DELTA DENTAL®

Understanding Your Explanation of Benefits (EOB)

After a trip to the dentist's office, you may receive an EOB from Delta Dental explaining the procedures performed and what is covered by your dental plan.

A. This section contains subscriber and patient identification information, which you'll need to check on a claims status or to dispute a claim.

B. The **Procedure Description** explains the services received at the dentist's office.

C. **Submitted Amount** is the amount the dentist charged for the services.

D. **Amount Allowed** shows Delta Dental's contracted fees for each procedure.

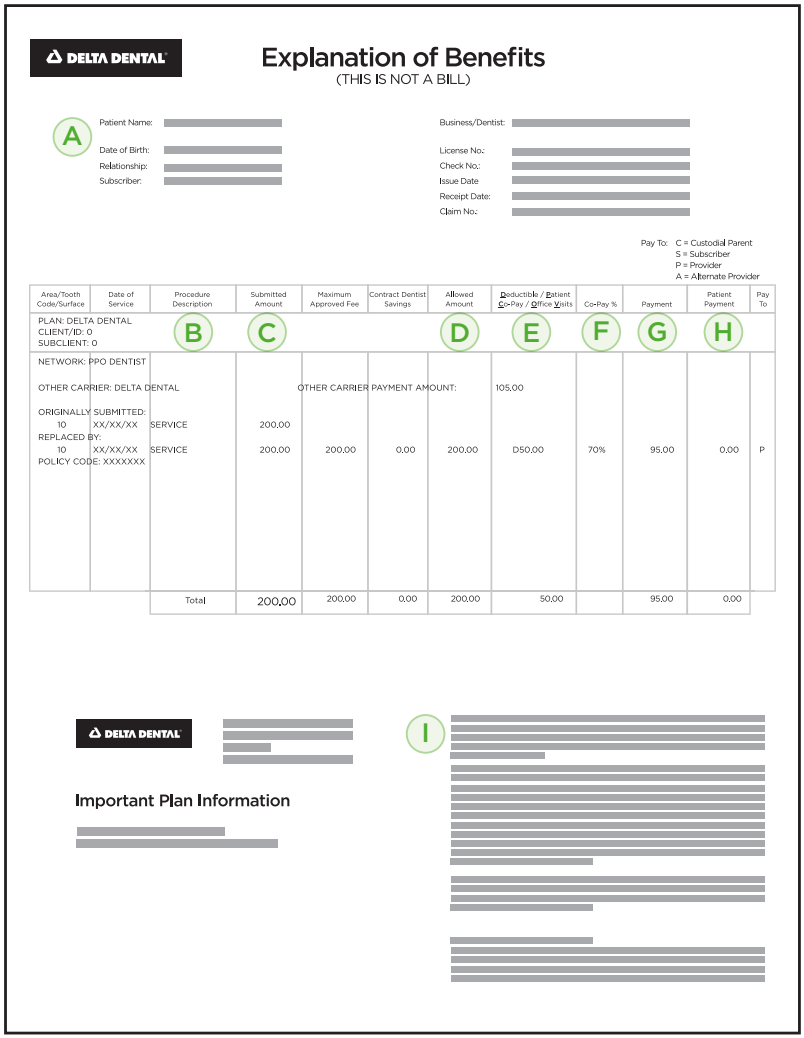
E. If you have a procedure that is not completely covered by Delta Dental, the **Deductible** is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab.

F. **Co-Pay** identifies the percentage the plan will cover per procedure.

G. **Payment** is the amount Delta Dental paid your dentist for services rendered.

H. **Patient Payment** is the amount the patient owes the dentist. Your dentist should not bill you more than this amount.

I. This section includes details about the appeals process.



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Explanation of Benefits
(THIS IS NOT A BILL)

A

Patient Name:
Date of Birth:
Relationship:
Subscriber:

Business/Dentist:
License No.:
Check No.:
Issue Date
Receipt Date:
Claim No.:

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL CLIENT/ID: 0 SUBCLIENT: 0		B	C			D	E	F	G	H	
NETWORK: PPO DENTIST											
OTHER CARRIER: DELTA DENTAL				OTHER CARRIER PAYMENT AMOUNT:			105.00				
ORIGINALLY SUBMITTED:											
10	XX/XX/XX	SERVICE	200.00								
REPLACED BY:											
10	XX/XX/XX	SERVICE	200.00	200.00	0.00	200.00	D50.00	70%	95.00	0.00	P
POLICY CODE: XXXXXXX											
		Total	200.00	200.00	0.00	200.00	50.00		95.00	0.00	

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Important Plan Information

**Some EOBs will have additional messages to help patients understand why a procedure wasn't paid.*