



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: MR JOHN DOE

Business/Dentist: THE DOCTOR'S OFFICE

Date of Birth: xx/xx/xxxx

License No.: 0000 / FL

Relationship: SUBSCRIBER

Check No.:

Subscriber: MR JOHN DOE

Issue Date: 03/31/2025

Receipt Date: 03/26/2025

Subscriber ID: xxxxx1919

Claim No.: 2503265472954

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF MICHIGAN CLIENT/ID: 9998 ABC TOOLKIT COMPANY SUBCLIENT: 0002 TOOLKIT TESTING TWO			PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)								
NETWORK: NONE											
	01/01/25	D1110	0.00	0.00	0.00	0.00			0.00	0.00	P
POLICY CODE: AP15013											
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.											
AP15013 - THE PROVIDER DID NOT SUBMIT OR CHARGE A FEE FOR THIS SERVICE, SO NO PAYMENT IS DUE BY THIS PLAN OR THE PATIENT.											
Total			0.00	0.00	0.00	0.00	0.00		0.00	0.00	



DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085



www.deltadentalmi.com
FOR INQUIRIES: 800-524-0149

THE DOCTOR'S OFFICE
9876 DOCTOR STREET
CITY, FL 32712

Payment for these services is determined in accordance with the specific terms of the member's dental plan and/or Delta Dental's agreements with its contracting dentists.

ANTI-FRAUD TOLL FREE NUMBER 800-524-0147

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.