

PGBA, LLC
TRICARE NORTH REGION CLAIMS
P.O. BOX 870140
SURFSIDE BEACH, SC 29587-9740

TRICARE SUMMARY EXPLANATION OF BENEFITS
This is a statement of the action taken on your TRICARE claims.
Keep this notice for your records.



TRICARE is a registered trademark of the TRICARE Management Activity. All rights reserved.

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.

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0001 OF 0002

July 23, 2013

SUMMARY EXPLANATION OF BENEFITS

This summary information is for claims processed for Grace 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: Grace E Hambleton

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

Provider of Service:	Amount We Paid Your Provider:	Amount Your Provider May Bill You:
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 5, 2013, a total of \$0.00 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.

<p>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.</p>	<p>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.</p>						
<p>B. Timely Filing: TRICARE guidelines require claims to be filed within one year from the date of service <i>or</i> 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:</p> <ul style="list-style-type: none">• 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	<p>Only the following individuals may file an appeal:</p> <ul style="list-style-type: none">• 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)						
<p>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</p>	<p>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</p>						
<p>C. Patient Deductibles: <i>TRICARE Standard patients</i> must meet their fiscal year deductible based on the sponsor's pay grade. <i>TRICARE Prime patients</i> do not have a deductible unless they choose the <i>Point of Service (POS)</i> 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.</p> <p>Standard Coverage Deductible</p> <table border="0"><tr><td><i>Active Duty E-4 and below</i></td><td><i>Retirees/Active Duty E-5 and above</i></td></tr><tr><td>Individual - \$50</td><td>Individual - \$150</td></tr><tr><td>Family - \$100</td><td>Family - \$300</td></tr></table> <p>Prime Coverage POS Deductible</p> <p>Individual - \$300 Family - \$600 plus 50% cost-share</p>	<i>Active Duty E-4 and below</i>	<i>Retirees/Active Duty E-5 and above</i>	Individual - \$50	Individual - \$150	Family - \$100	Family - \$300	<p>E. Non-appealable denials: If you have a question about a non-appealable denial, please send to:</p> <p>Fax Number: 1-888-432-7077 OR TRICARE North Region Correspondence PO Box 870141 Surfside Beach, SC 29587-9741 OR Visit www.myTRICARE.com</p> <p>F. Authorizations/Referrals: To see if an authorization or referral is required for a specific procedure, go to www.hnfs.com. Your provider can easily submit a request for prior authorization. For new Authorization/Referrals, please send to:</p> <p>Fax Number: 1-888-299-4181 OR TRICARE North Region Authorizations/Referrals PO Box 105423 Atlanta, GA 30348-5423</p>
<i>Active Duty E-4 and below</i>	<i>Retirees/Active Duty E-5 and above</i>						
Individual - \$50	Individual - \$150						
Family - \$100	Family - \$300						
<p>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:</p> <p>Fax Number: 1-888-317-6155 OR TRICARE North Region Grievances PO Box 105338 Atlanta, GA 30348-5338</p>							
<p>Additional Contact Information</p> <table border="0"><tr><td>New Claims Submission TRICARE North Region Claims PO Box 870140 Surfside Beach, SC 29587-9740</td><td>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</td><td>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</td></tr><tr><td>Corrected Claims or Correspondence Fax Number: 1-888-432-7077 OR TRICARE North Region Correspondence PO Box 870141 Surfside Beach, SC 29587-9741</td><td></td><td>Customer Service Number 1-877-TRICARE (1-877-874-2273)</td></tr></table>		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)
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<p style="text-align: center;">IMPORTANT INFORMATION ABOUT TRICARE - NORTH REGION</p> <p>Your best sources for TRICARE claims information are www.hnfs.com and www.myTRICARE.com. You can save time as a registered member of <i>myTRICARE Secure</i>. With Web self-service options you can:</p> <ul style="list-style-type: none">• 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• AskUs confidential questions and receive quick answers in your secure <i>myTRICARE mailbox</i> 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 Grace Hambleton received.

Sponsor Name: David D Hambleton **Patient Name:** Grace E Hambleton **Sponsor SSN:** ***-**-3578

Provider: HILLSDALE PEDIATRICS CLINIC PC Claim #: 318442002-00-00		Amount Other Insurance Paid: Amount You Paid:	Amount Your Provider May Bill You: Amount Paid To Your Provider: Amount Paid To You:	Deductible	Copayment	Cost Share			
		0.00 0.00	0.00 48.00 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	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/ OR CALL 1-877-TRICARE (1-877-874-2273).

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