

Delta Dental of Massachusetts 465 Medford St Boston MA 02129

DAVID HAMBLETON 6412 BRANDON AVE SPRINGFIELD VA 22150 Payment Cycle: 41756

EOB#: 6807423

EOB Date: 08/03/2013

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Explanation of Benefits (EOB)

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

Customer Service:

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

Claim Detail

Patient Name: Member #: Member Type: DOB:	HAMBLETON, ELIANA 987315347 Child 07/30/1999				Provider Name: Group: Sub-Group: Place of Service:				OUT OF COUNTRY PROVIDER Raytheon Active- RTSC High Plan Office				Claim #: Auth #: Referral #: Referral Date:		201319880876700	
Item Submitted Code	Paid Code	Tooth		Description	Date of Service		Approved		Other Insurance		Plan %	Deductible	Patient Pay	Writeoff	Plan Pay	Processing Policies
1 D1120	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	1 Olloice
					Total:	\$163.32	\$163.32	\$150.00	\$0.00	\$0.00		\$0.00	\$13.32	\$0.00	\$150.00	

Current Dental Terminology © American Dental Association

OUT OF COUNTRY BUSINESS 465 Medford St MANHATTAN NY 10014

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

THIS IS NOT A BILL