DELTA DENTAL®

Fahamida sharaxaadda dheefahaaga (EOB)

Kadib markaad tagto xafiiska dhakhtarka ilkaha, waxaa laga yaabaa inaad Sharaxaadda Dheefaha (EOB) ka hesho Delta Dental kaasi oo sharraxaya habraacyada aad martay iyo kuwa uu bixiyo qorshahaaga ilkaha.

1. Qaybtan waxay ka kooban tahay macluumaadka aqoonsiga macmiilka iyo bukaanka, kuwaasi oo aad u baahan doonto si aad u hubiso xaaladda qaansheegashada ama dood uga keento qaansheegashada.

2. Sharaxaadda Habraaca ayaa sharraxaysa adeegyada laga helo xafiiska dhakhtarka ilkaha.

3. Qaddarta La Gudbiyay waa caddada uu dhakhtarka ilkuhu ku soo dalacayo adeegyada.

4. Qaddarta La Oggolaaday waxay muujinaysaa khidmadaha qandaraas ee Delta Dental ee habraac kasta.

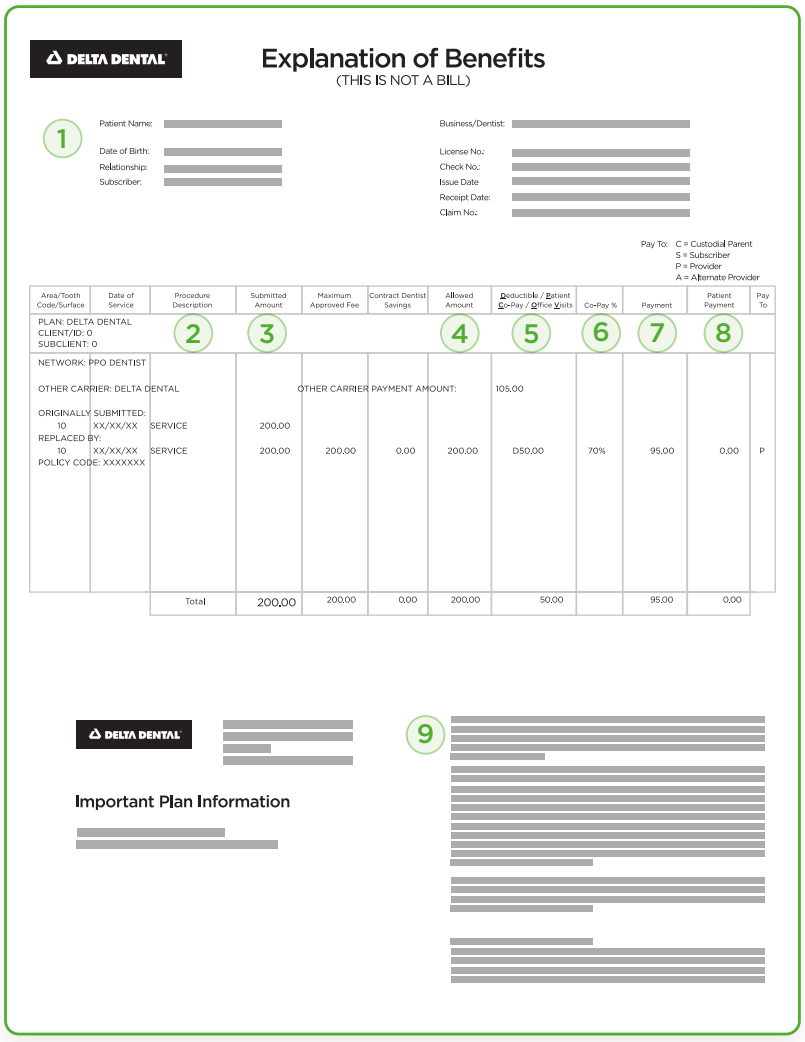
5. Haddii aad marayso habraac ay si buuxda u daboolin Delta Dental, Khidmada Go'an waa qaddarta lagu dabaqay adeegga. Waa inaad bixisaa khidmadda go'an kahor inta aysan Delta Dental xulan qaybteeda.

6. Co-Pay ayaa aqoonsata boqolleyda qorshuhu ka bixinl doono habraac kasta.

7. Lacag-bixintu waa caddada ay Delta Dental siisay dhakhtarkaaga ilkaha ee adeegyada la bixiyay.

8. Lacagaha Bukaanka waa caddada uu dhakhtarka ilkaha ku leeyahay bukaanka. Dhakhtarkaaga ilkuhu waa in uusan kugu soo dalacin wax ka badan caddadan.

9. Qeybtan waxaa ku jira tafaasiil ku saabsan geedi-socodka racfaanka.



DELTA DENTAL

Explanation of Benefits
(THIS IS NOT A BILL)

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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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*Sharaxaadaha Dheefaha (EOB-yada) qaarkood ayaa lahaan doona farriimo dheeraad ah si looga caawiyo bukaanadu inay fahmaan sababta habraaca loo samayn waayay.

The Power of Smile™
Xog dheeraad ah ka baro qaabka caafimaadka afkaaguuu ugu xiran yahay caafimaadkaaga guud ahaaneed adigoo adeegsanaya:
Blog.DeltaDentalMN.org

DELTA DENTAL®
Delta Dental of Minnesota

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Delta Dental of Minnesota waa jamciyad ruqsad haysata oo ka tirsan Delta Dental Plans Association ee ku taal Chicago, Illinois.
DDMN.3.2.26