



Plan underwritten and administered by:
 Delta Dental of California
 P.O. Box 537007
 Sacramento, CA 95853-7007

Explanation of Benefits (THIS IS NOT A BILL)

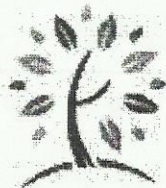


000000001610
 DAVID D. HAMBLETON
 6412 BRANDON AVE
 SPRINGFIELD VA 22150-2513

Summary of your claim

Total amount of claim.....	\$	191.00
Amount paid by your plan.....	\$	32.00
Amount paid by another plan.....	\$	155.00
Amount you owe your dentist.....	\$	0.00

Important Notice



Go Paperless!

Great news! You can now get all your Explanation of Benefits (EOB) statements online, as soon as your claims have been processed — without waiting for your EOBs to arrive in the mail! Visit us online at trdp.org to learn how easy it is to “Go Paperless”! While you are on trdp.org don't forget to sign up for email updates. These important messages will assist you in keeping up to date on all the latest news regarding your TRDP.

Did you know you can save additional money on your dental care by seeing a dentist who participates in the TRICARE Retiree Dental Program (TRDP) network? Not only do you save money just by being enrolled in the TRDP but you can save even more money when you visit a TRDP network dentist.

Your savings can be as much as an additional 22%. Search the online Dentist Directory at trdpnetwork.org to locate a network dentist in your area (or to find out if your current dentist participates in the TRDP).

About your dental benefits statement

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists.

Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

Appeals Information

If you dispute the denial of payment of your claim in whole or in part, you may submit a written request for reconsideration of the denial. Your written request must be sent to Delta Dental within 90 days of receipt of this notice and must include all supporting documentation. Send your request for reconsiderations to: Delta Dental of CA Federal Government Programs, PO Box 537015, Sacramento, California 95853-7015.

Delta Dental takes Fraud Seriously
 If you believe the services on this claim were not provided, please contact us immediately at trdp.org or call 888-838-8737.

Claim for JOEL HAMBLETON

Claim number: 1205303916736

Treating dentist: ROBERT MILLER DDS

TRICARE RETIREE DENTAL PROGRAM

ENHANCED PROGRAM

Benefit Year is October 1 through September 30



PROCEDURE NUMBER & TYPE OF SERVICE TOOTH NUMBER & SURFACE	SUBMITTED AMOUNT (\$)	APPROVED AMOUNT (\$)	ALLOWED AMOUNT (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	PLAN COVERAGE PLAN (%)	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: March 20, 2012 (D0150) COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT ADJUSTMENT REASON CODE: ADJ1	65.00	65.00	65.00	0.00		100	11.12	0.00
Date of service: March 20, 2012 (D0272) BITEWINGS - TWO RADIOGRAPHIC IMAGES ADJUSTMENT REASON CODE: ADJ1	38.00	34.00	34.00	0.00		100	5.81	0.00
Date of service: March 20, 2012 ORIGINALLY SUBMITTED: (D1120) PROPHYLAXIS - CHILD ADJUSTMENT REASON CODE: ADJ1	56.00	0.00	0.00	0.00			0.00	0.00
Date of service: March 20, 2012 REPLACED BY: (D1110) PROPHYLAXIS - ADULT POLICY CODE(S): AP00017 ADJUSTMENT REASON CODE: ADJ1	56.00	56.00	56.00	0.00		100	9.58	0.00
Date of service: March 20, 2012 ORIGINALLY SUBMITTED: (D1203) TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) CHILD ADJUSTMENT REASON CODE: ADJ1	32.00	0.00	0.00	0.00			0.00	0.00
Date of service: March 20, 2012 REPLACED BY: (D1204) TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) ADULT POLICY CODE(S): AP00017 ADJUSTMENT REASON CODE: ADJ1	32.00	32.00	32.00	0.00		100	5.49	0.00

THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.

(AP00017) BASED ON A REVIEW OF THE INFORMATION SUBMITTED, DELTA DENTAL HAS CHANGED ONE OR MORE OF THE FOLLOWING: THE TOOTH NUMBER/AREA OF ORAL CAVITY, PROCEDURE CODE, TOOTH SURFACE, DATE OF SERVICE OR SUBMITTED FEE.

(ADJ1) CLAIM PAYMENT WAS RECALCULATED WITH THE CORRECT CLAIM INFORMATION.

Claim total for JOEL HAMBLETON	191.00	187.00	187.00	0.00	155.00		32.00	0.00
					Previous Amount		144.00	0.00
					Adjustment Amount		-112.00	0.00

For all inquiries, visit our website at trdp.org to check your benefits, eligibility, claim status or call Customer Service: 888-838-8737. If calling International, use USA Direct Access number 866-721-8737. TDD/TTY 800-735-2922. Monday through Friday 6 a.m. to 6 p.m. Pacific Time.

For detailed information about procedure descriptions on this claim go to trdp.org and review the appropriate Benefits Booklet.

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