

**DENTAL  
EXPLANATION OF BENEFITS  
KEEP FOR YOUR TAX RECORDS**

Sponsor: SGT John Smith  
Beneficiary: Sally Smith  
Provider: Family Dentistry  
(001234567)

SSN: XXXXX1234  
ICN: 06123456789

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Date: 02/10/06

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	SERVICE DATE (S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PROPHYLAXIS ADULT (001) D1110	02/01/06	48.00	44.00	44.00	4.00	Q1030
COMPREHENSIVE EVALUATION (001) D0150	02/01/06	22.00	21.00	21.00	1.00	Q1030
TOTALS		70.00	65.00	65.00	5.00	

Q1030 These services were performed by a United Concordia Participating Provider. This provider has agreed to accept the TDP ALLOWANCE for this service, unless otherwise notated in the TDP benefit booklet.

United Concordia has paid the Provider the amount shown in the AMOUNT PAID column.

If you disagree with the determination on your claim, you have the right to request a reconsideration. Submit a signed statement explaining the reason for your request and a copy of the DEOB to TDP Customer Service within 90 days from the date of the DEOB. If this DEOB was the result of a reconsideration adjustment, further appeal rights will be forwarded to you as part of the formal reconsideration determination.

If you believe that a dentist received insurance money for filing a false claim, inflating a claim, or billing for service not rendered, you may contact United Concordia's Special Investigations Unit (SIU) at 1-877-968-7455, or by accessing our Web site, or by writing to: United Concordia, Special Investigations Unit, PO Box 69406, Harrisburg, PA 17106-9406.

**UNITED CONCORDIA**  
TRICARE Dental Program  
PO Box 69411  
Harrisburg, PA 17106-9411

**HAVE A QUESTION?**  
**PLEASE CALL TDP CUSTOMER SERVICE**  
**1-800-866-8499 Business Hours: Sunday,**  
**8pm EST to Friday, 8pm, EST, U.S.A.**

SGT JOHN SMITH  
123 ANY STREET  
ANYTOWN, PA 99999-8888

**THIS IS NOT A BILL**