


Understanding Your Explanation of Benefits (EOB)

After visiting the dentist, if there's an amount payable by you, you will receive an Explanation of Benefits (EOB) from Delta Dental of Missouri. Your EOB provides a breakdown on the procedures performed and what is covered by your dental plan. This document is not a bill. Your EOB is also available by logging in to your member account at DeltaDentalMO.com.

Use the guide below to understand the sections of your EOB.

- Customer Service Information** – contact information for Delta Dental of Missouri customer service. Please feel free to contact us with any questions.
- Identifying Information** – name of subscriber, patient, dentist and relationship of patient to subscriber.
- Submitted, Accepted and Allowed Amounts** – the submitted amount is the amount the dentist charged for the services. The accepted amount shows the contracted fee for the procedure and is based on the dentist's network participation. The allowed amount is the maximum amount that Delta Dental of Missouri will pay for the procedure, subject to any deductibles and/or co-insurance.
- Applied Deductible** – the dollar amount the subscriber must pay, if any, prior to your dental plan paying benefits.
- Co-Insurance** – the percentage of a dental treatment cost paid by your dental plan.
- Adjustment Notice** – numbers listed correspond to tab below which provides additional information about how a dental claim is processed.
- Total Patient Responsibility** – the dollar amount to be paid by the patient to the dentist.
- Plan Pays** – the dollar amount to be paid by Delta Dental of Missouri to the dentist.
- Procedure Code Description** – descriptions correspond to processed codes listed in table above.
- Subscriber Appeal Procedure** – information on how to file an appeal on a claim.



Delta Dental of Missouri
P.O. Box 8690
St Louis MO 63126

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Forwarding Service Requested

*****SCH 5-DIGIT 63052
22240 I AV 0.378
SAMPLE, JOHN
123 MAIN STREET
ANYTOWN YT 12345-5555

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Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

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Customer Service Information
Questions? Contact Us
Phone: (314) 656-3001
Toll Free: (800) 335-8266
Fax: (314) 656-2900
E-mail: Service@deltadentalmo.com
Online: www.deltadentalmo.com

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Claim No: 123456789
Group No: MO01111-1000

Subscriber: Sample, John
Patient: Sample, Josh
Provider: Sample Dentist, DDS
Rel: DEP

Service Date	Submitted Code	Processed Code	Tooth Number	Tooth Surf	Submitted Amount	Accepted Amount	Allowed Amount	Applied Deductible	Co-Pay	Co-Ins %	Patient Pays	Plan Pays	Adjustment Notice*
2/5/18	D0210	D0210			\$157.00	\$88.00	\$88.00	\$0.00	\$0.00	100%	\$0.00	\$88.00	389
2/5/18	D0150	D0150			\$106.00	\$48.00	\$48.00	\$0.00	\$0.00	100%	\$0.00	\$48.00	389
2/5/18	D7140	D7140	1		\$221.00	\$89.00	\$89.00	\$50.00	\$0.00	90%	\$53.90	\$35.10	389
2/5/18	D7140	D7140	2		\$221.00	\$89.00	\$89.00	\$0.00	\$0.00	90%	\$8.90	\$80.10	389
2/5/18	D7140	D7140	32		\$221.00	\$89.00	\$89.00	\$0.00	\$0.00	90%	\$8.90	\$80.10	389
Claim Totals:					\$926.00	\$403.00	\$403.00	\$50.00	\$0.00		\$71.70	\$331.30	

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Total Patient Responsibility: \$71.70

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Adjustment Notice
(389) Maximum allowance based on the fee agreed to between the participating dentist and Delta Dental. Patient liability limited to the amount indicated in the Patient Pays or Patient Estimate column.

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Procedure Code Description
D0210 Intraoral - complete series of radiographic images
D0150 Comprehensive Oral Evaluation
D7140 Extraction, erupted tooth or exposed root

Payment Details
Paid To: Sample Dentist, DDS
Check No.: 00000009
Date: 02/15/2018
Amount: \$331.30

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Subscriber Appeal Procedure
Subscriber Claim Appeal Procedure
If a claim for benefits is denied either in whole or part, you or your dependents may submit a written request for reconsideration for the claim to the ERISA coordinator for Delta Dental of Missouri. Any such request should be accompanied by documents or records in support of the appeal. Appeals should be submitted within 180 days of receiving this notice. The Appeals Committee will review your request and will notify you in writing of the decision within 60 days after your appeal is received. Send your request to Delta Dental of Missouri, Appeals Committee, P.O. 8690, St. Louis, MO 63126-0690.

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Note: If you opted to receive paper EOBs, and you or your covered dependents receive subsequent services during a 21-day period, you will receive one EOB that includes all visits in that timeframe.

Delta Dental of Missouri