

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.