

David Dammon
285 Cross Gates Blvd
Slidell, LA 70461
Account 503-6643

July 5, 2016

Lincare
P.O. Box 15389
Lenexa, KS 66285-5389

Sir/Madam,

I have reviewed Lincare billing(s) and believe that Lincare has been overbilling me since Jan 2016. I compared the Lincare invoice to what Tricare allows and found that all of the billing since Jan 2016 has been consistently billed more than allowed. See attached.

I have tried to get this matter and double billing resolved over the phone when I talked "Jody" extension 220 during the month of May, however only the double billing was resolved.

I would like to see a complete audit of my account since Jan 1, 2016.

Once I have received this audit, I will bring my account up to date and not before.


David Dammon

Please contact me on my cell phone (985) 285-4657

Incorrect amount billed by Lincare \$10.90

Incorrect amount 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 #: C021X0ZM5-00-00	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									
01/20/16	01/20/16	Durable medical equipment (E0562)		1, 2, 3, 4, 5, 6, 7	88.90	17.54	71.36	0.00	0.00	3.51
01/20/16	01/20/16	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

This is an adjustment to a previously processed claim. This adjustment reflects your current patient responsibility.

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.

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.

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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

Incorrectly billed by
Lincare \$12.40

Incorrectly billed by
Lincare \$10.90

Incorrectly billed by
Lincare \$4.61

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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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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

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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.

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Lincare \$10.90

Incorrectly billed by
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Sponsor Name: David P Dammon

Patient Name: David P Dammon

Sponsor SSN: ***-**-2519

Provider: **LINCARE INC**

Amount Other Insurance Paid: **0.00**
Amount You Paid: **0.00**

Amount Your Provider May Bill You: **11.80**
Amount Paid To Your Provider: **47.21**
Amount Paid To You: **0.00**

Claim #: **C112X1JYN-00-00**

Date(s) of Service		Service Provided	APC #	Remarks	Your Provider Charged	Allowed Amount	Amount Not Covered	Deductible	Copayment	Cost Share
Begin	End									
04/20/16	04/20/16	Durable medical equipment (E0562)		1, 2, 3, 4, 5	88.90	17.54	71.36	0.00	0.00	3.51
04/20/16	04/20/16	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

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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 a row for medical supplies and a total row.