

Correct Amount
Billed from Lincare

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.

DUPLICATE COPY

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

Provider: LINCARE INC	Amount Other Insurance Paid: 0.00	Amount Your Provider May Bill You: 15.51
Claim #: B355X1H41-00-00	Amount You Paid: 0.00	Amount Paid To Your Provider: 62.03
		Amount Paid To You: 0.00

Date(s) of Service		Service Provided	APC #	Remarks	Your Provider Charged	Allowed Amount	Amount Not Covered	Deductible	Copayment	Cost Share
Begin	End									
12/20/15	12/20/15	Durable medical equipment (E0562)		1, 2, 3, 4, 5, 6, 7	88.90	23.04	65.86	0.00	0.00	4.61
12/20/15	12/20/15	Durable medical equipment (E0601)		1, 7	280.37	54.50	225.87	0.00	0.00	10.90
TOTAL:					369.27	77.54	291.73	0.00	0.00	15.51

Provider: LINCARE INC	Amount Other Insurance Paid: 0.00	Amount Your Provider May Bill You: 1.65
Claim #: B364X1BD0-00-00	Amount You Paid: 0.00	Amount Paid To Your Provider: 6.62
		Amount Paid To You: 0.00

Date(s) of Service		Service Provided	APC #	Remarks	Your Provider Charged	Allowed Amount	Amount Not Covered	Deductible	Copayment	Cost Share
Begin	End									
12/28/15	12/28/15	Medical supplies (A7038)		1, 2, 3, 4, 5, 6, 7	29.16	8.27	20.89	0.00	0.00	1.65
TOTAL:					29.16	8.27	20.89	0.00	0.00	1.65

REMARKS:

1. CHARGES ARE MORE THAN ALLOWABLE AMOUNT.
2. 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.