DELTA DENTAL

Nkag siab txog koj qhov lus qhia txog cov txiaj ntsig (Explanation of Benefits, EOB)

Tom qab taug kev mus ntsib tus kws kho hniav lub chaw hauj lwm, koj tuaj yeem tau txais EOB los ntawm Delta Dental piav qhia txog cov txheej txheem ua tiav thiab duav rooss qhov twg los ntawm koj txoj phiaj xwm kho hniav.

1. Tshooj lus no muaj cov ntaub ntawv txheej qhia tus kheej txog tus neeg sau npe soj raws thiab tus neeg mob, uas koj yuav tsum tau kuaj xyuas cov xwm txheej thov los sis los qhov tawm tsam rau kev thov.

2. Daim Ntawv Piav Qhia Txheej Txheem piav qhia txog cov kev pab cuam tau txais ntawm tus kws kho hniav lub chaw ua hauj lwm.

3. Tus Nqi Uas Xa yog tus nqi uas tus kws kho hniav tsub nqi rau cov kev pab cuam.

4. Tus Nqi Tso Cai qhia txog Delta Dental tus nqi raws daim ntawv cog lus rau txhua qhov kev kho.

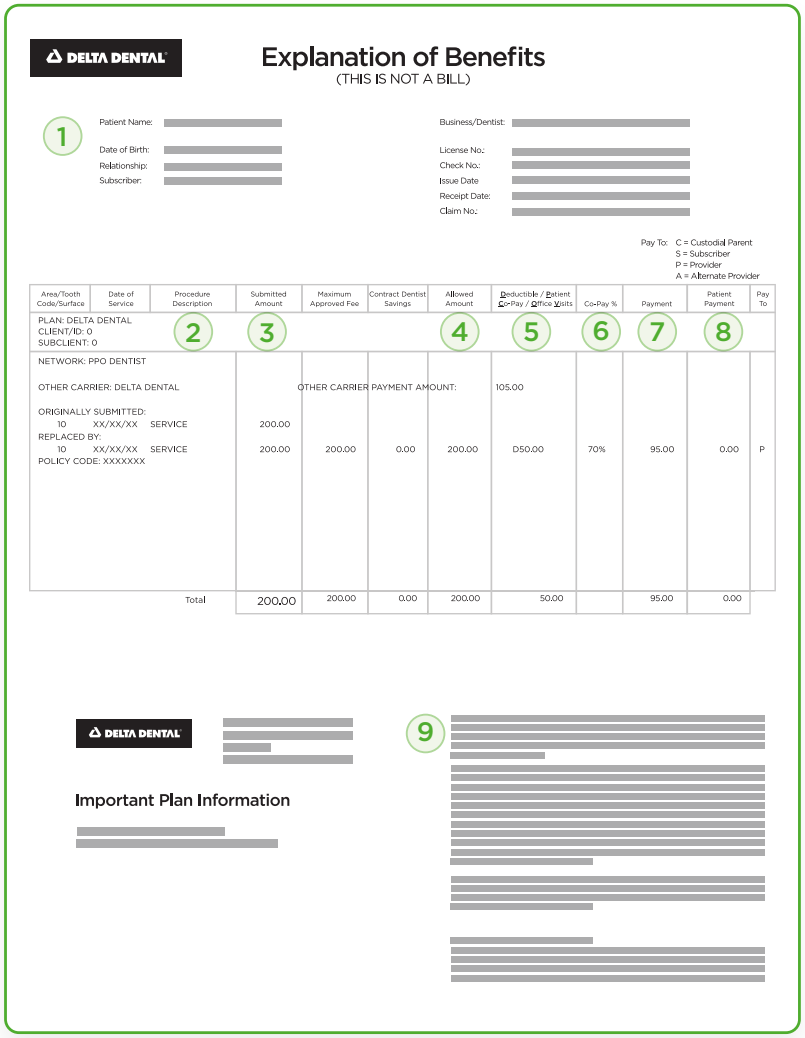
5. Yog tias koj muaj cov txheej txheem kev kho uas tsis tau txais kev duav roos tag nrho los ntawm Delta Dental, Qhov Txiav Tawm yog tus nqi siv rau kev pab cuam. Koj yuav tsum them tus nqi txiav tawm ua ntej Delta Dental nqa nws feem them nyiaj.

6. Kev Sib Koom Them txheeb qhia qhov feem pua ntawm txoj phiaj xwm yuav them rau ib tus txheej txheem kev kho.

7. Kev Them Nyiaj yog qhov nyiaj uas Delta Dental tau them rau koj tus kws kho hniav rau cov kev pab cuam.

8. Kev Them Nyiaj Ntawm Tus Neeg Mob yog tus nqi uas tus neeg mob tshuav tsis tau them rau tus kws kho hniav. Koj tus kws kho hniav yuav tsum tsis txhob sau nqi rau koj ntau tshaj qhov nyiaj no.

9. Nqe no suav nrog cov ntsiab lus ntxaws hais txog txheej txheem rov txiav txim dua.



DELTA DENTAL

Explanation of Benefits
(THIS IS NOT A BILL)

1 Patient Name:
Date of Birth:
Relationship:
Subscriber:

Business/Dentist:
License No.:
Check No.:
Issue Date
Receipt Date:
Claim No.:

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 CLIENT/ID: 0 SUBCLIENT: 0		2	3			4	5	6	7	8	
NETWORK: PPO DENTIST											
OTHER CARRIER: DELTA DENTAL				OTHER CARRIER PAYMENT AMOUNT:			105.00				
ORIGINALLY SUBMITTED:											
10	XX/XX/XX	SERVICE	200.00								
REPLACED BY:											
10	XX/XX/XX	SERVICE	200.00	200.00	0.00	200.00	D50.00	70%	95.00	0.00	P
POLICY CODE: XXXXXXX											
		Total	200.00	200.00	0.00	200.00	50.00		95.00	0.00	

DELTA DENTAL

Important Plan Information

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**Qee qhov EOB yuav muaj cov lus qhia ntxiv los pab cov neeg mob nkag siab txog tias vim li cas thiaj tsos them rau qhov txheej txheem kev kho.*

The Power of Smile™
Kawm paub ntxiv txog seb koj qhov kev nojqab haus huv ntawm qhov ncauj txuas rau koj qhov kev noj qab haus huv tag nrho ntawm:
Blog.DeltaDentalMN.org

DELTA DENTAL
Delta Dental of Minnesota

© 2026 Delta Dental of Minnesota thiab nws cov chaw hauj lwm koom tes. Txhua txoj cai raug zwm tseg lawm.
Delta Dental of Minnesota yog ib daim ntawv tso cai ntawm Delta Dental Plans Association of Chicago, Illinois.
DDMN.3.2.26