



Explanation of Dental Benefits

GROUP # 101841 ICF INTERNATIONAL

CLAIM YEAR: 2012 18

This is not a bill. It is an explanation of how MetLife computed the payment for your recent dental services.

EMPLOYEE'S NAME

ID NUMBER

SERVICES RENDERED BY

GUANGXU ZHOU

XXXXXXXXXX

DR. W LINDSEY CLOUD

PATIENT'S NAME/RELATIONSHIP

DATE PROCESSED

FILE REFERENCE

GUANGXU SELF

AUGUST 1, 2012

2073197869 9

DATE SERVICE PERFORMED	TOOTH # /AREA	PROCEDURE CODE	FEE CHARGED	PDP FEE (If Applicable)	COVERED EXPENSE	PLAN BENEFIT	DESCRIPTION OF SERVICE/ COMMENTS
07/30/12		D1110	67.00		54.00 SCHD	54.00	CLEANING - ADULT
07/30/12		DO274	50.00		35.00 SCHD	35.00	BITEWINGS - FOUR FILMS
07/30/12		DO120	41.00		26.00 SCHD	26.00	PERIODIC ORAL EVALUATION
TOTALS			158.00		115.00	115.00	

METLIFE DENTAL CLAIM FORMS ARE AVAILABLE THROUGH THE FOLLOWING SOURCES:

1) 1-800-942-0854, 2) www.metlife.com/dental

YOUR GROUP PARTICIPATES IN METLIFE'S PREFERRED DENTIST PROGRAM (PDP). YOUR DENTIST DOES NOT PARTICIPATE IN THE PROGRAM. YOU MAY REDUCE YOUR OUT-OF-POCKET COST BY HAVING SERVICES RENDERED BY A PDP NETWORK DENTIST.

METLIFE PDP DENTISTS DIRECTORIES ARE AVAILABLE THROUGH THE FOLLOWING SOURCES:

1) 1-800-942-0854, 2) www.metlife.com/dental

"COVERED EXPENSE" IS THE AMOUNT ALLOWABLE UNDER THE DENTAL BENEFIT PLAN.

\$115.00 WILL BE PAID TO W LINDSEY CLOUD III DMD PA ON 08/08/12
PATIENT'S FINANCIAL RESPONSIBILITY PAYABLE TO THE DENTIST IS \$43.00

FIND INFORMATION ON YOUR AVAILABLE DENTAL BENEFITS, CLAIMS DETAILS
AND MORE ONLINE AT WWW.METLIFE.COM/MYBENEFITS

GDENEOB08

If benefits are denied in whole or part, see "Notice to Employee" on reverse side.

Please save this statement for your tax records.

K5836A.SCR (02/09)

Metropolitan Life Insurance Company

P.O. BOX 981282

EL PASO TX 79998

98160

GUANGXU ZHOU
102 KANIS CREEK LN
LITTLE ROCK AR 72223