

PROVIDER NO. :

# NIHB DENTAL CLAIM STATEMENT

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DATE: 09-15-2001

CLAIM/REG NO. DATE OF SERVICE	DOC NO. PROCEDURE	FD/PV NO.	CLIENT ID NO. TOOTH SURFACES	SURNAME PROF. FEE	LAB FEE	GIVEN NAMES 3RD PARTY	AMT CLAIMED	DATE OF BIRTH NET AMT	RESPONSE CODES
00001500164848 27-12-2001	02701			5.00	0.00	0.00	5.00	0.00	R05
<b>TOTALS</b>				<b>5.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5.00</b>	<b>0.00</b>	
R1502021000010 04-04-2001	41211		06	10.99	0.00	0.00	10.99	10.99	W14
03-04-2001	32221		21	10.99	0.00	0.00	10.99	10.99	W14
02-04-2001	21221		26 M	10.99	0.00	0.00	10.99	10.99	W14
01-04-2001	21221		17 M	10.99	0.00	0.00	10.99	10.99	W14
30-03-2001	21221		16 M	10.99	0.00	0.00	10.99	10.99	W14
28-01-2001	11102			10.99	0.00	0.00	10.99	10.99	W14
01-01-2001	01200			10.99	0.00	0.00	10.99	0.00	R21 W14
<b>TOTALS</b>				<b>76.93</b>	<b>0.00</b>	<b>0.00</b>	<b>76.93</b>	<b>65.94</b>	
<b>PAID BY :</b>				<b>CHEQUE (000000000)</b>	<b>GRAND TOTAL PAID :</b>			<b>65.94</b>	

### RESPONSE CODE EXPLANATIONS:

- R05 CLAIMANT COULD NOT BE VERIFIED AS AN NIHB CLIENT
- R21 PERIOD FOR SUBMITTING CLAIMS HAS EXPIRED
- W14 PLEASE NOTE CORRECTED CLIENT ID FOR FUTURE CLAIMS

### GENERAL MESSAGE: