

FRONT OFFICE *Rocks*®

The Leader in Dental Front Office Solutions & Training

Explanation Of Benefits

Whenever the dental office bills an insurance company for a procedure for a patient, the insurance company sends the dental office and the patient an Explanation of Benefits (EOB).

Each insurance company's EOB look different but typically have the following information:

EXPLANATION OF PAYMENT

Company information — AMERITAS LIFE INSURANCE CORP.
GROUP CLAIMS DEPARTMENT
P.O. BOX 82520
LINCOLN NE 68501-2520
800-487-5553 (Toll-Free Number)

Provider information — PROVIDER: Source Code: 667457
Fax# for new Claims 402-467-7336

DATE: 09/10/2012
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Description headers — **FOR 1099 TAX REPORTING, THE PROVIDER SSN/TIN NUMBER WILL BE SHOWN FOR EACH CLAIM. IF THIS NUMBER IS INCORRECT OR IS CHANGED, PLEASE NOTIFY THIS OFFICE PROMPTLY.
Any reconsideration request concerning these claims should be sent to:
QUALITY CONTROL, PO BOX 82657, LINCOLN NE 68501-2657 or call toll-free at 877-897-4328.

Patient information —

TH NO	PROC CODE	PAY CODE	DATE OF SERVICE	SERVICE DESCRIPTION	BENEFIT TYPE	SUBMITD CHARGES	ELIG CHARGES	COVERED AMOUNT	RMRK CODE	MINUS DEDUCT	REMAIN CHARGES	%	PAYABLE
Patient (SELF) Claim #:													
DO140	DO120		08/21/12	EVAL-PERIODIC	PREVENT	80.00	80.00	46.00	73				
DO220			08/21/12	X-RAY - SINGLE	PREVENT	25.00	25.00	25.00					
TOTAL						105.00	105.00	71.00		0.00	71.00	100%	71.00
CLAIM PROCESSED FOR PROVIDER # 9													
BILLABLE AMOUNT TO PATIENT						34.00							
												SUB-TOTAL	71.00
												TOTAL PAID	71.00
												AMOUNT PD	71.00

Notes/remarks — REMARK CODE DEFINITIONS
73 THE DENTAL PLAN PROVIDES COVERAGE FOR A LIMITED ORAL EXAM/RE-EVALUATION ONLY WHEN DUE TO AN ACCIDENTAL INJURY. AN ACCIDENT WAS NOT INDICATED FOR THIS PROCEDURE. THEREFORE, IT IS BEING ALTERNATELY CONSIDERED AS A PERIODIC EXAM AND SUBJECT TO THE FREQUENCY LIMITATIONS SPECIFIED IN YOUR PLAN. REFER TO THE "TABLE OF DENTAL PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET.

Keep this stub for your records.

GC 2885 Rev. 6-06 Fold and Detach Check Here

- 1) Dental Code Billed and What Insurance Paid On
- 2) Date of Service Procedure Was Done
- 3) Explanation of the Service Done
- 4) The Dollar Amount Submitted for Procedure and The Eligible Amount
- 5) The Amount the Insurance Will Pay
- 6) Remark Code – Number associated with Note Listed Below to Explain Coverage
- 7) Minus Deductible – If the Patient Has Not Paid the Deductible It Would Be Deducted Here
- 8) Remaining Charge – What is Remaining After Deductible Paid at Allowed Percentage

The information contained in this document is intended as information only and not as financial, accounting or legal advice.