

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.



Explanation of Benefits

(THIS IS NOT A BILL)

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

| Area/Tooth Code/Surface | Date of Service | Procedure Description | Submitted Amount | Maximum Approved Fee | Contract Dentist Savings | Allowed Amount | Deductible / Patient Co-Pay / GP Fee %/Gls | Co-Pay % | Payment | Patient Payment | Pay To |
|--|-----------------|-----------------------|------------------|----------------------|--------------------------|----------------|--|----------|---------|-----------------|--------|
| PLAN: DELTA DENTAL PLAN PRODUCT: CLIENT/ID: 1234 ABC COMPANY SUBCLIENT: 0001 ABC COMPANY | | | | | | | | | | | |
| 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.