My Patients' Benefits & Church III With 1890

John C. Allen

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Group / ID TRICARE DENTAL PROGRAM (FAMILY) / 080000202 Coverage Effective 05/01/2017 - 10/01/2021 INACTIVE

Claim Details - 21348209490

			Billing Prov 002707327	rider#		Charge \$72.91	Payment \$72.91	Status Paid	
Subscri	iber Liability		·	Heade	er Descriptio	ons			
Code	Description			Code	e Description				
L1	Remaining Orthod	dontic Liability		NC CD Non Charge Code					
H1 _.	Rejected Billable Non-Covered Service			SL CD	SL CD Subscriber Liability Code		bility Code		
H2	Non-Covered ser	vice billable to the Allowance		No Ch	arge				
E1	Benefit maximum	has been reached		Code	Description	n			
C1	Cost Share		P1 Difference between CHARGE and ALLOWANCE				NCE		
		Status Category Code		508 He	ealth Care		us Code		
Code	Description			Code Description					
A1	Acknowledgement/Receipt			0	Cannot provide further status electronically.				
A2	Acknowledgement/Receipt			1	For more information, see remittance advice of service.				
P1	Pending/In Process			3	Claim has been adjudicated and is awaiting payment cycle.				
P3	Pending/Requested Info			16	Claim/Encou	laim/Encounter has been forwarded to entity.			
P4	Pending/Patient Requested Info			37	Predetermin	Predetermination on file. Awaiting completion.			
F0	Finalized			105	Claim/Line is	Claim/Line is capitated.			
F1	Finalized/Payı	nent		106	This amount	is not entity's	s responsibility.		
F2	Finalized/Deni	al							
F3F	Finalized/Forv	/arded							
F4	Finalized/Adju	dication Complete							

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Group / ID TRICARE DENTAL PROGRAM (FAMILY) / 080000202 Coverage Effective 05/01/2017 - 10/01/2021 INACTIVE

Claim Details - 21348209849 **Date of Service** Claim # Billing Provider# 08/01/2021 21348209849 002707327

Total Charge \$72.91 **Payment** \$72.91

Status Paid

Subscri	ber Liability	Heade	er Descriptions
Code	Description	Code	Description
L1	Remaining Orthodontic Liability	NC CD	Non Charge Code
H1	Rejected Billable Non-Covered Service	SL CD	Subscriber Liability Code
H2	Non-Covered service billable to the Allowance	—— No Ch	narge
E1	Benefit maximum has been reached	Code	Description
C1	Cost Share	P1	Difference between CHARGE and ALLOWANCE
507 He	alth Care Claim Status Category Code	508 H	ealth Care Claim Status Code
Code	Description	Code	Description
A1	Acknowledgement/Receipt	0	Cannot provide further status electronically.
A2	Acknowledgement/Receipt	1	For more information, see remittance advice of service.
P1	Pending/In Process	3	Claim has been adjudicated and is awaiting payment cycle
Р3	Pending/Requested Info	16	Claim/Encounter has been forwarded to entity.
P4	Pending/Patient Requested Info	37	Predetermination on file. Awaiting completion.
F0	Finalized	105	Claim/Line is capitated.
F1	Finalized/Payment	106	This amount is not entity's responsibility.
F2	Finalized/Denial		
F3F	Finalized/Forwarded		
F4	Finalized/Adjudication Complete		

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John C. Allen

Date of Service

09/01/2021

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Group / ID TRICARE DENTAL PROGRAM (FAMILY) / 080000202

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

Claim Details - 21348209860

Claim # Billing Provider#

002707327

21348209860

Total Charge

Payment \$72.91 \$72,91

Status Paid

Subscril	ber Liability	Header	Descriptions		
Code	Description	Code	Description		
Н1	Rejected Billable Non-Covered Service	NC CD	Non Charge Code		
507 Hea	alth Care Claim Status Category Code	SL CD	Subscriber Liability Code		
Code	Description	No Cha	rge		
A 1	Acknowledgement/Receipt	Code	Description		
A2	Acknowledgement/Receipt	508 Health Care Claim Status Code			
P1	Pending/In Process	Code Description			
P3	Pending/Requested Info	0	0 Cannot provide further status electronically.		
P4	Pending/Patient Requested Info	1	For more information, see remittance advice of service.		
F0	Finalized	3	laim has been adjudicated and is awaiting payment cycle		
F1	Finalized/Payment	16	Claim/Encounter has been forwarded to entity.		
F2	Finalized/Denial	37	Predetermination on file. Awaiting completion.		
F3F	Finalized/Forwarded	105	Claim/Line is capitated.		
F4	Finalized/Adjudication Complete	106	This amount is not entity's responsibility.		

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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 - 21348209865

Date of 10/01/2	Service Claim # 021 21348209865	Billing Provider# 002707327		Total Charge \$72.91	Payment \$0,00	Status Rejected		
Subscril	ber Liability	Hea	der D	escriptions				
Code	Description	Cod	le	Description	Description			
H1	Rejected Billable Non-Covered Service	NC	CD	Non Charge C	Non Charge Code			
507 Health Care Claim Status Category Code			CD	Subscriber Lla	Subscriber Llability Code			
Code	Description	No (Charg	ıe				
A1	Acknowledgement/Receipt	Cod	_	Descri	ption			
A2	Acknowledgement/Receipt		508 Health Care Claim Status Code					
P1	Pending/In Process	Cod	Code Description					
P3	Pending/Requested Info	0	Cannot provide further status electronically.					
P4	Pending/Patient Requested Info	1	Fo	or more information, see	ore information, see remittance advice of service.			
F0	Finalized	3	CI	Claim has been adjudicated and is awaiting payment cycle.				
F1	Finalized/Payment	16	16 Claim/Encounter has been forwarded to entity.		<u>. </u>			
F2	Finalized/Denial	37	Pr	redetermination on file.	Awaiting completion	l.		
F3F	Finalized/Forwarded	105	105 Claim/Line is capitated.					
F4	Finalized/Adjudication Complete	106	Th	nis amount is not entity's	s responsibility.			

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