Explanation of Benefits Statement

An Explanation of Benefits (EOB) Statement is a notification form sent to members every time a dental claim is processed by United Concordia. The EOB displays the expenses submitted by the provider and how the claim was processed.

The EOB has four major sections:

Claim information includes the member and patient name, ID number and the specific claim number and identifies the dental care facility or provider.

Service and Coverage Information identifies dates of services and charges and shows what was paid, what discounts and deductions apply and what part of the total expense was not covered.

Explanations may be included to provide additional information after the above sections. For example, if a claim is not paid in full, the EOB notes what benefit limitations or exclusions apply.

Patient Summary is found on the reverse side of the EOB (not pictured). It details the benefit period, the amount applied to the individual program dollar maximum and the group number.

Your EOB statement is an important record of dental services as well as benefit coverage. It's a good idea to keep your EOBs, in case questions arise later about how a particular claim was processed.

Claim information is also available online! Visit **www.unitedconcordia.com** and log in to My Dental Benefits. You'll have quick, convenient and confidential access to dental claims payment and eligibility information.

This sample EOB in this brochure is intended only as a general guide. Your EOB may differ, depending on your benefit plan and services provided.

Understanding Your EOB

A Guide to Reading Your Explanation of Benefits Statement

UNITED CONCORDIA®

Insuring America's Dental Health

Sample EOB

1 Dental Insurance Carrier

2 Customer Service mailing address

3 Member's name

4 The person who received services

5 The name of the provider (including provider number) who performed the services

6 Member identification number

7 Number assigned to the claim

8 Date EOB was printed

9 Description of service and procedure code

10 Date services were performed

11 Amount billed by the provider for each service

12 Amount allowed by your coverage for each service

13 Benefits paid based on your coverage

14 Portion of the bill not covered by your plan. (This can include coinsurance, deductible, copayment amounts or amounts not covered by your plan)

15 Indicates an additional message explaining billing (A footnoted explanation indicates the reason)

16 Member name and address

17 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.

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1 UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

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

3 Subscriber: Name

6 ID Number: XXXXX9999

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4 Patient: Name

7 Claim number: 45999999999

8 Date: 06/12/09

5 Provider: George Mann DMD
(000999999)

9 PROCEDURE DESCRIPTION Procedure Code (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	10 SERVICE DATE(S)	11 PROVIDER'S CHARGE	12 ALLOWANCE	13 AMOUNT PAID	14 AMOUNT NOT PAID	15 REMARKS
COMPLETE INTRAORAL (001) SERIES D0210	06/01/09	67.00	.00	.00	67.00*	X9456
COMPREHENSIVE (001) EVALUATION D0150	06/01/09	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.

* 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.

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

16 Name
Street
City, St Zip

17 **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