

Where to locate **draft amount** and **draft number** on your ECHO Health Explanation of Payment


**Payer Return Name**  
 Payer Return Address Line1  
 Payer Return Address Line2  
 Payer Return City, State, Zip

SAMPLE PROVIDER  
 123 ANYWHERE STREET  
 ANYWHERE, US 12345-0000

Your name, Sample Provider, and Tax ID have been verified by the IRS.

Card Value = *Draft amount* (386.17)

Tran Nbr: 248583814  
 Card Value: 386.17  
 Date: 02/16/2022



CVV2 XXX  
 XXXX XXXX XXXX 5957  
 VALID THRU 05/22  
 ECHO Health, Inc.

Questions Regarding This Method of Payment? Visit [echovcards.com](http://echovcards.com)

Tran Nbr or EPC Draft # = *Draft number* (248583814)

Tax ID: 123456789      **EPC Draft #: 248583814**      Payment Week: 7      Payment Date: 02/16/2022      Page 1 of 1

Line #	Service Date	Code or Description	Modifier	Unit	Explanation Code(s)	Total Charge	Provider Discount	Allowed Amount	Other Insurance	Not Covered	Patient Obligation			Net Payment Amount
											Co-Ins	Co-Pay	Deductible	

You should receive your EOP via fax or mail.