

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.

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 Dental Savings	Allowed Amount	Deductible / Patient Co-Pay / \$1000 Limit	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL B C D E F G H											
CLIENT/ID: 0											
SUBCLIENT: 0											
NETWORK: PPO DENTIST											
OTHER CARRIER: DELTA DENTAL OTHER CARRIER PAYMENT AMOUNT: 105.00											
ORIGINALLY SUBMITTED: IO XX/XX/XX SERVICE 200.00											
REPLACED BY: IO XX/XX/XX SERVICE 200.00 200.00 0.00 200.00 050.00 70% 95.00 0.00 P											
POLICY CODE: XXXXXX											
Total			200.00	200.00	0.00	200.00	50.00		95.00	0.00	

Important Plan Information

I

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



The Power of Smile™
 Learn more about how your oral health connects to your overall health at:
DeltaDentalNE.org