DELTA DENTAL®

Learn about your explanation of benefits (EOB)

Member: JOHN Q. SMITH
Claim #: 21713981201

Provider: JOHN L. MAYER
Network: DELTA DENTAL PREMIER

Paid 08/28/2019

TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Dental plan paid	Reason code(s)	Member responsibility: Not covered	Deductible	Copay	Coinsurance
Perio Maintenan; Periodontal maintenance-D4910 07/31/2019	$246.00	$51.00	$195.00	$195.00	9A8	$0.00	$0.00	$0.00	$0.00
Hygiene Instruc; Oral hygiene instructions-D1330 07/31/2019	$88.00	$0.00	$0.00	$0.00	9A0	$88.00	$0.00	$0.00	$0.00
Exam: Periodic; Periodic Oral Evaluation-D0120 07/31/2019	$95.00	$33.00	$62.00	$62.00	9A8	$0.00	$0.00	$0.00	$0.00
Totals	**$429.00**	**$84.00**	**$257.00**	**$257.00**		**$88.00**	**$0.00**	**$0.00**	**$0.00**

Amount you owe: $88.00

Dental plan paid to provider: $257.00

Reason code	Description
9A8	The charge exceeds the amount allowed.
9A0	This service is not covered.

An EOB shows how your plan has processed a claim for your recent care. It lists healthcare claims, what your plan paid and other important information.

Here's what you need to know:

Amount billed: What your provider charged for a service

Provider discount and amount not covered: This includes negotiated discounts and amounts not covered by your plan. Providers who are not in your plan's network may charge you.

Amount covered: The amount that is left after provider discounts, deductibles and non-covered charges have been accounted for. Benefits are applied to this amount.

Dental plan paid: How much Delta Dental paid for this service

Reason code(s): More information about costs that may not be covered under your plan

Member responsibility: This is how much you may need to pay your provider.

Not covered: How much you may owe your provider for non-covered charges

Deductible: What you pay for covered services before your plan starts to pay

Copay: The fixed amount you pay for a covered service.

Coinsurance: A percentage of how much a covered service costs after you have paid your deductible

over >

Questions?

For questions about your Delta Dental coverage, please contact Dental Customer Service toll-free at 800-391-7792. TTY users, dial 711.

Delta Dental of Oregon

deltadentalor.com/usbank

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ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)