

MetLife

METLIFE INSURANCE COMPANY USA
LONG TERM CARE INSURANCE DIVISION
P.O.Box 40007
LYNCHBURG VA 24506-9939



000 0000291 00000000 001 001 00146 INS: 0 0

CARELINK

629 E WOOD ST STE 201
VINELAND NJ 08360-3752

Page 1 of 1

A384525

Claimant: CHRISTOPHER J MCCARTHY

Claims: (877) 582-7767

Payment for Oct 30 2015 through Dec 18 2015: \$1,410.00

Please detach before negotiating check

15931 v.0.13 11.04.2014

MetLife

METLIFE INSURANCE COMPANY USA
LONG TERM CARE INSURANCE DIVISION
P.O.Box 40007
LYNCHBURG VA 24506-9939

CHECK NO.
9460592676

51-44
119

DATE OF CHECK
01/04/16

PAY EXACTLY ***** ONE THOUSAND FOUR HUNDRED TEN DOLLARS AND NO CENTS

PAY TO THE ORDER OF CARELINK
629 E WOOD ST STE 201
VINELAND NJ 08360-3752

VOID AFTER 180 DAYS

CHECK AMOUNT
\$1,410.00

LTC3950676

A384525

Bank of America, N.A.
HARTFORD, CONNECTICUT


Authorized Signature

DO NOT CASH IF THE WORD VOID IS VISIBLE. SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

9460592676 011900445

0000068595

UnitedHealthcare Community Plan
PO Box 7550
Phoenix AZ 85011
PHONE: 1-888-362-3368
URL: www.uhconline.com

STD-PRA

**PROVIDER
REMITTANCE ADVICE**

 **UnitedHealthcare®**
Community Plan
New Jersey

357CSPOPPR1011001-01249-01
CARELINK HEALTH CARE SERVICES
629 E WOOD ST STE 201
VINELAND NJ 08360-3752

CHECK DATE: 12/25/15
PAYEE TAX NUMBER: 271279731
PAYEE NPI: 1477880060
PAYEE ID: 00555026501
PAYEE NAME: CARELINK HEALTH CARE
SERVICES
CHECK NUMBER: 700830630
CHECK AMOUNT: \$388.00
GRP ID: NJFA
RA REFERENCE ID: 2015122513001147

PROVIDER REMITTANCE AT A GLANCE

NET PAYABLE	\$388.00
OVERPAYMENT AMOUNT	\$0.00
RECOVERED AMOUNT	\$388.00
NET PAID AMOUNT	

PLEASE SEE NEXT PAGE FOR MORE INFORMATION

STD-PRA-271279731-5200000000002102637

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UnitedHealthcare Community Plan
PO Box 7550
Phoenix AZ 85011
PHONE: 1-888-362-3368

Wells Fargo Bank, N.A.
Van Wert OH

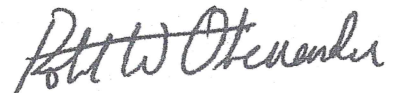
DATE: 12/25/15
RA REFERENCE ID: 2015122513001147

VOID AFTER 90 DAYS

PAY \$*****388.00**

Three Hundred Eighty Eight Dollars and Zero Cents***

PAY TO CARELINK HEALTH CARE SERVICES
THE 629 E WOOD ST STE 201
ORDER OF VINELAND NJ 083603752



AUTHORIZED SIGNATURE

0700830630 1041203824 9600149455

UnitedHealthcare Community Plan
PO Box 7550
Phoenix AZ 85011
PHONE: 1-888-362-3368
URL: www.uhconline.com

STD-PRA

**PROVIDER
REMITTANCE ADVICE**



362CSPOPPR1002001-01590-01
CARELINK HEALTH CARE SERVICES
629 E WOOD ST STE 201
VINELAND NJ 08360-3752

CHECK DATE: 12/30/15
PAYEE TAX NUMBER: 271279731
PAYEE NPI: 1477880060
PAYEE ID: 005555026501
PAYEE NAME: CARELINK HEALTH CARE
SERVICES
CHECK NUMBER: 700831531
CHECK AMOUNT: \$372.48
GRP ID: NJFA
RA REFERENCE ID: 2015123010501194

PROVIDER REMITTANCE AT A GLANCE

NET PAYABLE	\$372.48
OVERPAYMENT AMOUNT	\$0.00
RECOVERED AMOUNT	
NET PAID AMOUNT	\$372.48

PLEASE SEE NEXT PAGE FOR MORE INFORMATION

STD-PRA-271279731-5200000000002186535

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UnitedHealthcare Community Plan
PO Box 7550
Phoenix AZ 85011
PHONE: 1-888-362-3368

Wells Fargo Bank, N.A.
Van Wert OH

DATE: 12/30/15
RA REFERENCE ID: 2015123010501194

VOID AFTER 90 DAYS

PAY \$*****372.48**

Three Hundred Seventy Two Dollars and Forty Eight Cents***

PAY TO CARELINK HEALTH CARE SERVICES
THE 629 E WOOD ST STE 201
ORDER OF VINELAND NJ 083603752

Att W Ottenander

AUTHORIZED SIGNATURE



0700831531 041203824 9600149455

56-382
412

700831531

Security Features Included Details on Back