

DENTAL EXPLANATION OF BENEFITS

INSURED: JOHN Q CUSTOMER

GROUP: ABC CO GROUP ID #: 111111

02/25/02

FOR SERVICES FROM TO	TYPE OF SERVICE	PROCEDURE CODE	TOTAL CHARGES	DISALLOWED CHARGES	DEDUCTIBLE (-)	PROVIDER DISCOUNT	REMAINING COVERED CHARGES	CO-PAY	TOTAL BENEFIT	PATIENT RESPONSIBILITY	COMMENTS
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
PATIENT: JOHN Q CUSTOMER			CLAIM: 55555521-00		PROVIDER: SAM SANDER DMD		PAYEE: SAM SANDER DMD				
0105 120101	EXAM: INITIAL	00150	50.00	.00	.00	.00	50.00	.00	50.00	.00	
1201 120101	PROPHY: ADULT	01110	60.00	.00	.00	.00	60.00	.00	60.00	.00	
0105 120101	XRAY : FM SERIES	00274	40.00	.00	.00	.00	40.00	.00	40.00	.00	
TOTALS			150.00	.00	.00	.00	150.00	.00	150.00	.00	
PATIENT: JOHN Q CUSTOMER			CLAIM: 55555524-00		PROVIDER: SAM SANDER DMD		PAYEE: SAM SANDER DMD				
0101 010102	AMAL: 2 SRF PERM	02150	100.00	.00	25.00	25.00	50.00	10.00	40.00	35.00	R8
TOTALS			100.00	.00	25.00	25.00	50.00	10.00	40.00	35.00	
PATIENT: JAMES Q. CUSTOMER			CLAIM: D5555526-00		PROVIDER: SAM SANDER DMD		PAYEE: SAM SANDER DMD				
0101 010102	EXAM: INITIAL	00150	50.00	.00	.00	.00	50.00	.00	50.00	.00	
0101 010102	PROPHY:ADULT	01110	60.00	.00	.00	.00	60.00	.00	60.00	.00	
0101 010102	XRAY: 4 BITEWINGS	00274	40.00	.00	.00	.00	40.00	.00	40.00	.00	
0101 010102	FLUORIDE: ADULT	01204	20.00	.00	.00	.00	20.00	.00	20.00	.00	
TOTALS			170.00	.00	.00	.00	170.00	.00	170.00	.00	
PATIENT: MARY Q CUSTOMER			CLAIM: D5555525-00		PROVIDER: SAM SANDER DMD		PAYEE: SAM SANDER DMD				
0101 010102	AMAL: 2 SRF PERM	02150	100.00	.00	25.00	25.00	50.00	10.00	40.00	35.00	R8
TOTALS			100.00	.00	25.00	25.00	50.00	10.00	40.00	35.00	

COMMENTS:
R8 THE CHARGE EXCEEDS THE AMOUNT ALLOWED ON THIS PLAN.

13.

JOHN Q CUSTOMER	HAS MET \$.00 OF THE \$	25.00 PATIENT DEDUCTIBLE FOR THE 2001 BENEFIT YEAR.
	HAS MET \$	150.00 OF THE \$	1,000.00 MAXIMUM FOR THE 2001 BENEFIT YEAR.
	HAS MET \$	25.00 OF THE \$	25.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.
	HAS MET \$	40.00 OF THE \$	1,000.00 MAXIMUM FOR THE 2002 BENEFIT YEAR.
JAMES Q CUSTOMER	HAS MET \$.00 OF THE \$	25.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.
	HAS MET \$	170.00 OF THE \$	1,000.00 MAXIMUM FOR THE 2002 BENEFIT YEAR.
MARY Q CUSTOMER	HAS MET \$	25.00 OF THE \$	25.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR
	HAS MET \$	40.00 OF THE \$	1,000.00 MAXIMUM FOR THE 2002 BENEFIT YEAR.
THE FAMILY	HAS MET \$.00 OF THE \$	75.00 FAMILY DEDUCTIBLE FOR THE 2001 BENEFIT YEAR.
	HAS MET \$	50.00 OF THE \$	75.00 FAMILY DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.

THIS IS NOT A BILLING. PLEASE SAVE THIS COPY FOR YOUR RECORDS.

1. The date the service was provided.

2. The type of service performed.

3. The procedure code number. This is not required and may not appear.

4. This is the amount charged.

5. This is the amount (if any) that is being denied.

6. This reflects any charges which have been applied to your plan's deductible. Any amounts listed in this column are the responsibility of the patient and subtracted from the total charges before any benefits are applied.

7. This reflects the amount you saved by using a participating provider. You are not responsible for these discounts and they help to reduce your out-of-pocket expenses.

8. This is the amount less any disallowed charges and any charges which were applied to your deductible and provider discount. Your plan's benefits are applied towards the amount listed in this column.

9. This shows the patient's responsibility on the remaining covered charges after your plan's benefits have been applied.

10. This shows the amount of benefit which has been paid by ODS Health Plans. The "Payee" is listed next to the provider name. This identifies to whom ODS Health Plans has made the benefit payment.

11. You are responsible to make payment to your provider for any amount which is listed in the "Patient Responsibility" column. This amount is the total of disallowed charges, charges applied to your deductible, and co-payments.

12. Explanations of codes in this column are listed at the bottom of the page.

13. If there is a deductible, this section will identify the amount applied towards the deductible to-date and/or the amount applied towards the out-of-pocket maximum to-date for the benefit year.