

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 |

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

| 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.