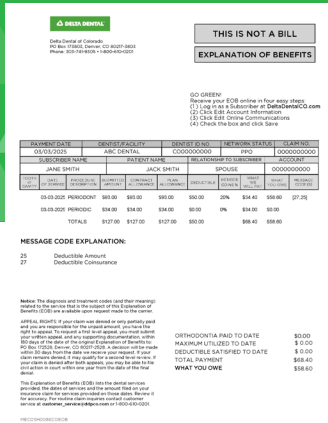


Delta Dental of Colorado

Understanding Your EOB



Each time a Delta Dental member visits their dental provider, they receive an Explanation of Benefits (EOB) following the visit. This document is NOT a bill. Rather, it provides a breakdown of your dental benefits and the treatment you received. If you're having trouble understanding your EOB, use the guide below.

THIS IS NOT A BILL

1 Delta Dental of Colorado
PO Box 173803, Denver, CO 80217-3803
Phone: 303-741-9305 • 1-800-610-0201

EXPLANATION OF BENEFITS

GO GREEN!
Receive your EOB online in four easy steps:
(1) Log in as a Subscriber at DeltaDentalCO.com
(2) Click Edit Account Information
(3) Click Edit Online Communications
(4) Check the box and click Save

PAYMENT DATE		DENTIST/FACILITY		DENTIST ID NO.		NETWORK STATUS		CLAIM NO.		
03/03/2025		ABC DENTAL		C000000000		PPO		0000000000		
SUBSCRIBER NAME			PATIENT NAME		RELATIONSHIP TO SUBSCRIBER		ACCOUNT			
JANE SMITH			JACK SMITH		S		00000000			
TOOTH OF CAVITY	DATE OF SERVICE	PROCEDURE DESCRIPTION	SUBMITTED AMOUNT	CONTRACT ALLOWANCE	PLAN ALLOWANCE	DEDUCTIBLE	NUMBER OF COINS %	WHAT WE WILL PAY	WHAT YOU OWE	MESSAGE CODE(S)
	03-03-2025	PERIODONT	\$93.00	\$93.00	\$93.00	\$50.00	20%	\$34.40	\$58.60	[27,25]
	03-03-2025	PERIODIC	\$34.00	\$34.00	\$34.00	\$0.00	0%	\$34.00	\$0.00	
TOTALS			\$127.00	\$127.00	\$127.00	\$50.00		\$68.40	\$58.60	

MESSAGE CODE EXPLANATION:

25 Deductible Amount
27 Deductible Coinsurance

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this Explanation of Benefits (EOB) are available upon request made to the carrier.

APPEAL RIGHTS: If your claim was denied or only partially paid and you are responsible for the unpaid amount, you have the right to appeal. To request a first level appeal, you must submit your written appeal, and any supporting documentation, within 180 days of the date of the original Explanation of Benefits to: PO Box 172528, Denver, CO 80217-2528. A decision will be made within 30 days from the date we receive your request. If your claim remains denied, it may qualify for a second level review. If your claim is denied after both appeals, you may be able to file civil action in court within one year from the date of the final denial.

This Explanation of Benefits (EOB) lists the dental services provided, the dates of services and the amount filed on your insurance claim for services provided on those dates. Review it for accuracy. For routine claim inquiries contact customer service at customer_service@dtpco.com or 1-800-610-0201.

ORTHODONTIA PAID TO DATE only appears if ortho benefits are being used.

ORTHODONTIA PAID TO DATE	\$0.00
MAXIMUM UTILIZED TO DATE	\$ 0.00
DEDUCTIBLE SATISFIED TO DATE	\$ 0.00
TOTAL PAYMENT	\$68.40
WHAT YOU OWE	\$58.60

1. Mailing address and phone number for Delta Dental of Colorado customer service.
2. Date the claim was paid, dentist/facility that provided the services, provider ID number, and Delta Dental network.
3. Name of subscriber, patient receiving dental services, subscriber's group number, and the claim number assigned to claim when it was received.
4. Date of service, service(s) performed, and the charges submitted by the provider.
5. The contract and plan allowance amount, based on the provider's network participation and the subscriber's benefit plan, and the amount the subscriber must pay toward the deductible prior to Delta Dental paying benefits.
6. The percentage that the plan covers that Delta Dental will pay toward your benefits, based on the plan allowance amount.
7. The dollar amount(s) to be paid by Delta Dental and by the subscriber, based on the contract and plan allowance.
8. Message codes, with the explanation below.
9. A summary of the benefit maximum used to date, the amount of deductible satisfied, the total payment by Delta Dental to the provider, and the subscriber's share of the charges.