



Understand Your Explanation of Benefits (EOB)



After a trip to the dentist's office, you'll likely receive an EOB from Delta Dental of Nebraska 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 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. The **Maximum Approved Fee** shows Delta Dental's contracted or approved amount for each procedure. The **Allowed Amount** is the amount determined by the dental benefit plan and is often the same as the maximum approved fee.

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 percent the plan will cover per procedure.

G. **Patient Payment** is the amount the patient owes the dentist. Your dentist should not bill you more than this amount. Payment is the amount Delta Dental paid your dentist for services rendered.

H. This section includes details about the appeal process.

Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: [REDACTED] A

Date of Birth: XX/XX/XXXX

Relationship: SPOUSE

Subscriber: [REDACTED]

Business/Dentist: [REDACTED]

License No.: [REDACTED]

Check No.: [REDACTED]

Issue Date: 06/06/2017

Receipt Date: 01/24/2017

Claim No.: [REDACTED]

B

C

D

E

F

G

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay / Office %	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF NEBRASKA PRODUCT: DELTA DENTAL PPO PLUS PREMIER											
CLIENT/ID: 541061 MAJOR PLASTICS, INC.											
SUBCLIENT: 1000 MAJORS PLASTICS, INC.											
NETWORK: PPO DENTIST											
	12/14/16	ORAL EXAM	30.00	24.80	5.20	24.80	100%		24.80	0.00	P
ADJUSTMENT REASON		CODES: ADJ13									
	12/14/16	CLEANING	60.00	52.00	8.00	52.00	100%		52.00	0.00	P
ADJUSTMENT REASON		CODES: ADJ13									
THE FOLLOWING ADJUSTMENT REASONS ARE APPLIED TO EXPLAIN THE ADJUSTMENT OF THIS CLAIM.											
ADJ13 - CLAIM RECALCULATION WAS BASED ON ADDITIONAL INFORMATION PROVIDED BY THE SUBSCRIBER.											
			Total	90.00	76.80	13.20	76.80	0.00	76.80	0.00	
GENERAL MAXIMUM USED TO DATE: 153.60										Previous Amount	0.00
										Adjustment Amount	76.80
											90.00
											-90.00

DELTA DENTAL OF NEBRASKA
PO BOX 9120
FARMINGTON HILLS, MI 48333-9120

Important Plan Information

www.deltadentalne.org
FOR INQUIRIES: 866-827-3319 (TTY users call 711)

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its contracting dentists. For inquiries regarding contracting dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rules, guidelines or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should have been paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 30 days of your receipt of this EOB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request, or within a shorter time period if required by law. Failure to comply with such requirements may lead to forfeiture of a consumer's right to challenge a denial or rejection, even when a request for clarification has been made. If your claim is denied in whole or in part after the review, you have the right to seek to have your claim paid by filing a civil action in court.

Your privacy is important to us. To access our HIPAA Notice of Privacy Practices or our Gramm-Leach-Bliley Privacy Notice, log onto our website and select the "HIPAA Policy" or "Privacy Policies" link from the home page, or call our Customer Service department to request a written copy.

ANTI-FRAUD HOTLINE: 612-224-3277
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our anti-fraud hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

EOB_Subscriber

Patient Copy

Page 1 of 1
08-30-2017

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

Learn more about how your oral health connects to your overall health at: **DeltaDentalNE.org**

DDNE.8.2.18

Delta Dental of Nebraska