



Disclaimer: Eligibility for Medicaid can change daily. Member eligibility should be verified on the date of service. The claim history reflected below is based on the latest claims received, and does not include claims in process, claims incurred but not yet received or any denied services. If you have any questions about the eligibility or claim listing below, please call the MassHealth Dental Program at 844-MH-DENTL (844-643-3685).

Member ID	Name	Date of Birth	Eligibility as of 5/20/2025	Coverage Type	Age Band
100221351611	LUIS ODRIGUEZ LOPERA	12/13/1965	N	MassHealth Regular with Health Safety Net wrap	Adult (>20)

Date of Service	Tooth Number	Surface(s)	Procedure Code	Description	Provider
08-06-2024			D0150	COMP ORAL EVAL	KAI GAO DMD LLC
08-06-2024			D0330	PANORAMIC XRAY	KAI GAO DMD LLC
08-06-2024			D1110	ADULT PROPHY	KAI GAO DMD LLC
07-07-2021			D0330	PANORAMIC XRAY	JOHN T VEALE &
07-07-2021			D9110	EMER TREATMENT	JOHN T VEALE &
06-21-2021			D9110	EMER TREATMENT	MEHDI RAHMATPOU
05-09-2018			D0140	LMT ORAL EVAL	UNKNOWN
05-09-2018	21		D0220	PERI SIN FIRST	UNKNOWN