

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, CASSIE			Provider Name: OUT OF COUNTRY PROVIDER			Claim #: 201319880875500										
Member #: 987315347			Group: Raytheon			Auth #:										
Member Type: Spouse/Partner			Sub-Group: Active- RTSC High Plan			Referral #:										
DOB: 10/15/1970			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	D0330	D0330		Panoramic film	06/23/13	\$13.61	\$13.61	\$13.61	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	\$13.61	
2	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:						\$176.93	\$176.93	\$176.93	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$176.93	