

Delta Dental of Massachusetts
 465 Medford St
 Boston MA 02129

Explanation of Benefits (EOB)

Please Address Questions to:
 Delta Dental of Massachusetts
 465 Medford St
 Boston MA 02129

DAVID HAMBLETON
 6412 BRANDON AVE
 SPRINGFIELD VA 22150

Customer Service:
 Phone: 800-872-0500
 Fax: 617-886-1777

Claim Detail

Patient Name: HAMBLETON, GRACE		Provider Name: OUT OF COUNTRY PROVIDER		Claim #: 201319880875900												
Member #: 987315347		Group: Raytheon		Auth #:												
Member Type: Child		Sub-Group: Active- RTSC High Plan		Referral #:												
DOB: 03/24/1997		Place of Service: Office		Referral Date:												
Item	Submitted Code	Paid Code	Tooth	Description	Date of Service	Submitted	Approved	Allowed	Other Insurance	Copay	Plan %	Deductible	Patient Pay	Writeoff	Plan Pay	Processing Policies
1	D1110	D1110		Prophylaxis - Adult	06/23/13	\$163.32	\$163.32	\$163.32	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	\$163.32	
Total:						\$163.32	\$163.32	\$163.32	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$163.32	

Current Dental Terminology © American Dental Association

Patient's payment consists of deductibles, co-pay amounts, and non-covered benefits.

OUT OF COUNTRY BUSINESS
 465 Medford St
 MANHATTAN NY 10014

THIS IS NOT A BILL

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 SEE REVERSE FOR IMPORTANT INFORMATION**