After you log in you will be taken to a self-service page, you will need to click on Document Center



4. Next you see the Document center for the Plan Member, you will need to click on Claims Statements

Welcome

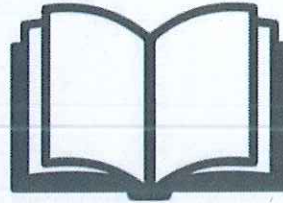
Use this website to view your plan documents. You can download, print or email them.

If you have other family members covered by this plan, select their name above to see their documents. If a dependent is over 18 years old, you will not see their name above. Dependents over 18 need to log in to see their plan documents.



Tax Forms

All required tax forms sent by the plan



About your plan

Documents that tell you about your plan benefits and features.



Claim statements

These statements give you information about claims we received from your providers, how much the plan paid, and how much you are responsible to pay. Also called a Health Benefits Statement or an Explanation of Benefits (EOB).

Click on Claim Statements

5. This page will show all of your Health Benefit Statements or an Explanation of Benefits (EOB). You can click on these statements to see what your deductible and out-of-pocket amounts for the selected benefit year are. Select the coverage period 07/01/18 to 06/30/19 to see your EOBs for Fiscal Year 2019. You will need to print only the first page of the most current document showing the summary deductible and out-of-pocket amounts. Do NOT print the entire Health Benefits Statement.

Change your communication preferences



English Spanish

Plan Member: [Redacted] Coverage period: 07/01/18 - 06/30/19 Date processed: [Redacted] Statement year: [Redacted]

Results: 1 - 5 of 2 items

NAME ▲▼	MEMBER ID ▲▼	DATE PROCESSED ▲▼	COVERAGE PERIOD ▲▼	STATEMENT YEAR ▲▼
[Redacted]	[Redacted]	11/16/2018	07/01/18 - 06/30/19	2018
[Redacted]	[Redacted]	12/17/2018	07/01/18 - 06/30/19	2018

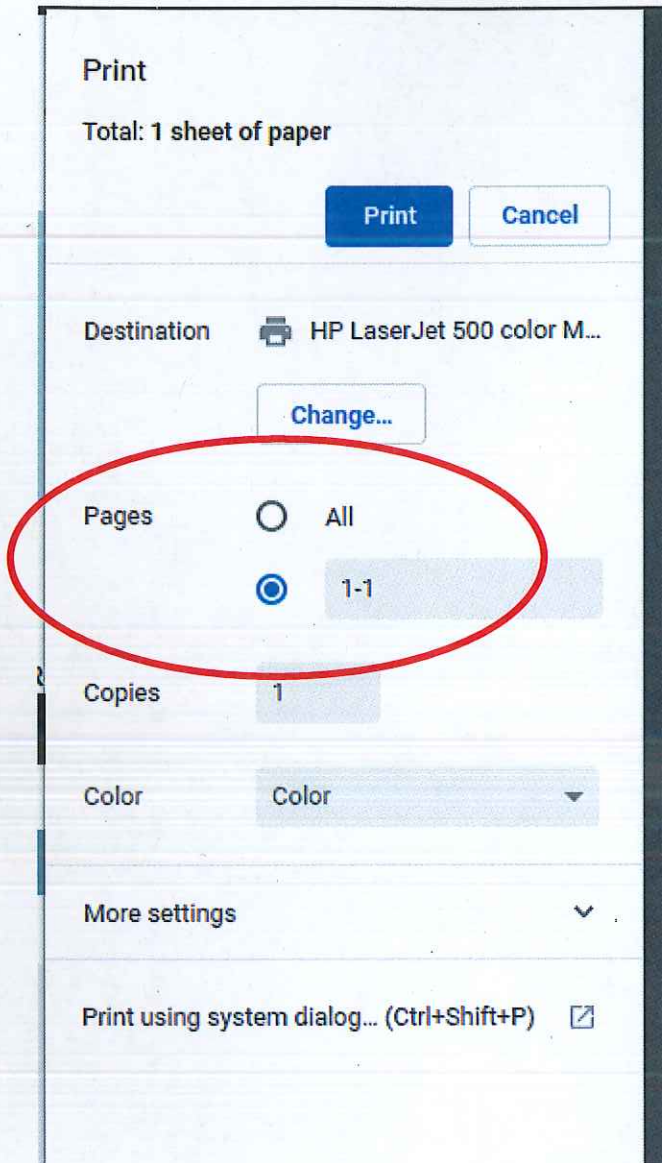
Print

Download

« « 1 2 3 4 5 ... 8 » »

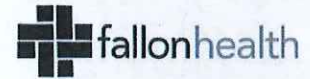
Zoom: 100% +

6. After selecting your recent statement, click the blue print button. A window will appear for printing. Edit the pages section to select page 1-1. Then Click print



7. This first page that you print is the "summary sheet" that you will need to submit to MOSES.

Fallon Community Health Plan, Inc.
10 Chestnut St.
Worcester, MA 01608



Health Benefits Statement - This is not a bill.

Subscriber name:	[REDACTED]
Subscriber ID:	[REDACTED]
Date:	09/19/2018
Member name:	[REDACTED]
Member DOB:	[REDACTED]
Contract Number:	[REDACTED]

This statement shows your recent health care services that have been paid. If you are responsible for any payment, you may have already paid it at the time of service, received a bill directly from your provider or will receive a bill from your provider, depending on the date the claim is processed.

Please keep this statement for your records.

If you have any questions regarding this statement, please call Customer Service at the phone number on the back of your member ID card. And remember, you can always check your claims online at fallonhealth.org.

Please note that you have the right to receive this statement in writing at a mailing address of your choosing. Please call Customer Service if you would like to request a change to how you receive this statement. In addition, you can request to have this statement suppressed in special circumstances. Please call Customer Service for more information.

Summary for 07/01/17 - 06/30/18

DEDUCTIBLE AMOUNT

As of 09/19/2018, [REDACTED] has satisfied \$550.00 of the \$550.00 individual deductible for the benefit year.

Once you have paid the total deductible amounts for the benefit year, your plan will pay for certain covered services.

Please refer to your Member Handbook/Evidence of Coverage, Amendments and Schedule of Benefits for information on covered services.

OUT-OF-POCKET AMOUNT

The amount that has been accumulated toward the benefit year individual out-of-pocket amount is \$1,623.34.

Once the \$5,000.00 benefit year out-of-pocket amount is satisfied, you will be covered in full for in-network covered services.

Why is my out-of-pocket amount different from my deductible amount? Your out-of-pocket amount includes other payments such as copayments and coinsurance.