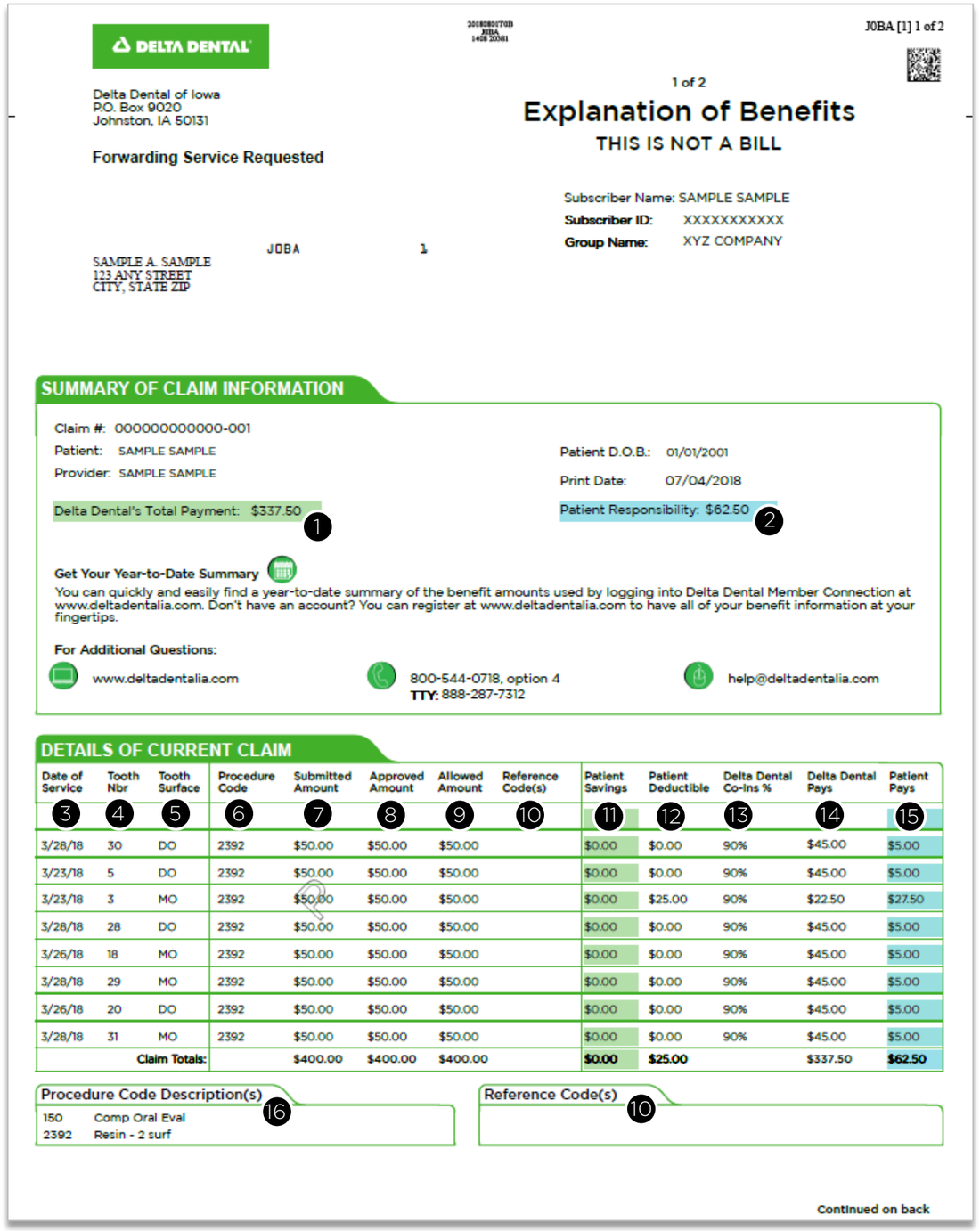
How to Read the Delta Dental of Iowa Explanation of Benefits (EOB) Form

1	**Delta Dental's Total Payment**	The total amount Delta Dental paid.
2	**Patient Responsibility**	The total amount the patient is responsible for.
3	**Date of Service**	The date the procedure was completed.
4	**Tooth Nbr**	The tooth or area that was treated.
5	**Tooth Surface**	The tooth surface or quadrant that was treated.
6	**Procedure Code**	The procedure code that identifies the treatment requested or completed.
7	**Submitted Amount**	The amount billed by the dentist.
8	**Approved Amount**	The amount the dentist has agreed to accept as full payment for a service. For participating network dentists, the Approved Amount is the lesser of the Submitted Amount or the applicable maximum plan allowance/negotiated amount.
9	**Allowed Amount**	The amount that Delta Dental uses to calculate payment responsibility under the terms of the patient's dental benefits.
10	**Reference Code(s)**	Explanatory statements applicable to claims processing, benefit coverage and/or processing policy.
11	**Patient Savings**	The difference, if any, between the Submitted Amount and the Approved Amount. This is the amount participating network dentists shall not bill to the Delta Dental plan member.
12	**Patient Deductible**	The deductible is the amount the patient must pay before benefits begin. If the procedure is subject to a deductible, this column will indicate the amount that has been subtracted from the Allowed Amount before calculating Delta Dental's payment and the Patient's Payment.
13	**Delta Dental Co-Ins %**	The portion of the Allowed Amount Delta Dental will pay, up to the patient's plan maximum.
14	**Delta Dental Pays**	The amount Delta Dental paid.
15	**Patient Pays**	The amount the patient is responsible for paying under the terms of the Delta Dental plan benefits. If the procedure is subject to a deductible, the Patient Payment includes the amount from the Deductible Applied column. Except in certain circumstances involving coordination of benefits with another plan, a Delta Dental participating network dentist may only bill the patient for this amount.
16	**Procedure Code Description(s)**	A description of the procedure requested or completed.



DELTA DENTAL

JOBA [1] 1 of 2

Delta Dental of Iowa
P.O. Box 9020
Johnston, IA 50131

Forwarding Service Requested

1 of 2

Explanation of Benefits

THIS IS NOT A BILL

Subscriber Name: SAMPLE SAMPLE
Subscriber ID: XXXXXXXXXXX
Group Name: XYZ COMPANY

JOBA 1

SAMPLE A. SAMPLE
123 ANY STREET
CITY, STATE ZIP

SUMMARY OF CLAIM INFORMATION

Claim #: 000000000000-001
Patient: SAMPLE SAMPLE
Provider: SAMPLE SAMPLE

Patient D.O.B.: 01/01/2001
Print Date: 07/04/2018

Delta Dental's Total Payment: $337.50 (1)

Patient Responsibility: $62.50 (2)

Get Your Year-to-Date Summary
You can quickly and easily find a year-to-date summary of the benefit amounts used by logging into Delta Dental Member Connection at www.deltadentalia.com. Don't have an account? You can register at www.deltadentalia.com to have all of your benefit information at your fingertips.

For Additional Questions:
www.deltadentalia.com | 800-544-0718, option 4 **TTY:** 888-287-7312 | help@deltadentalia.com

DETAILS OF CURRENT CLAIM

Date of Service (3)	Tooth Nbr (4)	Tooth Surface (5)	Procedure Code (6)	Submitted Amount (7)	Approved Amount (8)	Allowed Amount (9)	Reference Code(s) (10)	Patient Savings (11)	Patient Deductible (12)	Delta Dental Co-Ins % (13)	Delta Dental Pays (14)	Patient Pays (15)
3/28/18	30	DO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/23/18	5	DO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/23/18	3	MO	2392	$50.00	$50.00	$50.00		$0.00	$25.00	90%	$22.50	$27.50
3/28/18	28	DO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/26/18	18	MO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/28/18	29	MO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/26/18	20	DO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
3/28/18	31	MO	2392	$50.00	$50.00	$50.00		$0.00	$0.00	90%	$45.00	$5.00
		Claim Totals:		$400.00	$400.00	$400.00		**$0.00**	**$25.00**		$337.50	**$62.50**

Procedure Code Description(s) (16)

150 Comp Oral Eval
2392 Resin - 2 surf

Reference Code(s) (10)

Continued on back

DELTA DENTAL®

Required Federal Notice-Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination notice go to www.deltadentalia.com/nondiscrimination.

Delta Dental of Iowa provides free language services to people whose primary language is not English. In addition, Delta Dental provides free services for people with disabilities such as auxiliary aids, written communication in other formats such as large print, audio or other formats. If you need these services, call 1-800-544-0718 x0, hearing impaired (TYY) call 1-888-287-7312.

Language Access Service

If you, or someone you're helping, has questions about Delta Dental of Iowa, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-544-0718 x0.

Arabic –

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Delta Dental of Iowa، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-544-0718 x0.

Chinese – 如果您，或是您正在協助的對象，有關於 Delta Dental of Iowa 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請致電 1-800-544-0718 x0

French – Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Delta Dental of Iowa, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-544-0718 x0.

German – Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Iowa haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-544-0718 x0 an.

Hindi – यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के Delta Dental of Iowa के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिए से बात करने के लिए 1-800-544-0718 x0 पर कॉल करें।

Karen – နၢ, မ့တမ့ၢ် ပှၤတဂၤဂၤလၢနမၢစၢၤအိၢ,
မ့ၢ်အိဉ်ဒီး တၢ်သံကွၢ်တဖဉ်ဘဉ်ယးဒီးDelta Dental of Iowa နှဉ်,နအိဉ်ဒီး တၢ်ခွဲးတၢ်ယာ်လၢနကဒီးန့ၢ်ဘဉ်တၢ်မၤစၢၤဒီး တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ နကျိာ်ဒဉ် နဲလၢ တလိဉ်ဟ့ဉ်ဇဟူၤဘဉ်နှဉ်လီၤ. လၢနက
ကတိၤတၢ်ဒီး ပှၤကတိၤကျိာ်ထံတၢ်ဇဂီၢ်, ကိး1-800-544-0718 x0တက့ၢ်.

Korean – 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Iowa에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-544-0718 x0로 전화하십시오.

Laotian – ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-544-0718 x0.

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Delta Dental of Iowa, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-544-0718 x0 uffrufe.

Russian – Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Iowa, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-544-0718 x0.

Serbo-Croatian – Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Delta Dental of Iowa, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-800-544-0718 x0.

Spanish – Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Iowa, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-544-0718 x0.

Tagalog – Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Delta Dental of Iowa, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-544-0718 x0.

Thai – หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 1-800-544-0718 x0

Vietnamese – Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Iowa, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-544-0718 x0.