



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Subscriber:

Issue Date: 11/03/2021

Receipt Date: 11/03/2021

Subscriber ID:

Claim No.:

Patient Acct: S



If you have not signed up for direct deposit, don't delay! Do so now for the fastest, safest way to get payment. Payment will often be in your account within 48 hours. To sign up, log on to Dental Office Toolkit and follow the direct deposit link. If you're not a toolkit user, go to www.toolkitsonline.com to register.

Pay To: C= Custodial Parent
S= Subscriber
P= Provider
A= Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS						PRODUCT: DELTA DENTAL PPO (STANDARD)					
CLIENT/ID: 9254 J B HUNT											
SUBCLIENT: 00010000 J B HUNT											
NETWORK: PPO DENTIST											
19	11/01/21	D2740	1150.00	878.00	272.00	878.00		70%	614.60	263.40	P
Total			1150.00	878.00	272.00	878.00	0.00		614.60	263.40	

GENERAL MAXIMUM USED TO DATE: 1808.80



DELTA DENTAL OF ARKANSAS
PO BOX 15965
LITTLE ROCK, AR 72231-5965



www.deltadentalar.com

Questions?

Please contact Customer Service at
501-835-3400 or 800-462-5410

WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

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

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Dentist Copy

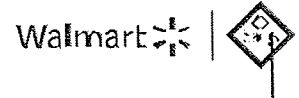
Page 1 of 1
09-03-2019

09-03-2019



Explanation of Benefits

(THIS IS NOT A BILL)



Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Associate: DI

Issue Date: 12/02/2021

Associate ID:

Receipt Date: 12/02/2021

Patient Acct:

Claim No.:



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Pay To: C = Custodial Parent
S = Associate
P = Provider
A = Alternate Provider

Area/Tooth Code/Service	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dental Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS						PRODUCT: DELTA DENTAL PPO PLUS PREMIER					
CLIENT/ID: 8000 WALMART											
SUBCLIENT: 00010000 WALMART											
NETWORK: PPO DENTIST											
	12/01/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
Total			105.00	57.00	48.00	57.00	0.00		57.00	0.00	

GENERAL MAXIMUM USED TO DATE: 1464.60



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PO BOX 15965
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Dentist Copy



Explanation of Benefits

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Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Subscriber:

Issue Date: 12/08/2021

Subscriber ID:

Receipt Date: 12/08/2021

Patient Acct:

Claim No.:



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Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS			PRODUCT: DELTA DENTAL PPO (STANDARD)								
CLIENT/ID: 9254 J B HUNT											
SUBCLIENT: 00010000 J B HUNT											
NETWORK: PPO DENTIST											
	12/07/21	D0274	71.00	40.00	31.00	40.00		100%	40.00	0.00	P
	12/07/21	D4910	155.00	72.00	83.00	72.00		80%	57.60	14.40	P
POLICY CODE: AP15030											
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.											
AP15030 THIS PROCEDURE HAS BEEN BENEFITED DUE TO A QUALIFYING CONDITION											
Total			226.00	112.00	114.00	112.00	0.00		97.60	14.40	

GENERAL MAXIMUM USED TO DATE: 132.80



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Dentist Copy

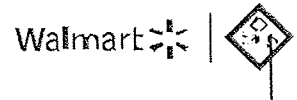
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08/25/2019



Explanation of Benefits

(THIS IS NOT A BILL)



Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Associate:

Issue Date: 12/02/2021

Receipt Date: 12/02/2021

Associate ID:

Claim No.:

Patient Acct:



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Pay To: C = Custodial Parent
S = Associate
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS						PRODUCT: DELTA DENTAL PPO PLUS PREMIER					
CLIENT/ID: 8000 WALMART											
SUBCLIENT: 00010000 WALMART											
NETWORK: PPO DENTIST											
	11/29/21	D0120	61.00	28.00	33.00	28.00		100%	28.00	0.00	P
	11/29/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
	11/29/21	D0220	32.00	18.00	14.00	18.00		100%	18.00	0.00	P
	11/29/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
	11/29/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
	11/29/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
Total			276.00	148.00	128.00	148.00	0.00		148.00	0.00	

GENERAL MAXIMUM USED TO DATE: 303.40



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WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

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Dentist Copy

Page 1 of 1
03/15/2019



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Subscriber:

Issue Date: 11/04/2021

Receipt Date: 11/04/2021

Subscriber ID:

Claim No.:

Patient Acct:

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dental Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARIZONA						PRODUCT: DELTA DENTAL PPO					
CLIENT/ID: 36654 BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC											
SUBCLIENT: 1710 BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC											
NETWORK: PPO DENTIST											
	11/03/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
Total			105.00	57.00	48.00	57.00	0.00		57.00	0.00	

GENERAL MAXIMUM USED TO DATE: 620.30

As a Delta Dental network provider, only the amount in the Patient Pay column may be billed to the Delta Dental enrollee.



DELTA DENTAL OF ARIZONA
PO BOX 9092
FARMINGTON HILLS, MI 48333-9092



www.deltadentalaz.com/dentist
CUSTOMER SERVICE: 602-938-3131 or 800-352-6132
(TTY users call 711)

WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

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

ANTI-FRAUD TOLL-FREE HOTLINE: 855.372.8345

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only anti-fraud calls can be accepted on this line.

Dentist Copy

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05/01/2019

LOB_0128



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: [REDACTED]

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth: [REDACTED]

License No.: 9250 / TN (NPI: 1154633345)

Relationship: [REDACTED]

Check No.: [REDACTED]

Subscriber: [REDACTED]

Issue Date: 11/18/2021

Receipt Date: 11/18/2021

Subscriber ID: [REDACTED]

Claim No.: [REDACTED]

Patient Acct: [REDACTED]

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dental Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay to
PLAN: DELTA DENTAL OF ARIZONA			PRODUCT: DELTA DENTAL PPO								
CLIENT/ID: 36654			BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC								
SUBCLIENT: 1710			BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC								
NETWORK: PPO DENTIST											
	11/17/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
	11/17/21	D0274	71.00	40.00	31.00	40.00		100%	40.00	0.00	P
Total			176.00	97.00	79.00	97.00	0.00		97.00	0.00	

GENERAL MAXIMUM USED TO DATE: 217.00

As a Delta Dental network provider, only the amount in the Patient Pay column may be billed to the Delta Dental enrollee.



DELTA DENTAL OF ARIZONA
PO BOX 9092
FARMINGTON HILLS, MI 48333-9092



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CUSTOMER SERVICE: 602-938-3131 or 800-352-6132
(TTY users call 711)

WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

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Dentist Copy

Page 1 of 1

06/15/2019



Explanation of Benefits

(THIS IS NOT A BILL)

Walmart*



Patient Name:

Business/Dentist:

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Associate:

Issue Date: 10/29/2021

Associate ID:

Receipt Date: 10/29/2021

Patient Acct:

Claim No.:



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Pay To: C = Custodial Parent
S = Associate
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS						PRODUCT: DELTA DENTAL PPO PLUS PREMIER					
CLIENT/ID: 8000 WALMART											
SUBCLIENT: 00010000 WALMART											
NETWORK: PPO DENTIST											
	10/28/21	D4910	155.00	72.00	83.00	72.00	D3.00	80%	55.20	16.80	P
	10/28/21	D0220	32.00	18.00	14.00	18.00		100%	18.00	0.00	P
	10/28/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
	10/28/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
	10/28/21	D0230	26.00	15.00	11.00	15.00		100%	15.00	0.00	P
Total			265.00	135.00	130.00	135.00	3.00		118.20	16.80	

GENERAL MAXIMUM USED TO DATE: 204.20



DELTA DENTAL OF ARKANSAS
PO BOX 15965
LITTLE ROCK, AR 72231-5965



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CHATTANOOGA, TN 37405-3893

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Dentist Copy

Page 1 of 1

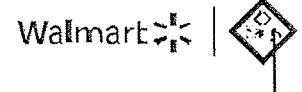
09/25/2019

LOB_DMS



Explanation of Benefits

(THIS IS NOT A BILL)



Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Associate:

Issue Date: 10/29/2021

Associate ID: y

Receipt Date: 10/29/2021

Patient Acct: -

Claim No.:

Pay To: C = Custodial Parent
S = Associate
P = Provider
A = Alternate Provider

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Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dental Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF ARKANSAS						PRODUCT: DELTA DENTAL PPO PLUS PREMIER					
CLIENT/ID: 8000 WALMART											
SUBCLIENT: 00010000 WALMART											
NETWORK: PPO DENTIST											
	10/28/21	D4910	155.00	72.00	83.00	72.00	D72.00	80%	0.00	72.00	P
	10/28/21	D0274	71.00	40.00	31.00	40.00		100%	40.00	0.00	P
Total			226.00	112.00	114.00	112.00	72.00		40.00	72.00	

GENERAL MAXIMUM USED TO DATE: 68.00



DELTA DENTAL OF ARKANSAS
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Dentist Copy

Page 1 of 1

09-25-2019

FOR_PDS



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Subscriber:

Issue Date: 11/24/2021

Subscriber ID:

Receipt Date: 11/24/2021

Patient Acct:

Claim No.:

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider



Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF INDIANA			PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)								
CLIENT/ID: 5422 CUMMINS INC.											
SUBCLIENT: 0300 CUMMINS INC.											
NETWORK: PPO DENTIST											
	11/23/21	D0274	71.00	40.00	31.00	40.00		100%	40.00	0.00	P
	11/23/21	D4910	155.00	72.00	83.00	72.00		80%	57.60	14.40	P
Total			226.00	112.00	114.00	112.00	0.00		97.60	14.40	

GENERAL MAXIMUM USED TO DATE: 132.80



DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085



www.deltadentalin.com
FOR INQUIRIES: 800-524-0149

WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

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

ANTI-FRAUD TOLL FREE NUMBER 800-524-0147
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Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

License No.: 9250 / TN (NPI: 1154633345)

Relationship:

Check No.:

Subscriber:

Issue Date: 10/18/2021

Subscriber ID:

Receipt Date: 10/18/2021

Patient Acct:

Claim No.:

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Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dental Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF INDIANA			PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)								
CLIENT/ID: 0529			INFRASTRUCTURE AND ENERGY ALTERNATIVES, INC								
SUBCLIENT: 0003			IEA RENEWABLE ENERGY								
NETWORK: PPO DENTIST											
	10/18/21	D0120	61.00	28.00	33.00	28.00		100%	28.00	0.00	P
	10/18/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
Total			166.00	85.00	81.00	85.00	0.00		85.00	0.00	

GENERAL MAXIMUM USED TO DATE: 267.00



DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085



www.deltadentalin.com
FOR INQUIRIES: 800-524-0149

WILLIE A HAMMONTREE
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CHATTANOOGA, TN 37405-3893

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