

[Insert logo image here]

[Fund name
Address
City, State, Zip Code]

Mary Smith
123 Sample Street
Baltimore, MD 21227

Pre-Determination of Benefits	
Page 1 of 1	
Member ID:	123456789
Date Printed:	09/27/2022
Reference:	B00459*1

THIS PRE-DETERMINATION IS VALID FOR 6 MONTHS FROM DATE OF ISSUE

The estimated benefits listed are not a guarantee of payment. Final determination will be made based upon actual services rendered. All benefits are subject to the plan limitations and eligibility in effect at the time of service. Change in procedures, charges, etc. might change the outcome of the estimated benefits. All proposed services are subject to review when the claim is filed.

For Questions Regarding This Claim: FUND INFO HERE or ???-???-????

MEMBER NAME	MEMBER ID	PATIENT	RELATION	PROVIDER NAME	PROVIDER NUMBER	CLAIM NUMBER
Mary Smith	123456789	Mary Smith	Member	PROFESSIONAL PROVIDERS INC,	999999999	C01450

FROM DATE - THRU DATE	BENEFIT DESCRIPT.	AMOUNT BILLED	AMOUNT EXCLUDED	PLAN ALLOWED	LESS DEDUCT/ COPAY APPLIED	%	PLAN COVERED	COB ADJUST	PLAN BENEFIT	PATIENT LIABILITY	TOOTH NUMBER
	MISCELLANEOUS	\$450.00	\$150.00	\$450.00		50	\$225.00	\$25.00	\$137.50	\$2.50	C
	TOTALS	\$450.00	\$150.00	\$450.00	\$0.00		\$225.00	\$25.00	\$137.50	\$2.50	

Comments/Denail:
THE SERVICE IS COVERED ONLY ONCE IN ANY FIVE-YEAR PERIOD.
THE SERVICE IS COVERED ONLY ONCE IN ANY FIVE-YEAR PERIOD.

I confirm the above services have been completed by populating the from and through date of service, signature of service provider and return the Pre-authorization form to the Health & Welfare Office,

Signature: _____ Date: _____