

** Check # 09060598999*

John C. Allen

All information retrieved on 07/31/2025

Dental Plan
DENTAL MAXIMUM
ALLOWABLE CHARGEGroup / ID
TRICARE DENTAL PROGRAM
(FAMILY) / 080000202Coverage Effective
05/01/2017 - 10/01/2021
INACTIVE

Claim Details - 21348209490

Date of Service	Claim #	Billing Provider #	Total Charge	Payment	Status
07/01/2021	21348209490	002707327	\$72.91	\$72.91	Paid

Subscriber Liability

Code	Description
L1	Remaining Orthodontic Liability
H1	Rejected Billable Non-Covered Service
H2	Non-Covered service billable to the Allowance
E1	Benefit maximum has been reached
C1	Cost Share

507 Health Care Claim Status Category Code

Code	Description
A1	Acknowledgement/Receipt
A2	Acknowledgement/Receipt
P1	Pending/In Process
P3	Pending/Requested Info
P4	Pending/Patient Requested Info
F0	Finalized
F1	Finalized/Payment
F2	Finalized/Denial
F3F	Finalized/Forwarded
F4	Finalized/Adjudication Complete

Header Descriptions

Code	Description
NC CD	Non Charge Code
SL CD	Subscriber Liability Code

No Charge

Code	Description
P1	Difference between CHARGE and ALLOWANCE

508 Health Care Claim Status Code

Code	Description
0	Cannot provide further status electronically.
1	For more information, see remittance advice of service.
3	Claim has been adjudicated and is awaiting payment cycle.
16	Claim/Encounter has been forwarded to entity.
37	Predetermination on file. Awaiting completion.
105	Claim/Line is capitated.
106	This amount is not entity's responsibility.

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Dental Plan
DENTAL MAXIMUM
ALLOWABLE CHARGEGroup / ID
TRICARE DENTAL PROGRAM
(FAMILY) / 080000202Coverage Effective
05/01/2017 - 10/01/2021
INACTIVE

Check # 0906598499

Claim Details - 21348209849

Date of Service	Claim #	Billing Provider #	Total Charge	Payment	Status
08/01/2021	21348209849	002707327	\$72.91	\$72.91	Paid

Subscriber Liability

Code	Description
L1	Remaining Orthodontic Liability
H1	Rejected Billable Non-Covered Service
H2	Non-Covered service billable to the Allowance
E1	Benefit maximum has been reached
C1	Cost Share

507 Health Care Claim Status Category Code

Code	Description
A1	Acknowledgement/Receipt
A2	Acknowledgement/Receipt
P1	Pending/In Process
P3	Pending/Requested Info
P4	Pending/Patient Requested Info
F0	Finalized
F1	Finalized/Payment
F2	Finalized/Denial
F3F	Finalized/Forwarded
F4	Finalized/Adjudication Complete

Header Descriptions

Code	Description
NC CD	Non Charge Code
SL CD	Subscriber Liability Code

No Charge

Code	Description
P1	Difference between CHARGE and ALLOWANCE

508 Health Care Claim Status Code

Code	Description
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16	Claim/Encounter has been forwarded to entity.
37	Predetermination on file. Awaiting completion.
105	Claim/Line is capitated.
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Dental Plan
DENTAL MAXIMUM
ALLOWABLE CHARGE

Group / ID
TRICARE DENTAL PROGRAM
(FAMILY) / 080000202

Coverage Effective
05/01/2017 - 10/01/2021
INACTIVE

Claim Details - 21348209860*Check # 0706548499*

Date of Service	Claim #	Billing Provider #	Total Charge	Payment	Status
09/01/2021	21348209860	002707327	\$72.91	\$72.91	Paid

Subscriber Liability

Code	Description
H1	Rejected Billable Non-Covered Service

507 Health Care Claim Status Category Code

Code	Description
A1	Acknowledgement/Receipt
A2	Acknowledgement/Receipt
P1	Pending/In Process
P3	Pending/Requested Info
P4	Pending/Patient Requested Info
F0	Finalized
F1	Finalized/Payment
F2	Finalized/Denial
F3F	Finalized/Forwarded
F4	Finalized/Adjudication Complete

Header Descriptions

Code	Description
NC CD	Non Charge Code
SL CD	Subscriber Liability Code

No Charge

Code	Description
508 Health Care Claim Status Code	
Code	Description
0	Cannot provide further status electronically.
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3	Claim has been adjudicated and is awaiting payment cycle.
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Dental Plan
DENTAL MAXIMUM
ALLOWABLE CHARGEGroup / ID
TRICARE DENTAL PROGRAM
(FAMILY) / 080000202Coverage Effective
05/01/2017 - 10/01/2021
INACTIVE**Claim Details - 21348209865**

Date of Service	Claim #	Billing Provider #	Total Charge	Payment	Status
10/01/2021	21348209865	002707327	\$72.91	\$0.00	Rejected

Subscriber Liability

Code	Description
H1	Rejected Billable Non-Covered Service

507 Health Care Claim Status Category Code

Code	Description
A1	Acknowledgement/Receipt
A2	Acknowledgement/Receipt
P1	Pending/In Process
P3	Pending/Requested Info
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Header Descriptions

Code	Description
NC CD	Non Charge Code
SL CD	Subscriber Liability Code

No Charge

Code	Description
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508 Health Care Claim Status Code

Code	Description
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