

David Dammon
285 Cross Gates Blvd.
Slidell, La 70461
Acct: 503-6643

Dec 1, 2016

Lincare
PO Box 15389
Lenexa, KS 66285

Reference Invoice BB7C5HKL

Sir/Madam,

Lincare has consistently overcharged for equipment and supplies since the beginning of CY 2016. This invoice shows some of the overcharges. The following are reference to the reference invoice:

Service Date 05/20/2016 Service Code E0562 states the amount insurance allowed as \$23.04; however the attached Explanation of Benefits states that \$0.00 is allowed.

Service Date 05/20/2016 Service Code E0601 states the amount insurance allowed as \$54.50; however the attached Explanation of Benefits states that \$41.47 is allowed.

Service Date 07/05/2016 Service Code A7034 states the amount insurance allowed as \$90.04; however the attached Explanation of Benefits states that \$44.80 is allowed.

Service Date 07/05/2016 Service Code A7036 states the amount insurance allowed as \$12.39; however the attached Explanation of Benefits states that \$8.31 is allowed.

I have retrieved all of the records from Tricare and estimate all of the Patient Responsibility totals \$147.98 for the CY 2016. I have already paid Lincare a total of \$107.10. Therefore my responsible for CY 2016 is estimated at \$40.88.

David Dammon



BILLING INQUIRIES: (877)754-7690
SERVICE INQUIRIES: (888)649-5472

ACCOUNT NAME: DAVID DAMMON
CUSTOMER ID: 503-6643
INVOICE DATE: 11/19/2016
INVOICE NUMBER: BB7C5HKL

SERVICE DATE	SERVICE CODE	DESCRIPTION	QTY	AMOUNT BILLED	INSURANCE ALLOWED AMOUNT	INSURANCE AMOUNT DUE	TAX INCLUDED IN CUSTOMER DUE AMOUNT	CUSTOMER AMOUNT DUE	REMARK CODE
		CUSTOMER BEGINNING BALANCE						\$96.57	
05/20/2016	E0562	RENT-CPAP HUMIDIFIER,HEATED	1	88.90	23.04	0.00	0.00	-4.61	50
05/20/2016	E0601	RENT-CPAP WITH HUMIDIFIER	1	280.37	54.50	0.00	0.00	-2.61	04
07/05/2016	A7034	NASAL APPL DEVICE	1	334.55	90.04	0.00	0.00	-9.05	04
07/05/2016	A7036	CPAP CHIN STRAP	1	43.99	12.39	0.00	0.00	-0.82	04
	50	REMARK CODE DESCRIPTION							
	04	SMALL BALANCE ADJUSTMENT							
		DIA CONTRACTUAL ISSUE							
TOTAL								\$79.48	

TOTAL INSURANCE PENDING
\$0.00

CURRENT BALANCE	PAST DUE BALANCE	TOTAL AMOUNT DUE UPON RECEIPT
\$0.00	\$79.48	\$79.48

PRIMARY INSURANCE: TRICARE SOUTH REGION
SECONDARY INSURANCE: CUSTOMER PAY
TERTIARY/COURTESY:

FEDERAL ID: 59-2852900 656835 (PC)
 WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTION 6 7 AND 12 OF THE FAIR LABOR STANDARD ACTS AS AMENDED AND OF REGULATIONS AND ORDERS OF THE U.S DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

RETURN THE BELOW STUB WITH YOUR PAYMENT. PLEASE INDICATE ACCOUNT NUMBER ON CHECK.

4082-LINCSTMT-8014-8888352-P, 39827-1-533; 37911022-1; 1

LINCARE
 A Lincare company
 PO BOX 15389
 LENEXA, KS 66285-5389

INVOICE DATE	INVOICE NUMBER	CUSTOMER ID	AMOUNT DUE UPON RECEIPT	AMOUNT ENCLOSE
11/19/2016	BB7C5HKL	503-6643	\$79.48	

FOR CREDIT CARD PAYMENT CHECK ONE:

Card Number: _____ CCV Code *: _____

Card Holder Signature: _____ Exp. Date: _____

MAKE CHECKS PAYABLE TO LINCARE INC
PAY BY PHONE AT (877)754-7690
PAY ON-LINE AT www.Lincare.com

DAVID DAMMON
 285 CROSS GATES BLVD
 SLIDELL, LA 70461-4122



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0101

Check box if address or insurance information has changed
 Please indicate changes on the reverse side

Name: DAVID DAMMON 90-07-69-15

LINCARE INC
 P.O. Box 105760
 Atlanta, GA 30348-5760

BB7C5HKL000000005036643000007948161119900769153

TRICARE EXPLANATION OF BENEFITS
 This is a statement of the action taken on your TRICARE claim.
 Keep this notice for your records.

Humana. Military

Humana-Military.com

Date of Notice:	August 10, 2016
Sponsor SSN:	***-**-2519
Sponsor Name:	DAVID P DAMMON
Beneficiary Name:	DAVID P DAMMON

DAVID P DAMMON
 285 CROSS GATES BLVD
 SLIDELL LA 70461

Benefits were payable to:

LINCARE INC
 PO BOX 15389
 LENEXA KS 66285

Claim Number: C191X1BBH-00-00

Services Provided By/ Date of Services	Services Provided	Amount Billed	TRICARE Approved	APC#	See Remarks
LINCARE INC 07/05/2016	001 Chinstrap used with positive (A7036)	43.99	8.31		1, 2, 3, 4, 5, 6
Totals:		43.99	8.31		

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
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Amount Billed:	43.99	Deductible:	0.00	Fiscal Year Beginning:	
TRICARE Approved:	8.31	Copayment:	0.00	October 01, 2015	
Non-covered:	35.68	Cost Share:	1.66	Individual	Family
Paid by Beneficiary:	0.00	Patient Responsibility:	1.66	Deductible:	150.00 300.00
Other Insurance:	0.00			Catastrophic Cap:	1,509.09
Paid to Provider:	6.65				
Paid to Beneficiary:	0.00				
Check Number:					

Remarks:

- 1 - CHARGES ARE MORE THAN ALLOWABLE AMOUNT.
- 2 - VISIT HUMANAMILITARY.COM AND WWW.MYTRICARE.COM TO MANAGE YOUR HEALTH CARE ONLINE. FIND A PROVIDER, RECEIVE EOBS AND OTHER INFORMATION ELECTRONICALLY, CHECK CLAIMS, REFERRALS, ELIGIBILITY, AND MUCH MORE.
- 3 - HAVE YOU CONSIDERED USING THE TRICARE PHARMACY HOME DELIVERY SERVICE? IT CAN SAVE YOU UP TO 66% ON THE COST OF YOUR MEDICATIONS. CALL 1-877-363-1433 OR CHECK ONLINE AT WWW.EXPRESS-SCRIPTS.COM/TRICARE FOR MORE INFORMATION.

1-800-403-3950

THIS IS NOT A BILL

If you have questions regarding this notice, please call or write us at telephone number/address listed above.



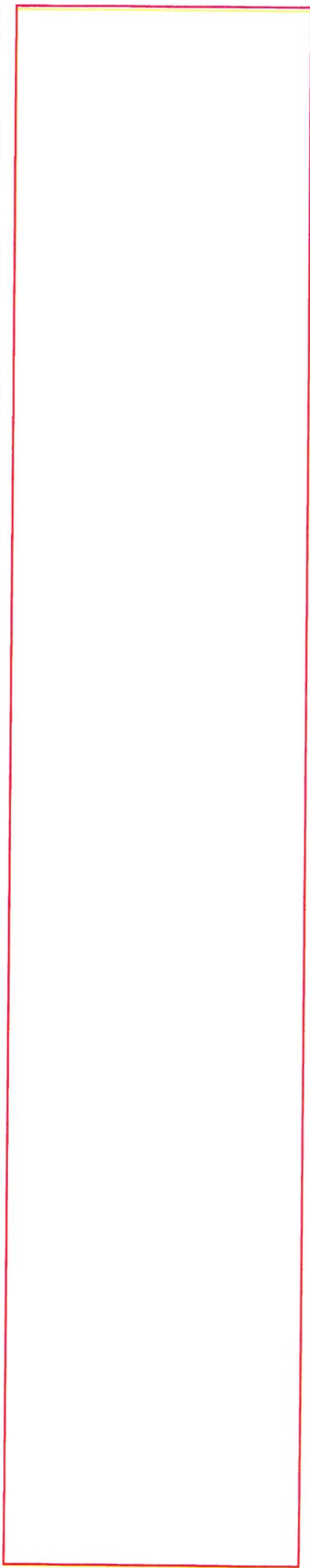
TRICARE SUMMARY EXPLANATION OF BENEFITS CLAIM(S) DETAIL

The following important information shows how much we covered and how much you may owe your provider for services David Dammon received.

Sponsor Name: David P Dammon **Patient Name:** David P Dammon **Sponsor SSN:** ***-**-2519

Provider: LINCARE INC		Amount Other Insurance Paid:		Amount Your Provider May Bill You:		Amount Paid To Your Provider:		Amount Paid To You:		Cost Share	
Claim #: C142X05TJ-00-00		Amount You Paid:		0.00		0.00		0.00		8.29	
Date(s) of Service		Remarks		Your Provider Charged		Allowed Amount		Amount Not Covered		Deductible	
Begin	End	APC #	Service Provided	APC #	Remarks	Your Provider Charged	Allowed Amount	Amount Not Covered	Deductible	Copayment	Cost Share
05/20/16	05/20/16		Durable medical equipment (E0562)		1, 2, 3, 4, 5	88.90	0.00	88.90	0.00	0.00	0.00
05/20/16	05/20/16		Durable medical equipment (E0601)		5, 6	280.37	41.47	238.90	0.00	0.00	8.29
TOTAL:											

Provider: LINCARE INC		Amount Other Insurance Paid:		Amount Your Provider May Bill You:		Amount Paid To Your Provider:		Amount Paid To You:		Cost Share	
Claim #: C168V0160-00-00		Amount You Paid:		0.00		0.00		0.00		9.64	
Date(s) of Service		Remarks		Your Provider Charged		Allowed Amount		Amount Not Covered		Deductible	
Begin	End	APC #	Service Provided	APC #	Remarks	Your Provider Charged	Allowed Amount	Amount Not Covered	Deductible	Copayment	Cost Share
06/08/16	06/08/16		Medical supplies (A7032)		2, 3, 4, 5, 6	230.53	48.22	182.31	0.00	0.00	9.64
TOTAL:											



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Humana. Military

Humana-Military.com

Date of Notice:	August 10, 2016
Sponsor SSN:	***-**-2519
Sponsor Name:	DAVID P DAMMON
Beneficiary Name:	DAVID P DAMMON

DAVID P DAMMON
 285 CROSS GATES BLVD
 SLIDELL LA 70461

Benefits were payable to:

LINCARE INC
 PO BOX 15389
 LENEXA KS 66285

Claim Number: C200T0458-00-00

Services Provided By/ Date of Services	Services Provided	Amount Billed	TRICARE Approved	APC#	See Remarks
LINCARE INC 07/05/2016	001 Nasal interface (mask or can (A7034)	334.55	44.80		1, 2, 3, 4, 5, 6
Totals:		334.55	44.80		

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
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Amount Billed:	334.55	Deductible:	0.00	Fiscal Year Beginning:	
TRICARE Approved:	44.80	Copayment:	0.00	October 01, 2015	
Non-covered:	289.75	Cost Share:	8.96	Individual	Family
Paid by Beneficiary:	0.00	Patient Responsibility:	8.96	Deductible:	150.00 300.00
Other Insurance:	0.00			Catastrophic Cap:	1,518.05
Paid to Provider:	35.84				
Paid to Beneficiary:	0.00				
Check Number:					

Remarks:

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