

Incorrectly billed by Lincare \$12.40

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: 8.29				
Claim #: C142X0STJ-00-00				Amount You Paid: 0.00		Amount Paid To Your Provider: 33.18		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									
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:					369.27	41.47	327.80	0.00	0.00	8.29

Provider: LINCARE INC				Amount Other Insurance Paid: 0.00		Amount Your Provider May Bill You: 9.64				
Claim #: C168V0160-00-00				Amount You Paid: 0.00		Amount Paid To Your Provider: 38.58		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									
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:					230.53	48.22	182.31	0.00	0.00	9.64

