

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
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Provider: LINCARE INC				Amount Other Insurance Paid:	0.00	Amount Your Provider May Bill You:	11.80			
Claim #: C053X0NBB-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									
02/20/16	02/20/16	Durable medical equipment (E0562)		1, 2, 3, 4, 5, 6, 7	88.90	17.54	71.36	0.00	0.00	3.51
02/20/16	02/20/16	Durable medical equipment (E0601)		1, 7	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:	1.21			
Claim #: C057X1FBW-00-00				Amount You Paid:	0.00	Amount Paid To Your Provider:	4.84			
						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									
02/24/16	02/24/16	Medical supplies (A7038)		1, 2, 3, 4, 5, 6, 7	29.16	6.05	23.11	0.00	0.00	1.21
TOTAL:					29.16	6.05	23.11	0.00	0.00	1.21

Provider: LINCARE INC				Amount Other Insurance Paid:	0.00	Amount Your Provider May Bill You:	9.64			
Claim #: C064V0068-00-00				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									
02/24/16	02/24/16	Medical supplies (A7032)		1, 2, 3, 4, 7	230.53	48.22	182.31	0.00	0.00	9.64

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