

Patient Name:

Date of Birth: Relationship:

Subscriber:

Subscriber ID: Patient Acct: 50 Business/Dentist: WILLIE A HAMMONTREE

License No.:

9250 / TN (NPI: 1154633345)

Check No.:

Issue Date:

11/03/2021

Receipt Date: 11/03/2021

Claim No.:

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 ode/Surface	Date of Service	Procedure Code	Submitted Amount	Maxenum Approved Fee	Contract Dantisi Adjustment	Atlowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Petient Payment	Pa To
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GENERAL MAXIMUM USED TO DATE: 1808.80



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



www.deltadentalar.com 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.

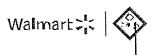
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling 501-835-3400 or 800-462-5410.

Contact us if you would like a written statement about why we did not pay your claim.

Dentist Copy

Page 1 of 1





Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth: Relationship:

License No.:

9250 / TN (NPI: 1154633345)

Associate:

Check No.: Issue Date:

12/02/2021

Associate ID: Patient Acct: Receipt Date:

12/02/2021

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 Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
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GENERAL MAXIMUM USED TO DATE: 1464.60



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



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Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth: Relationship:

License No.: Check No.:

9250 / TN (NPI: 1154633345)

Subscriber:

Issue Date:

12/08/2021

Receipt Date:

12/08/2021

Subscriber ID: Patient Acct:

Claim No.:

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Pay To: C = Custodial Parent S = Subscriber

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A= Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentiss Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay
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GENERAL MAXIMUM USED TO DATE: 132.80



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



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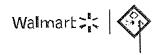
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Dentist Copy

Page 1 of 1 09-25-2009





Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birth:

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

Relationship: Associate:

Check No.:

Issue Date: Receipt Date: 12/02/2021

Associate ID:

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 Procedure Submitted Amount Approved Fee Anount Approved Fee Anount Co-Pay / Office Visits Co-Pay / Office Vi	cie/suriece LAN: DE	Patient	
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GENERAL MAXIMUM USED TO DATE: 303.40



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



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Patient Name:

Business/Dentist: WILLIE A HAMMONTREE

Date of Birtl. Relationship: Subscriber:

License No.: Check No.: Issue Date:

9250 / TN (NPI: 1154633345)

11/04/2021

Receipt Date: Subscriber ID:

11/04/2021

Patient Acct:

Claim No.:

Pay To: C = Custodial Parent

S = Subscriber

P = Provider

A= Alternate Provider

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Area/Tooth Code/Surface	Date of Service	Procedure Code	Sübmitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	f
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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



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



Patient Acct: c

Business/Dentist: WILLIE A HAMMONTREE

License No.:

9250 / TN (NPI: 1154633345)

Check No.:

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11/18/2021

Issue Date:]
Receipt Date:]

Dic.

11/18/2021

Claim No.:

Pay To: C = Custodial Parent S = Subscriber

P = Provider

A= Alternate Provider

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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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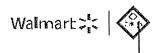
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Dentist Copy

Page 1 of 1



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Patient Name:

Date of Birth:

Relationship:

Associate:

Associate ID: Patient Acct: Business/Dentist:

License No.:

9250 / TN (NPI: 1154633345)

Check No.:

Issue Date: Receipt Date: 10/29/2021

10/29/2021

Claim No.:

Pay To: C = Custodial Parent

S = Associate

be in your ac		8 hours. To s	sign up, log on t				ct deposit link. If yo		- C I	S = Associate P = Provider A = Alternate Pr	rovide
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
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GENERAL MAXIMUM USED TO DATE: 204.20



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



COR DOS

www.deltadentalar.com

Questions?

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

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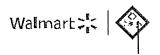
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Dentist Copy

Page 1 of 1 09-25-2019





Patient Name:

Date of Birth:

Relationship: <

Associate:

Associate ID: y Patient Acct:

Business/Dentist: WILLIE A HAMMONTREE

License No.:

9250 / TN (NPI: 1154633345)

Check No.:

Issue Date:

10/29/2021

Receipt Date: 10/29/2021

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Area/Tooth nde/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Attowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Secretary and
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GENERAL MAXIMUM USED TO DATE: 68.00



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



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Business/Dentist: WILLIE A HAMMONTREE

Date of Birth: Relationship:

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

Subscriber:

Check No.:

Issue Date:

11/24/2021

Subscriber ID: Patient Acct:

Receipt Date:

11/24/2021

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									A	= Alternate Pro	ovide
Area/Tooth Code/Eurlace	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentis: Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	9 ₈₃
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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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Date of Birth:

Relationship: Subscriber:

Subscriber ID: Patient Acct:

Business/Dentist: WILLIE A HAMMONTREE

License No.:

9250 / TN (NPI: 1154633345)

Check No.:

Issue Date:

10/18/2021

Receipt Date:

10/18/2021

Claim No.:

Pay To: C= Custodial Parent

S = Subscriber P = Provider

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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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