

# Explanation of Benefits (EOB)

Each time a Delta Dental subscriber visits the dentist, he or she receives an Explanation of Benefits (EOB) following the visit. This document is NOT a bill. Rather, it provides a breakdown of your dental benefits and how your recent dentist visit impacted them. If you are having trouble understanding your EOB, use the guide below. It will help you understand each section of your EOB.

1. Mailing address and phone number for Delta Dental of Colorado Customer Relations - for claims and correspondence.
2. Date the EOB was processed, dentist/facility that provided dental services, network and provider identification number.
3. Name of subscriber, patient receiving dental services, his/her date of birth and subscriber's group number.
4. Claim number - assigned to claim when it was received.

**①** Delta Dental of Colorado  
PO Box 173803 - Denver CO 80217-3803  
Phone: 303.741.9305 or 800.610.0201  
(8:00 am - 6:00 pm MST)  
www.deltadentalco.com

**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**

**APPEAL RIGHTS:** If your claim was denied or only partially paid and you are responsible for the unpaid amount, you have the right to appeal. To request a first level appeal, you must submit your written appeal, and any supporting documentation, within 180 days of the date of the original Explanation of Benefits to: PO Box 172528, Denver CO 80217-2528. A decision will be made within 30 days from the date we receive your request. If your claim remains denied, it may qualify for a second level review. If your claim is denied after both appeals, you may be able to file civil action in court within one year from the date of the final denial.

SUBSCRIBER NAME		PATIENT NAME		BIRTHDATE	GROUP	CLAIM NO.				
③ JANE DOE		JANE DOE		01/01/1976	000000	④ 000000000000				
DATE PROCESSED	DENTIST/FACILITY		DENTIST STATUS	PROVIDER ID NO.						
04/08/2009	ABC DENTAL		PPO	000000000000						
TOOTH NO.	SERVICE COMPLETION DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	DDCO Co-ins%	PATIENT RESPONSIBILITY	DDCO PAYS	PROCESSING POLICES
	04/01/2009	PERIODIC EVALUA	46.00	27.00	27.00	.00	100	0.00	17.00	
	04/01/2009	CLEANING - CHIL	63.00	41.00	41.00	.00	100	.00	41.00	
TOTAL			⑤ 109.00	⑥ 68.00	68.00	⑦	⑧	⑨ 0.00	⑩ 58.00	

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⑪ MAXIMUM USED TO DATE 157.00  
 DEDUCTIBLE SATISFIED TO DATE .00  
 TOTAL PLAN PAID 04/08/2009 58.00  
 NOT CHARGEABLE TO PATIENT 41.00  
 PATIENT RESPONSIBILITY 0.00

*Oral Health Tip*

Good oral health is important for more than a bright smile. Healthy teeth and gums are also linked to better overall health.

\*001103/1--S 0--B 0

JANE DOE  
123 ANY ST.  
DENVER, CO 80202

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5. Date(s) that dental services were received, service(s) performed and charge(s) submitted by dentist.
  6. The approved dollar amount and the allowable amount, based on the dentist's network participation and the subscriber's benefit plan.
  7. The amount the subscriber must pay toward the deductible, if any, prior to Delta Dental paying benefits.
  8. The percentage that Delta Dental will pay toward your benefits, based on the allowed amount, less any deductible.
  9. The dollar amount(s) to be paid by the patient and Delta Dental.
  10. Explanation(s) that provide additional information about how a dental procedure is processed. The number displayed in the column corresponds with the number(s) under the "Processing Policy Explanation" section.
- II. A summary of the benefit maximum used to date, the amount of deductible (if any) satisfied, the total payment by Delta Dental to the dentist, the amount the dentist is not allowed to charge the patient, and the patient's share of the charges.