


A Guide to your Explanation of Benefits

For more information, contact Benefit Services at 800-237-6060.

- A Payment date** - this is the date the claim was paid.
- B Doctor/facility** - this is the patient's dentist or dentist's office.
- C Network status** - this is the participating status of the dentist under the patient's plan.
- D Provider ID number** - this is the dentist's ID.
- E Subscriber name** - this is the name of the subscriber.
- F Patient name** - this is the patient's information.
- G Group** - this is group number under the plan.
- H Claim number** - this is the claim number.
- I Tooth number** - this is the tooth that was serviced, if applicable.
- J Service completion date** - this is the date service was provided to the patient.
- K Procedure description** - this is a brief description of the service.
- L Submitted amount** - this is the amount charged by the dentist.
- M Approved amount** - the amount the participating dentist agrees to accept based on their participating agreement. If the dentist is non-participating, this amount is the same as the Submitted Amount.

- N Contract allowance** - this is the amount we use to determine our payment. This payment is calculated based on the Contract Allowance. The dentist may bill the patient the difference between the Approved Amount and the Contract Allowance, in addition to deductibles and coinsurance, if applicable.



THIS IS NOT A BILL

Delta Dental of Virginia
 4818 Starkey Road, Roanoke, VA 24018-8510
 Phone: (540) 989-8000 (800) 237-6060

GO GREEN and receive your EOB online with these 4 easy steps:
 (1) Log on to Subscriber at DeltaDentalVA.com,
 (2) Click Edit Account Information,
 (3) Click Edit online communications and
 (4) Check box and save.

A		B		C		D				
PAYMENT DATE		DOCTOR/FACILITY		NETWORK STATUS		PROVIDER ID NO.				
04/19/2017		DR DONALD DENTIST DDS		PPO		ABC123456789				
E				F		G		H		
SUBSCRIBER NAME				PATIENT NAME		GROUP		CLAIM NO.		
JONATHAN DOE				JONATHAN DOE		123456789		2017ABCD		
I	J	K	L	M	N					
TOOTH NO.	SERVICE COMPLETION DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	CONTRACT ALLOWANCE	DEDUCTIBLE	DDVA COINS	PATIENT RESPONSIBILITY	DDVA PAYS	PROCESSING POLICIES
	04/13/2017	PROPHY - ADULT	96.00	78.00	.00	.00	100	78.00	.00	2 158
	04/13/2017	PERIODIC EXAM	58.00	36.00	36.00	.00	100	.00	36.00	165
	04/13/2017	BW FOUR FILM	68.00	47.00	47.00	.00	100	.00	47.00	
TOTALS			222.00	161.00	83.00			78.00	33.00	

PROCESSING POLICY EXPLANATION:
 158 Exams and cleanings are limited by this plan to 2 in 12 consecutive months. Please advise patient of responsibility for fee. Refer to the limitations section of your dental plan document.

Payment for these services is determined in accordance with the specific terms of your dental plan and the agreement(s) the dentist has with DDVA (including Delta Dental member companies). If you disagree with the benefit determination, please refer to the reverse side for your appeal rights.

JONATHAN DOE
 123 STREET NAME
 CITY, VA 24018

DDVAEOB#01.2017

MAXIMUM UTILIZED TO DATE 83.00
 DEDUCTIBLE SATISFIED TO DATE .00
 TOTAL PAYMENT 04/19/2017 83.00
PATIENT RESPONSIBILITY 78.00

This Explanation of Benefits (EOB) lists the dental services provided, the dates of services and the amount filed on your insurance claim for services provided on those dates. Please review it for accuracy. For routine claim inquiries, please contact Benefit Services at (800) 237-6060. If you believe this EOB contains misleading or false information, please contact Delta Dental of Virginia on our fraud and abuse hotline at (888) 227-6004.

Page 1 of 2

CONTINUED ON BACK

Delta Dental of Virginia | 4818 Starkey Road, Roanoke, VA 24018 | 1.800.237.6060 | DeltaDentalVA.com

A Guide to your Explanation of Benefits (continued)

O Deductible – this is the amount of covered services the patient must pay before Delta Dental pays.


P Delta Dental of Virginia co-insurance percentage – this is the percentage of the Contract Allowance that Delta Dental pays.

Q Patient responsibility – this is the amount the patient owes to the dentist, which includes deductible, patient's co-insurance and the difference in the Approved Amount and the Contract Allowance.

R Delta Dental of Virginia pays – this is amount paid to the dentist or to you. Payment is made to the member only when visiting an out-of-network dentist.

S Processing policies – this is the code that was used in processing the service.

T Processing policy explanation – this is an explanation of the processing policy codes.



THIS IS NOT A BILL

Delta Dental of Virginia
 4818 Starkey Road, Roanoke, VA 24018-8510
 Phone: (540) 989-8000 (800) 237-6060

EXPLANATION OF BENEFITS

GO GREEN and receive your EOB online with these 4 easy steps:
 (1) Log on to Subscriber at DeltaDentalVA.com.
 (2) Click Edit Account Information.
 (3) Click Edit online communications and
 (4) Check box and save.

PAYMENT DATE		DOCTOR/FACILITY	NETWORK STATUS	PROVIDER ID NO.						
04/19/2017		DR DONALD DENTIST DDS	PPO	ABC123456789						
SUBSCRIBER NAME		PATIENT NAME	GROUP	CLAIM NO.						
JONATHAN DOE		JONATHAN DOE	123456789	2017ABCD						
TOOTH NO.	SERVICE COMPLETION DATE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	APPROVED AMOUNT	CONTRACT ALLOWANCE	O DEDUCTIBLE	P DDVA COINS	Q PATIENT RESPONSIBILITY	R DDVA PAYS	S PROCESSING POLICIES
	04/13/2017	PROPHY - ADULT	96.00	78.00	.00	.00	100	78.00	.00	2 158
	04/13/2017	PERIODIC EXAM	58.00	36.00	36.00	.00	100	.00	36.00	165
	04/13/2017	BW FOUR FILM	68.00	47.00	47.00	.00	100	.00	47.00	
TOTALS			222.00	161.00	83.00			78.00	83.00	

T PROCESSING POLICY EXPLANATION:
 158 Exams and cleanings are limited by this plan to 2 in 12 consecutive months. Please advise patient of responsibility for fee. Refer to the limitations section of your dental plan document.

Payment for these services is determined in accordance with the specific terms of your dental plan and the agreement(s) the dentist has with DDVA (including Delta Dental member companies). If you disagree with the benefit determination, please refer to the reverse side for your appeal rights.

JONATHAN DOE
 123 STREET NAME
 CITY, VA 24018

DDVAEOB#01.2017

MAXIMUM UTILIZED TO DATE	83.00
DEDUCTIBLE SATISFIED TO DATE	.00
TOTAL PAYMENT 04/19/2017	83.00
PATIENT RESPONSIBILITY	78.00

This Explanation of Benefits (EOB) lists the dental services provided, the dates of services and the amount filed on your insurance claim for services provided on those dates. Please review it for accuracy. For routine claim inquiries, please contact Benefit Services at (800) 237-6060. If you believe this EOB contains misleading or false information, please contact Delta Dental of Virginia on our fraud and abuse hotline at (888) 227-6004.

Page 1 of 2