DELTA DENTAL®

Your EOB Explained

An Explanation of Benefits (EOB) is a great reference after a dental visit, but you might wonder what all the numbers, codes and terms mean. Let's take a look at what a common EOB includes.

1 Your visit information is at the top, and includes the **patient** and **dental office information**, plus your **claim number**, which you'll need to make any inquiries.

2 **Area/tooth code/surface** is the area that was treated, **date of service** is when treatment occurred, and **procedure description** explains what the dentist did.

3 **Submitted amount** is the amount the dentist charged, **maximum approved fee*** is the amount that Delta Dental participating dentists agree to accept, **contract dentist savings** is the amount you saved by staying in network, and the **allowed amount** is the cost allowed by Delta Dental and used to calculate payments. In most cases, this is the same as the maximum approved fee; however, in some instances, this amount may be less than the maximum approved fee and you may owe the difference.

4 Not all plans have a **deductible**, but if yours does, it appears in this column. The **co-pay percentage** is the percentage that Delta Dental pays.

5 **Payment** is the total amount Delta Dental would pay, and **patient payment** is the amount you would pay. **Pay to** indicates where Delta Dental sent its payment. If you stayed in network, it will likely have a **P** for provider.

DELTA DENTAL

Explanation of Benefits

(THIS IS NOT A BILL)

1

Patient Name: JOHN DOE
Date of Birth: 04/11/1991
Relationship: SUBSCRIBER
Subscriber: JOHN DOE

Business/Dentist: SMILES DENTISTRY
License No.: 12345 / MI (NPI: 1234567890)
Check No.: 0987654321
Issue Date: 03/20/2019
Receipt Date: 03/20/2019
Claim No.: 1234567890123

2 3 4 5

Area/tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay/Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN CLIENT/ID: 1234 ABC COMPANY SUBCLIENT: 0001 ABC COMPANY						PRODUCT:					
NETWORK:											
	03/12/19	OCCL GUARD	800.00	615.00	185.00	615.00	D50.00	80%	452.00	163.00	P
		Total	800.00	615.00	185.00	615.00	50.00		452.00	163.00	

GENERAL MAXIMUM USED TO DATE: 722.00

*For out-of-network providers, the maximum approved fee will always be the submitted amount, and there would be no contracted dentist savings.