



Humana.

Predetermination

Estimate of benefits and claim payments

THIS IS NOT A BILL

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Patient/Subscriber

Name: Damon Bogich
 Member ID: 1223344555
 Relationship: Subscriber MEDICARE
 Group name: DENTAL 112233
 Group ID:
 Plan type:
 Birth year:

If you have any questions or concerns about this payment, please contact:
 HUMANADENTAL INSURANCE CO.

Visit **HUMANA.COM**

Or call

TTY/TDD Number:

7 AM -6PM CST Monday -Friday

Claim summary

Claim number: 1111111111
 Provider: Dwayne James Bosh
 Service date: 4/18/23 - 7/17/23
 Processed on: 4/18/23
 Benefits estimated for: Dental benefits

*The "Estimated amount you may owe" does not take into consideration deductible, plan maximums, or whether your provider is in or out of network.

Your provider may bill you for the "Estimated amount you may owe" section of the "Plan/Benefit exclusions."

	Provider charges	Estimated payment	Estimated amount you may owe
Total charge	\$2,489.94		
Plan discounts			
Plan/Benefit exclusions			\$2,489.94
Your share			
Copoly			\$0.00
Deductible			\$0.00
Coinsurance			\$0.00
Estimated benefits		\$0.00	
Claim totals	\$2,489.94	\$0.00	\$2,489.94

***Estimated amount you may owe**

Notes: This document is valid from 4/18/23 to 7/17/23.

Benefits will be subject to the deductible and plan maximums at the time services are rendered. Benefits are based on this benefit year and may vary if services are rendered in the next benefit year.

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Damon Bogich

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Provider: Dwayne Bosh James | Out-of-network provider | Date processed: 4/18/23 | Claim number: 1111111111

Service date(s): 4/18/23- 7/17/23	Total charge	\$154.99
Service code(s): 11111111	Plan discounts	- \$0.00
Reason code(s): 222/111	Plan/Benefit exclusions	- \$154.99
	Allowed amount	0.00
	Estimated benefit	- \$0.00
Estimated amount you may owe	Copay	0.00
	Coinsurance	0.00

Service date(s): 4/18/23- 7/17/23	Total charge	\$264.99
Service code(s): 11111111	Plan discounts	- \$0.00
Reason code(s): 222/111	Plan/Benefit exclusions	- \$264.99
	Allowed amount	0.00
	Estimated benefit	- \$0.00
Estimated amount you may owe	Copay	0.00
	Coinsurance	0.00

Service date(s): 4/18/23- 7/17/23	Total charge	\$482.99
Service code(s): 11111111	Plan discounts	- \$0.00
Reason code(s): 222/111	Plan/Benefit exclusions	- \$482.99
Tooth number: 18	Allowed amount	0.00
	Estimated benefit	- \$0.00
Estimated amount you may owe	Copay	0.00
	Coinsurance	0.00

Service date(s): 4/18/23- 7/17/23	Total charge	\$482.99
Service code(s): 11111111	Plan discounts	- \$0.00
Reason code(s): 222/111	Plan/Benefit exclusions	- \$482.99
Tooth number: 30	Allowed amount	0.00
	Estimated benefit	- \$0.00
Estimated amount you may owe	Copay	0.00
	Coinsurance	0.00

Claims continued on next page ➔