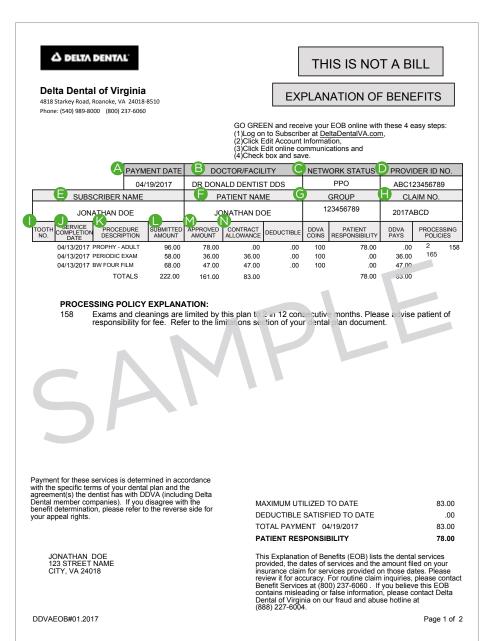


# A Guide to your Explanation of Benefits

For more information, contact Benefit Services at 800-237-6060.

- ♠ Payment date this is the date the claim was paid.
- Doctor/facility this is the patient's dentist or dentist's office.
- Network status this is the participating status of the dentist under the patient's plan.
- **Provider ID number** this is the dentist's ID.
- **Subscriber name** this is the name of the subscriber.
- **Patient name** this is the patient's information.
- **G Group** this is group number under the plan.
- Claim number this is the claim number.
- **1** Tooth number this is the tooth that was serviced, if applicable.
- Service completion date this is the date service was provided to the patient.
- ♠ Procedure description this is a brief description of the service.
- Submitted amount this is the amount charged by the dentist.
- ♠ Approved amount the amount the participating dentist agrees to accept based on their participating agreement. If the dentist is non-participating, this amount is the same as the Submitted Amount.



No Contract allowance - this is the amount we use to determine our payment. This payment is calculated based on the Contract Allowance. The dentist may bill the patient the difference between the Approved Amount and the Contract Allowance, in addition to deductibles and coinsurance, if applicable.

CONTINUED ON BACK



## A Guide to your Explanation of Benefits (continued)

- Open Deductible this is the amount of covered services the patient must pay before Delta Dental pays.
- Delta Dental of Virginia co-insurance percentage this is the percentage of the Contract Allowance that Delta Dental pays.
- Patient responsibility this is the amount the patient owes to the dentist, which includes deductible, patient's co-insurance and the difference in the Approved Amount and the Contract Allowance.
- R Delta Dental of Virginia pays - this is amount paid to the dentist or to you. Payment is made to the member only when visiting an out-of-network dentist.
- S Processing policies this is the code that was used in processing the service.
- Processing policy explanation - this is an explanation of the processing policy codes.



### THIS IS NOT A BILL

#### **Delta Dental of Virginia**

4818 Starkey Road, Roanoke, VA 24018-8510 Phone: (540) 989-8000 (800) 237-6060

**EXPLANATION OF BENEFITS** 

GO GREEN and receive your EOB online with these 4 easy steps: (1)Log on to Subscriber at <u>DeltaDentalVA.com</u>, (2)Click Edit Account Information, (3)Click Edit online communications and

|                 |  |                  | PAYMENT DATE |                         | DOCTOR/FACILITY         |                       |                   | NETWORK STATUS    |                           | PROVIDER ID NO.       |          |     |
|-----------------|--|------------------|--------------|-------------------------|-------------------------|-----------------------|-------------------|-------------------|---------------------------|-----------------------|----------|-----|
| 04/19/2017      |  |                  |              | 19/2017                 | DR DONALD DENTIST DDS   |                       |                   | PPO               |                           | ABC123456789          |          |     |
| SUBSCRIBER NAME |  |                  |              |                         | PATIENT NAME            |                       |                   | GROUP             |                           | CLAIM NO.             |          |     |
| JONATHAN DOE    |  |                  |              | JONATHAN DOE            |                         |                       | 123456789         |                   | 2017ABCD                  |                       |          |     |
| TOOTH<br>NO.    | SERVICE<br>COMPLETION<br>DATE  | PROCEI<br>DESCRI |              | SUBMITTED<br>AMOUNT     | APPROVED<br>AMOUNT      | CONTRACT<br>ALLOWANCE | DEDUCTIBLE        | DVA<br>COINS      | PATIENT<br>RESPONSIBILITY | DDVA<br>PAYS          | ROCES    |     |
|                 | 04/13/2017 PROPHY - 7<br>04/13/2017 PERIODIC I<br>04/13/2017 BW FOUR F |                  | XAM          | 96.00<br>58.00<br>68.00 | 78.00<br>36.00<br>47.00 | .00<br>36.00<br>47.00 | .00<br>.00<br>.00 | 100<br>100<br>100 | 78.00<br>.00<br>.00       | .00<br>36.00<br>47.00 | 2<br>165 | 158 |
|                 |  | TO               | ΓALS         | 222.00                  | 161.00                  | 83.00                 |                   |                   | 78.00                     | 83.00                 |          |     |

#### PROCESSING POLICY EXPLANATION:

Exams and cleanings are limited by this plan to 2 in 12 consecutive months. Please advise patient of responsibility for fee. Refer to the limitations section of your dental plan document.

Payment for these services is determined in accordance with the specific terms of your dental plan and the agreement(s) the dentist has with DDVA (including Delta Dental member companies). If you disagree with the benefit determination, please refer to the reverse side for your appeal rights. your appeal rights.

MAXIMUM UTILIZED TO DATE 83.00 DEDUCTIBLE SATISFIED TO DATE .00 TOTAL PAYMENT 04/19/2017 83.00 PATIENT RESPONSIBILITY

This Explanation of Benefits (EOB) lists the dental services provided, the dates of services and the amount filed on your insurance claim for services provided on those dates. Please review it for accuracy. For routine claim inquiries, please contact Benefit Services at (800) 237-6060. If you believe this EOB contains misleading or false information, please contact Delta Dental of Virginia on our fraud and abuse hotline at (888) 227-6004.

DDVAEOB#01.2017