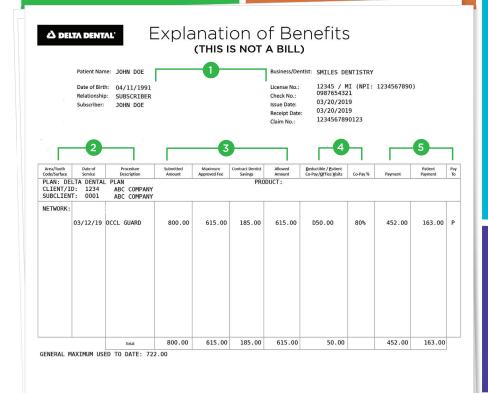


Your EOB Explained

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.

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.

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.

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