

Incorrectly billed by
Lincare \$10.90

Incorrectly billed by
Lincare \$4.61

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: 2.48
Claim #: C081V3394-00-00	Amount You Paid: 0.00	Amount Paid To Your Provider: 9.91
		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 (A7036)		1, 2, 3, 4, 5	43.99	12.39	31.60	0.00	0.00	2.48

TOTAL: 43.99 12.39 31.60 0.00 0.00 2.48

Provider: LINCARE INC	Amount Other Insurance Paid: 0.00	Amount Your Provider May Bill You: 11.80
Claim #: C081X13LS-00-00	Amount You Paid: 0.00	Amount Paid To Your Provider: 47.21
		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									
03/20/16	03/20/16	Durable medical equipment (E0562)		1, 2, 3, 4, 5	88.90	17.54	71.36	0.00	0.00	3.51
03/20/16	03/20/16	Durable medical equipment (E0601)		1, 5	280.37	41.47	238.90	0.00	0.00	8.29

TOTAL: 369.27 59.01 310.26 0.00 0.00 11.80

Provider: LINCARE INC	Amount Other Insurance Paid: 0.00	Amount Your Provider May Bill You: 5.69
Claim #: C096X18V7-00-00	Amount You Paid: 0.00	Amount Paid To Your Provider: 22.74
		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									
03/31/16	03/31/16	Medical supplies (A7035)		1, 2, 3, 4, 5	98.64	22.38	76.26	0.00	0.00	4.48
03/31/16	03/31/16	Medical supplies (A7038)		1, 5	29.16	6.05	23.11	0.00	0.00	1.21

TOTAL: 127.80 28.43 99.37 0.00 0.00 5.69

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

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Provider: LINCARE INC				Amount Other Insurance Paid:	0.00	Amount Your Provider May Bill You:	23.69			
Claim #: C102V0521-00-00				Amount You Paid:	0.00	Amount Paid To Your Provider:	94.78			
						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									
03/31/16	03/31/16	Medical supplies (A7032)		1, 2, 3, 4, 5	230.53	48.22	182.31	0.00	0.00	9.64
03/31/16	03/31/16	Medical supplies (A7034)		1, 5	334.55	70.25	264.30	0.00	0.00	14.05
TOTAL:					565.08	118.47	446.61	0.00	0.00	23.69

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.
3. TRICARE IS REQUIRED TO BE THE SECOND PAYER WHEN YOU HAVE OTHER HEALTH INSURANCE (OHI). KEEPING TRICARE INFORMED OF YOUR OHI ENSURES THE LOWEST COST FOR YOU - ALLOWING TRICARE TO IMPROVE THE CLAIMS PROCESS WHILE REDUCING FRAUD AND ABUSE. TO LEARN MORE ABOUT OHI AND TRICARE, VISIT WWW.HEALTH.MIL/OHI.