Inquiries:

Date:

Subscriber Name
Subscriber Address
Subscriber City, State, Zip Code

Claim Number:
Group Name:
Subscriber:
Subscriber ID#:
Patient:
Dentist:

Other Carrier Paid: 0.00

EXPLANATION OF BENEFITS ** THIS IS NOT A BILL **

TH	SURF	Service Date	Proc. Code	Procedure Description	Submit Amt	Fee Adjust	Approved Amt	Allowed Amt	Deduct Applied	% Co-Pay	Patient Payment	Delta Dental Payment	Ref. Code
		10/04/2019	120	Evaluation	55.00	12.00	43.00	43.00	0.00	100	0.00	43.00	
		10/04/2019	1110	Cleaning	107.00	31.00	76.00	76.00	0.00	100	0.00	76.00	
				TOTALS	162.00	43.00	119.00	119.00	0.00		0.00	119.00	

Payment To	Date	Check Number	Check Amount
	20191016		119.00

For Benefit Year: 01/01/2019-12/31/2019

The amount applied to this individual's benefit year deductible is: $.00
The amount applied to this individual's annual benefit year maximum is: $238.00
The amount applied to this individual's orthodontic maximum benefit is: $.00
The amount applied to this individual's out-of-pocket limit is: $.00

Reference Codes

You pay only the amount shown in the "Patient Payment" column.

This dentist has agreed to a discount shown in the "Fee Adjust" column.

Payment for these services is determined in accordance with the specific terms of your dental plan or of your dental insurance carrier's agreement with in-network dentists.

To submit a claim with intent to defraud an insurer is a crime. If you wish to report suspected fraud or abuse of dental care benefits please contact your dental insurance carrier's professional services department.

Did you know that in-network dentists offer significant fee reductions? To locate an in-network dentist near you, visit our website.

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