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DAVID D HAMBLETON  
67 S HOWELL ST  
HILLSDALE MI 49242-1846

**This is not a bill. Any amount you may owe your provider should not be sent directly to us.**



580824 015517  
0001 OF 0002

July 23, 2013

### SUMMARY EXPLANATION OF BENEFITS

This summary information is for claims processed for Joel Hambleton, covered under sponsor ID \*\*\*\*\*3578. You will receive this report if you had any claims activity the previous reporting period.

This document outlines your share of the charges for services. You should use this to determine how much you need to pay. If there is a discrepancy, use this summary to discuss the charges with your provider.

**Patient Name: Joel A Hambleton**

**Claims Processed from 06/22/13 to 07/23/13**

<b>Provider of Service:</b>	<b>Amount We Paid Your Provider:</b>	<b>Amount Your Provider May Bill You:</b>
HILLSDALE PEDIATRICS CLINIC PC	\$ 48.00	\$ 0.00
Total Paid This Reporting Period:	\$ 48.00	
Total Patient Responsibility:		\$ 0.00

This reporting period we applied \$0.00 to your individual and family deductibles. We applied \$0.00 to your catastrophic cap for the fiscal year beginning October 2011.

As of July 2, 2013, a total of \$23.86 of your \$150.00 individual deductible and \$300.00 of your \$300.00 family deductible has been applied. A total of \$3,000.00 of your \$3,000.00 catastrophic cap has been applied. Claims processed after this date could affect these totals.

We're honored to serve you through the TRICARE program for your commitment to the U. S. Uniformed Services.

## Understanding Your TRICARE Explanation of Benefits (EOB)

This TRICARE EOB serves as a record of claims paid or denied and as a notice to send to secondary insurance carriers when applicable. Since the secondary insurance carrier may keep this notice, be sure to retain a copy for your records. If you submitted other claims that are not shown, they will be included on an EOB for the period in which the claim processed to completion.

Please review the services/supplies on the front of this EOB. If you find any services or supplies that you did not receive or that you were charged by a health care professional you did not see, please call the Health Net Fraud and Abuse Hotline at 1-800-977-6761.

**A. TRICARE Eligibility:** To be eligible for TRICARE benefits, you must have a valid military ID card, and you must be eligible on the Defense Enrollment Eligibility Reporting System (DEERS). Has your eligibility or the eligibility of any of your dependents changed? The sponsor is responsible for reporting changes to Defense Enrollment Eligibility Reporting System (DEERS). If a claim is paid for an ineligible beneficiary, the sponsor may be held financially responsible. For issues related to eligibility, please call the DEERS office toll-free: 1-800-538-9552.

**B. Timely Filing:** TRICARE guidelines require claims to be filed within one year from the date of service *or* the discharge date for inpatient services. Claims are denied if received after the deadline. You may request a timely filing waiver by submitting documentation that verifies one of the following:

- Retroactive eligibility
- Retroactive Non-Availability Statement for inpatient mental health
- Mental incompetence when no legal guardian was appointed
- The date of the Explanation of Benefits from the patient's other health insurance is within 12 months of your submission
- Proof of claims submission before the filing time limit

Send your request for a timely filing waiver to:  
Fax Number: 1-888-250-4510 OR  
TRICARE North Region Priority  
PO Box 870146  
Surfside Beach, SC 29587-9746

**C. Patient Deductibles:** *TRICARE Standard patients* must meet their fiscal year deductible based on the sponsor's pay grade. *TRICARE Prime patients* do not have a deductible unless they choose the *Point of Service (POS)* option. POS allows a patient to see any certified TRICARE provider without coordinating an authorization or referral through their Primary Care Manager (PCM), but there are additional costs.

**Standard Coverage Deductible**

*Active Duty E-4 and below*

Individual - \$50  
Family - \$100

*Retirees/Active Duty E-5 and above*

Individual - \$150  
Family - \$300

**Prime Coverage POS Deductible**

Individual - \$300  
Family - \$600  
plus 50% cost-share

**D. Right To Appeal:** If you disagree with the determination on your claim, you have the right to request a reconsideration. Your signed, written request must state the specific matter with which you disagree and **MUST** be sent to the below Fax number or address No Later Than (NLT) 90 days from the date of this notice. If the postmark on the envelope is not legible, then the date of receipt is deemed the date of filing. Include a copy of this notice. On receiving your request, all TRICARE claims for the entire course of treatment will be reviewed.

**Only the following individuals may file an appeal:**

- The beneficiary (including minors)
- The parent or guardian representing a minor beneficiary
- The non-network participating provider of services
- A representative appointed by the proper appealing party (Must be in writing and be signed by the proper appealing party, or the representative must be court-appointed)

Please send all appeals and/or reconsiderations to  
Fax Number: 1-888-458-2554 OR  
TRICARE North Region Appeals  
PO Box 105266  
Atlanta, GA 30348-5266

**E. Non-appealable denials:** If you have a question about a non-appealable denial, please send to:

Fax Number: 1-888-432-7077 OR  
TRICARE North Region Correspondence  
PO Box 870141  
Surfside Beach, SC 29587-9741 OR  
Visit [www.myTRICARE.com](http://www.myTRICARE.com)

**F. Authorizations/Referrals:** To see if an authorization or referral is required for a specific procedure, go to [www.hnfs.com](http://www.hnfs.com). Your provider can easily submit a request for prior authorization. For new Authorization/Referrals, please send to:

Fax Number: 1-888-299-4181 OR  
TRICARE North Region Authorizations/Referrals  
PO Box 105423  
Atlanta, GA 30348-5423

**Grievances:** If a provider, employee of Health Net Federal Services, Inc. or its partners, failed to give you the quality of care and service to which you believe you are entitled, you may file a grievance. Your grievance must be filed in writing by you (or your representative). You may file your grievance with a TRICARE Advocate at your local TRICARE Service Center or send it to:

Fax Number: 1-888-317-6155 OR  
TRICARE North Region Grievances  
PO Box 105338  
Atlanta, GA 30348-5338

**Additional Contact Information**

New Claims Submission

TRICARE North Region Claims  
PO Box 870140  
Surfside Beach, SC 29587-9740

To Report Suspected Fraud or Abuse

Fax Number: 1-888-881-3644 OR  
TRICARE North Region Program Integrity  
PO Box 105310  
Atlanta, GA 30348-5310

Direct Secure Fax Numbers

Third Party Liability (TPL) Forms: 1-888-228-2717  
Other Health Insurance (OHI) Updates: 1-888-237-6262  
Authorizations to Disclose information: 1-888-225-3545

Corrected Claims or Correspondence

Fax Number: 1-888-432-7077 OR  
TRICARE North Region Correspondence  
PO Box 870141  
Surfside Beach, SC 29587-9741

Customer Service Number

1-877-TRICARE (1-877-874-2273)

**IMPORTANT INFORMATION ABOUT TRICARE - NORTH REGION**

Your best sources for TRICARE claims information are [www.hnfs.com](http://www.hnfs.com) and [www.myTRICARE.com](http://www.myTRICARE.com). You can save time as a registered member of *myTRICARE Secure*. With Web self-service options you can:

- Check claim status, authorization/referral status, PCM name, out-of-pocket expenses and Other Health Insurance (OHI) information
- View/print TRICARE Explanation of Benefits (EOB) and Annual Benefits Summaries
- Pay TRICARE enrollment fees
- Ask Us confidential questions and receive quick answers in your secure *myTRICARE mailbox* and more



**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 Joel Hambleton received.

**Sponsor Name:** David D Hambleton      **Patient Name:** Joel A Hambleton      **Sponsor SSN:** \*\*\*-\*\*-3578

**Provider:** HILLSDALE PEDIATRICS CLINIC PC      **Amount Other Insurance Paid:** 0.00      **Amount Your Provider May Bill You:** 0.00  
**Claim #:** 318342037-00-00      **Amount You Paid:** 0.00      **Amount Paid To Your Provider:** 48.00  
**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
01/18/12	Medical care (99213)		1, 2, 3, 4, 5, 6, 7, 8, 9, 10	80.00	48.00	32.00	0.00	0.00	0.00

**TOTAL:** 80.00      48.00      32.00      0.00      0.00      0.00

**REMARKS:**

1. BILLED CHARGES ARE MORE THAN THE TRICARE ALLOWED AMOUNT.
2. PGBA IS MAKING TRICARE EASIER. YOU CAN VIEW THE STATUS OF YOUR CLAIMS AT WWW.MYTRICARE.COM. VISIT OUR WEBSITE TODAY.
3. HAVE YOU CONSIDERED USING TRICARE PHARMACY HOME DELIVERY? COPAYMENTS ARE NOW \$0 FOR GENERIC FORMULARY MEDICATIONS. VISIT WWW.EXPRESS-SCRIPTS.COM/TRICARE AND CLICK ON THE PILL BOTTLE FOR MORE INFORMATION.
4. TRICARE WEBINARS-NEW TOPICS EVERY WEEK. VISIT WWW.HNFS.COM/GO/WEBINARS.
5. ON THE GO? WE ARE TOO! VISIT WWW.HNFS.COM/GO/MOBILE.
6. KNOWING WHEN TO SEEK URGENT VERSUS EMERGENCY CARE CAN SAVE YOU TIME AND MONEY. VISIT WWW.HNFS.COM FOR INFORMATION ON URGENT CARE AND CONVENIENT CARE CLINICS.
7. DID YOU KNOW YOUR BENEFIT COVERS IMPORTANT HEALTH AND WELLNESS SCREENING SERVICES AT LITTLE OR NO COST TO YOU? EARLY DETECTION OF CANCER AND REGULAR MONITORING OF SERIOUS CONDITIONS, LIKE DIABETES AND HEART DISEASE, CAN KEEP YOU HEALTHY. TALK TO YOUR DOCTOR ABOUT WHICH SCREENINGS YOU SHOULD HAVE. FOR MORE INFORMATION, GO TO WWW.HNFS.COM AND CLICK ON WELLNESS, THEN ON STAY HEALTHY WITH HEALTH NET.



**TRICARE SUMMARY EXPLANATION OF BENEFITS CLAIM(S) DETAIL**

9. TRICARE PRIME CONTINUES TO OFFER LOWER OUT-OF-POCKET COSTS FOR MOST SERVICES THAN TRICARE STANDARD AND TRICARE EXTRA. TO SEE IF TRICARE PRIME IS THE HEALTH CARE OPTION FOR YOU, GO TO [WWW.TRICARE.MIL/MYBENEFIT/](http://WWW.TRICARE.MIL/MYBENEFIT/) OR CALL 1-877-TRICARE (1-877-874-2273).

10. THE AMOUNT ALLOWED ON THIS CLAIM IS BASED ON A DISCOUNT AGREEMENT.