



# Understanding Your Explanation of Benefits (EOB)

After a trip to the dentist's office, you may receive an EOB from Delta Dental explaining the procedures performed and what is covered by your dental plan.

- A. This section contains subscriber and patient identification information, which you'll need to check on a claims status or to dispute a claim.
- B. The **Procedure Description** explains the services received at the dentist's office.
- C. **Submitted Amount** is the amount the dentist charged for the services.
- D. **Amount Allowed** shows Delta Dental's contracted fees for each procedure.
- E. If you have a procedure that is not completely covered by Delta Dental, the **Deductible** is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab.
- F. **Co-Pay** identifies the percentage the plan will cover per procedure.
- G. **Payment** is the amount Delta Dental paid your dentist for services rendered.
- H. **Patient Payment** is the amount the patient owes the dentist. Your dentist should not bill you more than this amount.
- I. This section includes details about the appeals process.

# Explanation of Benefits

(THIS IS NOT A BILL)

A

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Subscriber: \_\_\_\_\_

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

Play 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 Visit	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL CLIENT ID: O SUBCLIENT: O	B	C				D	E	F	G	H	
NETWORK: IPO DENTIST											
OTHER CARRIER: DELTA DENTAL							105.00				
ORIGINALLY SUBMITTED: 10 XX/XX/XX REPLACED BY: 10 XX/XX/XX POLICY CODE: XXXXXXXX		SERVICE  SERVICE	200.00  200.00		200.00	0.00	200.00	50.00	70%	95.00	0.00 P
Total			200.00	200.00	0.00	200.00	50.00		95.00	0.00	

I

## Important Plan Information

*\*Some EOBs will have additional messages to help patients understand why a procedure wasn't paid.*



**The Power of Smile™**  
Learn more about how your oral health  
connects to your overall health at:  
**DeltaDentalMN.org/usbank**



Delta Dental of Minnesota