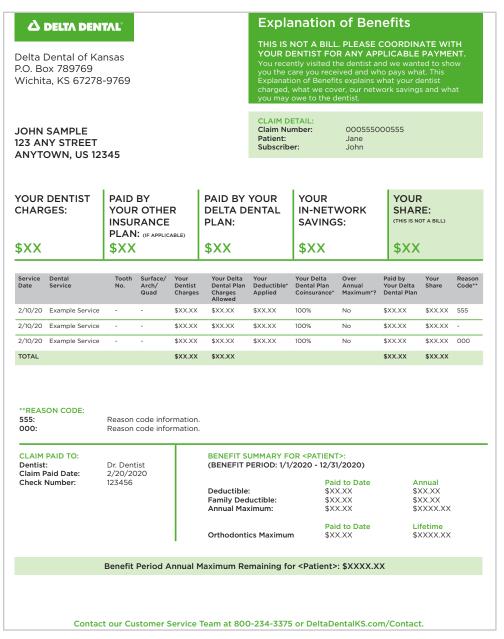


# **Redesigned Explanation of Benefits**

New Explanation of Benefits example:





### Old Explanation of Benefits example

### △ DELIA DENTAL

## EXPLANATION OF BENEFITS (This is not a bill)

Delta Dental of Kansas P.O. Box 789769 Wichita. KS 67278-9769

> CHECK NO. 00000 DATE OF ISSUE 06/02/20XX

JOHN Q. SAMPLE 123 ANY STREET ANYTOWN, US 12345



DENTIST LICENSE 00000

PATIENT ■ JOH	ΗN				PRO	VIDI	ER 🔳 DR	. DENTA	L PROVI	DER		
TOOTH ARCH NO.OR SURFACE DESCRIPT LETTER QUAD	TON OF SERVICE DATE OF SERVICE	BILLED TPUOMA	MAXIMUM ALLOWABLE	PAY CODE	CONTRACT ALLOWED		DEDUCTIBLE OR OVER MAXIMUM	COPAY%	OTHER INSURANCE (COB)	PATIENT BALANCE	DELTA DENTAL PAYMENT	REF CODE
CLAIM	4: 1-0000-000-0											
PERIOD	IC EXAM 06/02/X	\$XX.XX	\$XX.XX	В	\$XX.XX		.00	100	.00	.00	\$XX.XX	
4 BITEW	TNG XRAY 06/02/X2	\$XX.XX	\$XX.XX	В	\$XX.XX		.00	100	.00	.00	\$XX.XX	
CLEANI	NG-ADULT 06/02/X	SXX.XX	\$XX.XX	В	\$XX.XX		.00	100	.00	.00	\$XX.XX	
	AR STARTING 1/01/20XX		TO DATE						TOTALS:	.00.	\$XXX.XX	

\*\* PAYMENT CODES \*\*

B = PAYMENT BASED ON DELTA DENTAL'S MAXIMUM PLAN ALLOWANCE.

.00 OF 50.00 ANNUAL DEDUCTIBLE MET TO DATE

PAYMENT FOR SERVICES IS DETERMINED IN ACCORDANCE WITH THE SPECIFIC TERMS OF THE MEMBER'S DENTAL PLAN OR OF DELTA DENTAL'S AGREEMENTS WITH DELTA DENTAL PARTICIPATING DENTISTS.

#### FRAUD & ABUSE HOTLINE:

To report any suspected fraud or abuse contact us at (316) 462-3343 or (877) 264-9381 or email us at reportfraud@deltadentalks.com.

Questions? Contact Delta Dental of Kansas' customer service staff at (316) 264-1099 or (800) 234-3375. Or send us an email containing the subscriber's name, date of service, subscriber number and question to moreinfo@deltadentalks.com Visit the Subscriber Connection at www.deltadentalks.com to retrieve claims information, view benefits/eligibility, print an ID eard, estimate your flexible spending account or download a Sonicare Electric Toothbrush Rebate form.

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