

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

Table with 10 columns: Date(s) of Service (Begin/End), Service Provided, APC #, Remarks, Your Provider Charged, Allowed Amount, Amount Not Covered, Deductible, Copayment, Cost Share. Includes rows for durable medical equipment and a TOTAL row.

Table with 10 columns: Date(s) of Service (Begin/End), Service Provided, APC #, Remarks, Your Provider Charged, Allowed Amount, Amount Not Covered, Deductible, Copayment, Cost Share. Includes row for medical supplies and a TOTAL row.