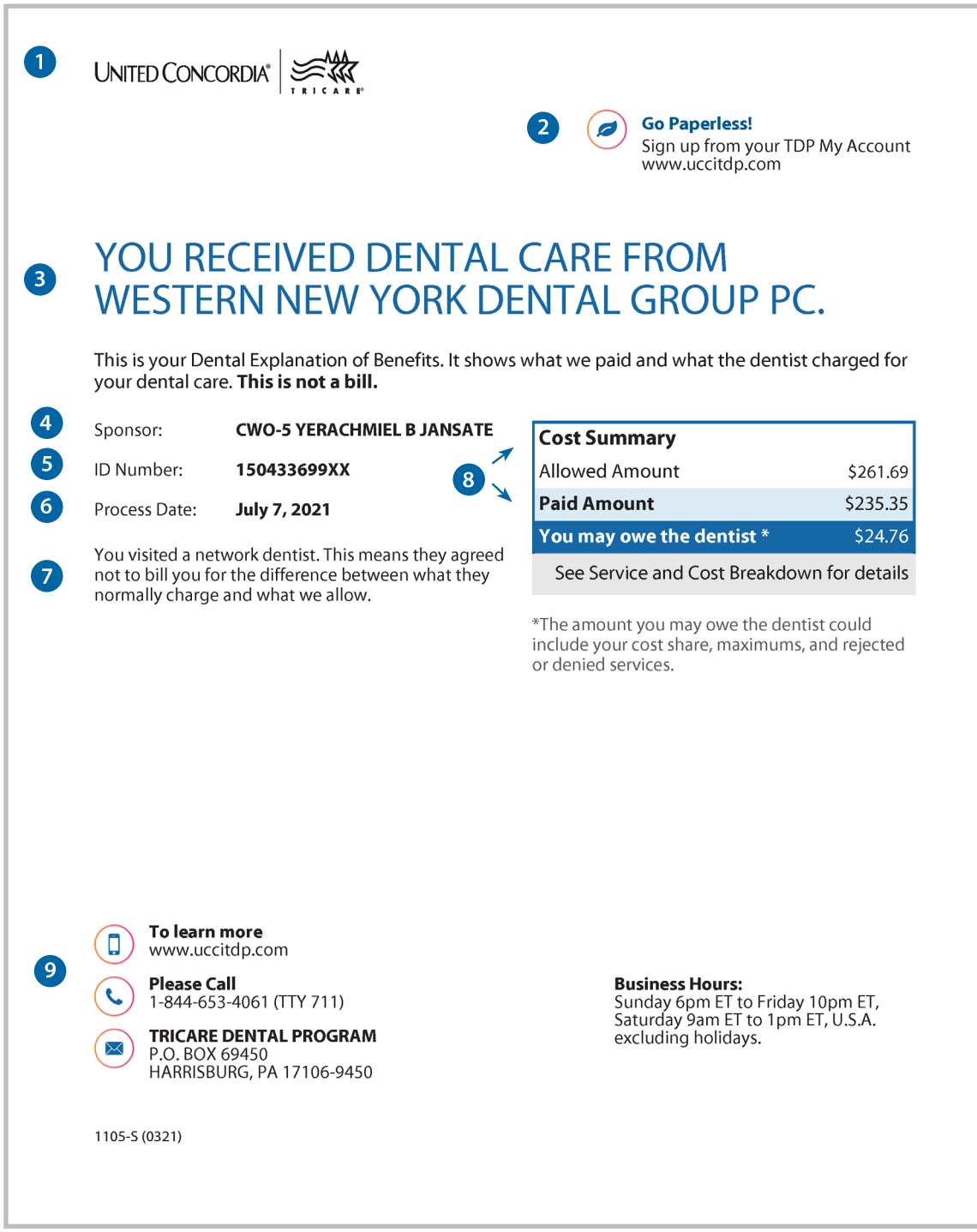
A Guide to Understanding Your Dental Explanation of Benefits (DEOB)

Page 1

1. Dental insurance carrier
2. Reminder to go paperless
3. Name dentist providing services
4. Name of person whose name is on the dental insurance
5. Patient's ID number
6. Date the DEOB was processed
7. Notice if dentist is in or out of network
8. Summary of costs, including what the patient may owe the dentist
9. Insurance program contact information



1 UNITED CONCORDIA | TRICARE

2 **Go Paperless!**
Sign up from your TDP My Account
www.uccitdp.com

3 YOU RECEIVED DENTAL CARE FROM WESTERN NEW YORK DENTAL GROUP PC.

This is your Dental Explanation of Benefits. It shows what we paid and what the dentist charged for your dental care. **This is not a bill.**

4 Sponsor: **CWO-5 YERACHMIEL B JANSATE**

5 ID Number: **150433699XX**

6 Process Date: **July 7, 2021**

7 You visited a network dentist. This means they agreed not to bill you for the difference between what they normally charge and what we allow.

8

Cost Summary	
Allowed Amount	$261.69
Paid Amount	$235.35
You may owe the dentist *	$24.76

See Service and Cost Breakdown for details

*The amount you may owe the dentist could include your cost share, maximums, and rejected or denied services.

9 **To learn more**
www.uccitdp.com

Please Call
1-844-653-4061 (TTY 711)

TRICARE DENTAL PROGRAM
P.O. BOX 69450
HARRISBURG, PA 17106-9450

Business Hours:
Sunday 6pm ET to Friday 10pm ET,
Saturday 9am ET to 1pm ET, U.S.A.
excluding holidays.

1105-S (0321)

UNITED CONCORDIA®

A Guide to Understanding Your Dental Explanation of Benefits (DEOB)

Page 2

1 UNITED CONCORDIA® | TRICARE®

Service and Cost Breakdown

2 **Patient: DAGMAR M JANSATE**

3 **ID Number: 150433699XX**

4 **Claim Number: 21158737960**

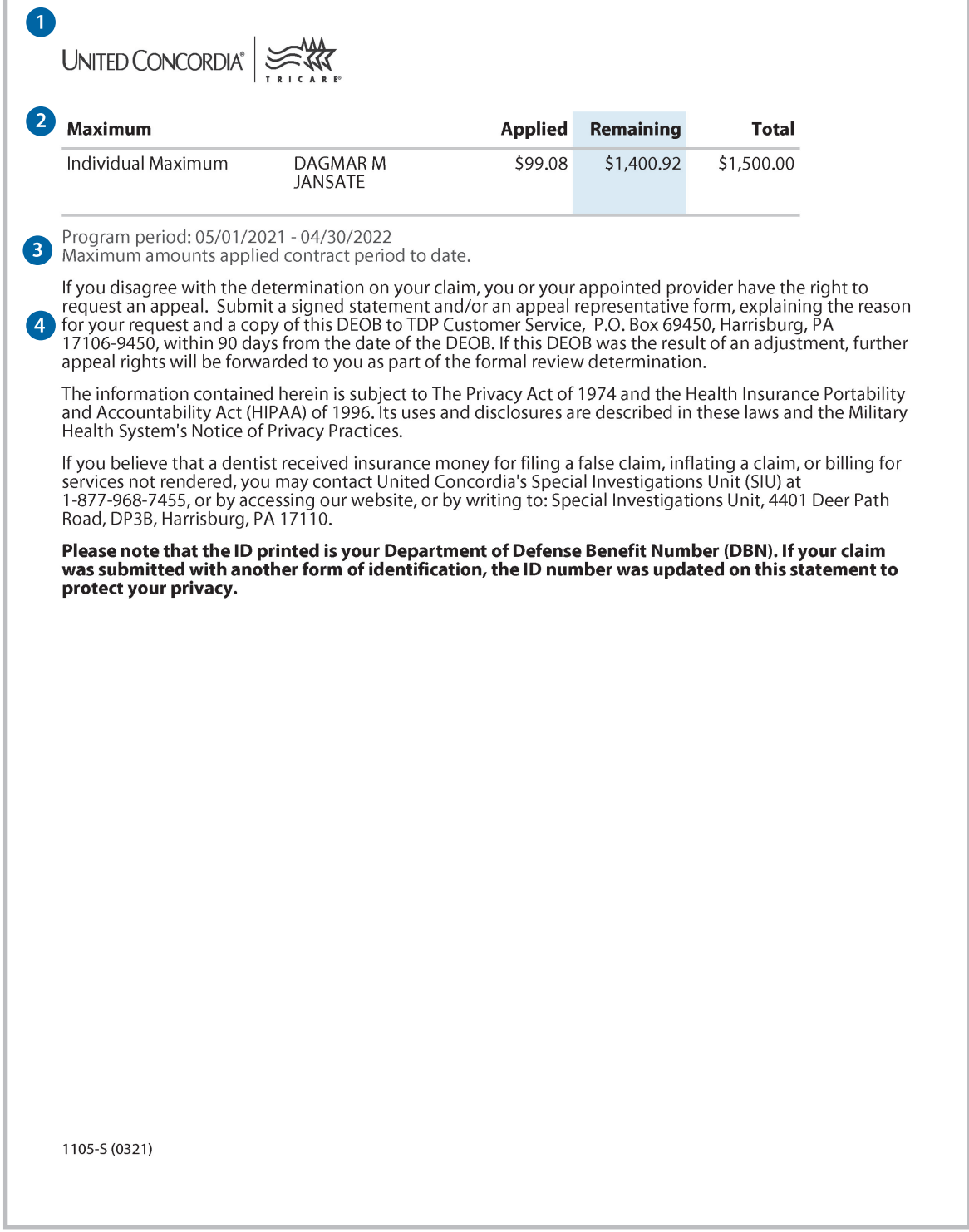
5 Service	6 Charges	7 Allowed Amount	8 Amount Over Allowed	9 Other Insurance Paid	10 Cost Share	11 Not Covered	12 Paid Amount	13 Amount You Owe	14 Notes
PERIODIC EVALUATION 05/06/2021 D0120	$50.00	$27.52	$22.48 Q1030	$14.62 J9091	$0.00	$0.00	$27.52	$0.00	
BITEWINGS FOUR FILMS 05/06/2021 D0274	$74.00	$32.89	$41.11 Q1030	$17.47 J9091	$0.00	$0.00	$32.89	$0.00	
PROPHYLAXIS ADULT 05/06/2021 D1110	$99.00	$53.55	$45.45 Q1030	$28.44 J9091	$0.00	$0.00	$53.55	$0.00	
TOPICAL FLUORIDE VARNISH 05/06/2021 D1206	$35.00	$23.89	$11.11 Q1030	$12.69 J9091	$0.00	$0.00	$22.31	$0.00	
2 SURF RESIN POSTERIOR 05/13/2021 D2392 #13/OD	$231.00	$123.84	$107.16 Q1030	$65.78 J9091	$24.76	$0.00	$99.08	$24.76	
Total	$489.00	$261.69	$227.31	$139.00	$24.76	$0.00	$235.35	$24.76	

1. Dental insurance carrier
2. Name of patient receiving dental services
3. Patient ID number
4. Claim number associated with this DEOB
5. Dental service description, date of service and procedure code
6. Amount dentist charged for the services
7. The amount United Concordia allows for the service. Example: When a provider is in network, the rate that has been negotiated for the service
8. Amount of dentist charges that are over the allowed amount
9. Amount of bill that has been paid by another insurance carrier (if any)
10. The amount of the dental service that the patient is responsbile for paying and must pay after the services have been provided
11. Amount of dental services not covered by insurance
12. Amount of dental services paid by insurance
13. Amount owed by the patient
14. Notes about dental services

A Guide to Understanding Your Dental Explanation of Benefits (DEOB)

Page 3

1. Dental insurance carrier
2. Overview of plan features
3. Plan period dates and group number
4. Appeals information



1

UNITED CONCORDIA | TRICARE

2

Maximum		Applied	Remaining	Total
Individual Maximum	DAGMAR M JANSATE	$99.08	$1,400.92	$1,500.00

3

Program period: 05/01/2021 - 04/30/2022
Maximum amounts applied contract period to date.

4

If you disagree with the determination on your claim, you or your appointed provider have the right to request an appeal. Submit a signed statement and/or an appeal representative form, explaining the reason for your request and a copy of this DEOB to TDP Customer Service, P.O. Box 69450, Harrisburg, PA 17106-9450, within 90 days from the date of the DEOB. If this DEOB was the result of an adjustment, further appeal rights will be forwarded to you as part of the formal review determination.

The information contained herein is subject to The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Its uses and disclosures are described in these laws and the Military Health System's Notice of Privacy Practices.

If you believe that a dentist received insurance money for filing a false claim, inflating a claim, or billing for services not rendered, you may contact United Concordia's Special Investigations Unit (SIU) at 1-877-968-7455, or by accessing our website, or by writing to: Special Investigations Unit, 4401 Deer Path Road, DP3B, Harrisburg, PA 17110.

Please note that the ID printed is your Department of Defense Benefit Number (DBN). If your claim was submitted with another form of identification, the ID number was updated on this statement to protect your privacy.

1105-S (0321)