


MetLife®
Explanation of Dental Benefits

GROUP # 101841 ICF INTERNATIONAL

CLAIM YEAR: 2012

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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	JANUARY 31, 2012	2013093488 9

DATE SERVICE PERFORMED	TOOTH # /AREA	PROCEDURE CODE	FEE CHARGED	PDP FEE (If Applicable)	COVERED EXPENSE	PLAN BENEFIT	DESCRIPTION OF SERVICE/ COMMENTS
01/30/12		D1110	67.00		54.00	SCHD	54.00 CLEANING - ADULT
01/30/12		D0120	41.00		26.00	SCHD	26.00 PERIODIC ORAL EVALUATION
TOTALS			108.00		80.00	80.00	

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.

\$80.00 WILL BE PAID TO W LINDSEY CLOUD III DMD PA ON 02/03/12
 PATIENT'S FINANCIAL RESPONSIBILITY PAYABLE TO THE DENTIST IS \$28.00

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

99892

GUANGXU ZHOU
 102 KANIS CREEK LN
 LITTLE ROCK AR 72223