

How to Read an Explanation of Benefits

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1 ABC Insurance Company **2** Dental Explanation of Benefits www.abcinsurancecompany.com
 Retain for your tax records DENTAL CUSTOMER SERVICE
 PO Box 123
 Anytown, NC 12345
 555-555-5555

3 Subscriber: Name **4** ID Number xxxx5555 Page 1 of 2
 Address

5 Patient: Name Date of Birth

6 Provider: Happy Doctor, DDS Tax ID Number 12-3456789 **7** Claim Number: xxxx123
 Address **8** Date Received: 01/05/2015
 Anytown, NC 12345 **9** Date Processed: 01/10/2015

Procedure Code	Procedure Description	Date of Service	Submitted Amount	Allowed Amount	Considered Amount	Amount Not Paid	Amount Paid	Patient Responsibility	Remarks
10	11	12	13	14	15	16	17	18	
D0150	Comprehensive Oral Evaluation	01/01/2015	\$100.00	\$90.00	\$90.00	\$0.00	\$90.00	\$0.00	
D0210	Complete Series Radiographs	01/01/2015	\$135.00	\$122.00	\$0.00	\$122.00	\$0.00	\$122.00	10

Totals: Total Submitted: \$235.00
 Total Allowed: \$212.00
 Total Paid: \$ 90.00
 Total Not Paid: \$122.00

19 No payment can be made. The service performed is limited to once in a five year period per the contract.
 Thank you for choosing a PPO dental provider. This choice has resulted in a savings for you.

- 1** Dental insurance payer
- 2** Dental customer service mailing address and phone number of the payer
- 3** Subscriber/member/employee
- 4** Member ID number
- 5** Patient (subscriber or eligible family member who received the services)
- 6** Provider of service, mailing address, and tax ID number
- 7** Claim number
- 8** Date claim was received
- 9** Date claim was processed
- 10** CDT procedure code submitted
- 11** Procedure description
- 12** Date the services were performed
- 13** Total fee submitted
- 14** Fee allowed (contracted fee for the in-network provider)
- 15** Considered charge (fee allowed per the criteria of the plan)
- 16** Amount not paid
- 17** Amount paid by the plan
- 18** Amount patient owes
- 19** Message explaining why the procedure was not paid