

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, MICAH			Provider Name: OUT OF COUNTRY PROVIDER			Claim #: 201319880876300										
Member #: 987315347			Group: Raytheon			Auth #:										
Member Type: Child			Sub-Group: Active- RTSC High Plan			Referral #:										
DOB: 08/12/2002			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	D1120		Prophylaxis - Child	06/23/13	\$163.32	\$163.32	\$150.00	\$0.00	\$0.00	100%	\$0.00	\$13.32	\$0.00	\$150.00	630
<b>Total:</b>						<b>\$163.32</b>	<b>\$163.32</b>	<b>\$150.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$13.32</b>	<b>\$0.00</b>	<b>\$150.00</b>	

#### Processing Policies Summary

630 The submitted prophylaxis code has been changed to reflect a benefit determination based on an age limitation. Age 14 and older are considered adult and a child age is considered to be under 14 yrs of age.