Sample EOB

- Dental Insurance Carrier
- Customer Service mailing address

Member's name

- 4 The person who received services
- The name of the provider (including provider number) who performed the services
- 6 Member identification number

Number assigned to the claim

Date EOB was printed

- Description of service and procedure code
- 10 Date services were performed
- 1 Amount billed by the provider for each service
- Amount allowed by your coverage for each service
- Benefits paid based on your coverage
- Portion of the bill not covered by your plan. (This can include coinsurance, deductible, copayment amounts or amounts not covered by your plan)
- (A footnoted explanation indicates the reason)
- 16 Member name and address
- Toll-free customer service number

Note: Not all EOB's are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductibles and copayment amounts vary. **O** UNITED CONCORDIA

DENTAL EXPLANATION OF BENEFITS

KEEP FOR YOUR TAX RECORDS

DENTAL CUSTOMER SERVICE P.O. BOX 69420 HARRISBURG PA 17106-9420 www.ucci.com

3 Subscriber:

Name

6 ID Number: XXXXX9999

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4 Patient:

Name

7 Claim number: 45999999999

12/12/04 Date: 12/12/04

6 Provider:

George Mann DMD

(000999999)

PROCEDURE DESCRIPTION Procedure Code (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	SERVICE DATE(S)	PROVIDER'S CHARGE	2 ALLOWANCE	MOUNT PAID	AMOUNT NOT PAID	REMARKS
COMPLETE INTRAORAL (001) SERIES D0210	12/01/04	67.00	.00	.00	67.00*	X9456
COMPREHENSIVE (001) EVALUATION D0150	12/01/04	32.00	32.00	32.00	.00	
	TOTALS	99.00	32.00	32.00	67.00	

X9456 No payment can be made. The reported service is limited to one in a 5 year period.

The Provider has been paid the amount shown in the AMOUNT PAID column.

V

HAVE A QUESTION?

PLEASE CALL 1-800-332-0366
Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment is available at 1-800-345-3837.

THIS IS NOT A BILL

Name Street City, St Zip

^{*} Depending on the terms of your coverage, you may be held responsible to the provider for the amounts in the AMOUNT NOT PAID column. These amounts are indicated with an (*) asterisk.