



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: NAME

Business/Dentist: FAMILY DENTISTRY

Date of Birth: XX/XX/XXXX

License No.: XXXXX / MI (NPI: XXXXX)

Relationship: SUBSCRIBER

Check No.: XXXXX

Subscriber: NAME

Issue Date: 09/02/2021

Patient Acct: XXXXXXXX

Receipt Date: 09/01/2021

Claim No.: XXXXXXX



Pursuant to recent Department of Labor regulations, you may have additional time to file an appeal due to the Covid-19 pandemic. Please see Member Portal for further details. If you haven't already created a Member Portal account, you can do so at www.memberportal.com.

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay /Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF MICHIGAN						PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)					
CLIENT/ID: XXXX COMPANY NAME											
SUBCLIENT: 0001											
NETWORK: PPO DENTIST											
OTHER CARRIER: UNUM	OTHER CARRIER PAYMENT AMOUNT:										
08/30/21 ORAL EXAM	83.00	53.00	30.00	53.00			100%	53.00	0.00	P	
08/30/21 XRAYS	150.00	87.00	63.00	87.00			100%	87.00	0.00	P	
Total	233.00	140.00	93.00	140.00			0.00		140.00	0.00	

GENERAL MAXIMUM USED TO DATE: 140.00



DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085

Important Plan Information

www.deltadentalmi.com

FOR INQUIRIES: 800-524-0149 (TTY users call 711)



NAME
Address
GRAND HAVEN, MI 49417

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists. For inquiries regarding participating dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

Resolving concerns: Please call 800-524-0149 or go to deltadentalmi.com/help and click on "contact us." If you are not happy with our response, you or your representative can file an appeal by following these steps:

File an appeal for Delta Dental review. If your claim was denied in whole or in part so that you must pay some amount of the claim, upon written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. Your written request for an internal review must be received within 180 days of your receipt of this EOB. With your written request for internal review, you may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request, or within a shorter time period if required by law. External review by DIFS. You may also be eligible to request an external review if you have completed the internal review process or Delta Dental fails to complete the internal review process within the allowable time. Within 127 days of your receipt of a final adverse determination, you may submit a request for external review to the Michigan Department of Insurance and Financial Services (DIFS), P.O. Box 30220, Lansing, MI 48909-7720. For questions about your external review rights, you may contact 877-999-6442, visit <https://difs.state.mi.us/Complaints/ExternalReview.aspx>, or write to DIFS/Michigan Health Insurance Consumer Assistance Program, P.O. Box 30220, Lansing, MI 48909.

Your privacy is important to us. To access our HIPAA Notice of Privacy Practices or our Gramm-Leach-Bliley Privacy Notice, log onto our website and select the "HIPAA" or "GLB Privacy" link from the home page, or call our Customer Service department to request a written copy.

ANTI-FRAUD TOLL-FREE HOTLINE: (800) 524-0147

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

Patient Copy