

Delta Dental Offers Easy-to-Read Explanation of Benefits Statements


Delta Dental's **Explanation of Benefits** statement is presented in a readable, user-friendly format.

In addition to receiving an Explanation of Benefits statement for each patient, participating dentists also receive a Summary Sheet, which consolidates information from each Explanation of Benefits into a single document. The Summary Sheet lists each patient's name, claim number and Delta Dental payment. **The claim check is attached to the bottom of the first page of the Summary Sheet.**

What Delta Dental's Explanation of Benefits Statement Offers

1. A NAME REFLECTING OUR PHILOSOPHY that people should clearly understand their Delta Dental benefits.
2. A SUMMARY BOX, providing at a glance:
 - (2a) Patient information
 - (2b) Type of coverage (i.e., Delta Dental Premier, Delta's Advantage Program, Delta Dental PPO)
 - (2c) Payment totals
3. CONTACT INFORMATION, including a special customer service toll free phone number.


continued on other side



Delta Dental of New Jersey, Inc.
P.O. Box 222
Parsippany, NJ 07054

Claim Inquiries: (800) 452-9310 Visit us on the Internet: www.deltadentalnj.com

080000000022 2 237
JOHN SMITH DMD
1234 ANY STREET
SAMPLETOWN NJ 00000-0000



1 Explanation of Benefits Dentist Copy

Claim Doc. No. 0000000000	Date of Issue 00/00/00	
Patient Name ROBERT HIGGINS		
Group Name ABC DENTAL GROUP	Patient D.O.B. 00/00/00	
Group Number 0000 0000	Relationship Subscriber	2b
Check Number 0000000000	Plan Type Premier	

Delta Dental's Total Payment	\$0.00
Coordination of Benefits	\$0.00
Total Approved Amount	\$0.00
Patient's Out of Pocket Payment Obligation	\$0.00
Do Not Send Payment to Delta Dental	
Plan Allowance for 01/01/06 – 12/31/06	\$0.00
Individual Maximum Used YTD	\$0.00

4 Dentist ID No. 12345NJ **Dentist Name** John Smith DMD **Participating Status** Premier

LINE NO.	TOOTH NO. OR LETTER	SURFACE	DATE OF SERVICE	PROCEDURE NO.*	SUBMITTED AMOUNT	APPROVED AMOUNT	AMT USED FOR BENEFIT CALC	DED	% COPAY	DELTA DENTAL PAYMENT	PATIENT PAYMENT	PROCESSING POLICIES
1	XX	XXXX	00/00/00	2140	\$0.00	\$0.00	\$0.00	\$0.00	000	\$0.00	\$0.00	000,000,000
2	XX	XXXX	00/00/00	2150	\$0.00	\$0.00	\$0.00	\$0.00	000	\$0.00	\$0.00	000,000,000
3	XX	XXXX	00/00/00	2140	\$0.00	\$0.00	\$0.00	\$0.00	000	\$0.00	\$0.00	000,000,000

6a * PROCEDURE NO. / DESCRIPTION
 2140 AMALGAM-ONE SURFACE-PERMANENT TOOTH 2150 AMALGAM-TWO SURFACES-PERMANENT TOOTH

6b PROCESSING POLICIES
 Line One
 Line Two
 Line Three

Notice
 YOU CAN NOW SUBMIT CLAIMS ONLINE TO DELTA DENTAL! IT'S FREE, EASY, AND SPEEDS UP PAYMENT. GO TO WWW.DELTADENTALNJ.COM, CLICK "DENTISTS" AND LOG ONTO BENEFITS CONNECTION.

PLEASE SEE REVERSE SIDE OF THIS FORM FOR INFORMATION RELATED TO OUR NOTICE OF PRIVACY PRACTICES, DEFINITIONS, AND OTHER IMPORTANT INFORMATION.

IMPORTANT NOTICE TO CLAIMANTS

1. Informal Review (Optional to Subscriber)

The covered person (or authorized representative) and/or treating dentist may, within 60 days of the date of mailing of this EOB, request that we informally reconsider this claim decision by following the procedure described in No. 5 below; we will respond within 60 days and notify the subscriber (or authorized representative) and treating dentist of our decision and the reason(s) therefor. If no request is submitted within 60 days, only a formal appeal may be filed. A request for informal review does not constitute an "appeal" for ERISA appeals purposes.

2. Formal Appeal

The covered person (or authorized representative) may, within 240 days of the date of mailing of this EOB, formally appeal this claim decision by following the procedure described in No. 5 below; we will issue our decision to the subscriber (or authorized representative) within 30 days of our receipt of the appeal for ERISA claims and within 45 days of our receipt of the appeal for non-ERISA claims.

3. Right to Sue

A covered person must timely file a formal appeal (as described in No. 2 above) and receive our decision on the appeal as a precondition to commencing any legal proceeding challenging the claim determination.

4. Right to Receive Rules, Guidelines or Detailed Explanations

If the front side of this form indicates that a rule or guideline was relied on, you have a right to receive it free of charge. If the front side indicates that payment was not made for services because they were experimental or not medically necessary, you have a right to receive an explanation of the basis for that decision. To receive either, send your written request to Delta Dental, Attn: Correspondence Department, P.O. Box 222, Parsippany, NJ 07054.

5. Procedure for Requesting Informal Reviews and Formal Appeals

Submit the following information and documentation:

- (a) Dentist name, office name, address and license number
- (b) Subscriber name, social security number and date of birth
- (c) Patient name, social security number and date of birth
- (d) Claim number
- (e) Whether this is for an informal review or a formal appeal
- (f) Description of the reasons why Delta Dental should change its initial decision on the claim and the specific decision which you request
- (g) Any supplemental information or diagnostic materials relevant to the claim in question
- (h) In lieu of (a), (b), (c) and (d), attach a copy of the claim and the claim determination you are appealing

A form is available for you to use at http://www.deltadentalnj.com/HIPAA/law_compliance.shtml.

You must sign your request; if you are authorized to act for the covered person, you must state that. You may include information and/or documentation pertinent to the claim even if you had not previously submitted it to us. Informal review requests must be addressed to Delta Dental, Attn: Correspondence Department, P.O. Box 222, Parsippany, NJ 07054. Formal appeals must be addressed to Delta Dental, Attn: Formal Appeals Department, P.O. Box 601, Parsippany, NJ 07054.

6. Potential Voluntary Alternative Dispute Options

You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency. Those persons covered under a self-funded program may also have a voluntary appeals program available to them; check with your Human Resources Department or Summary Plan Description (SPD) if applicable.

7. Notice of Privacy Practices

You may access Delta Dental's Notice of Privacy Practices on our website at www.deltadentalnj.com. You may also obtain a hard copy of this notice by contacting our compliance manager at (866) 861-4716.

8. Coordination of Benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan and provide each plan with information regarding the other plans under which you are covered.

You should always submit your claim first to your primary carrier and, after receiving their determination, submit your claim to your secondary or tertiary carriers (if applicable).

9. Terminology and Definitions

Approved Amount: The total amount which the dentist is permitted to collect as payment in full for the specified service. It includes the dental benefit plan's payment as well as the patient's deductible and/or copay.

Amount Used for Benefit Calculation: The fee amount that the dental benefit plan provides for use in calculating the dental benefit plan payment for the specified service. The dental benefit plan payment may be less than this fee amount due to patient deductible, copay, plan limitations or exclusions.

10. Any procedures which are disallowed resulting in no Delta Dental payment or patient liability are in accordance with the group contract and dentist participation agreement.

11. Payment for all services is determined in accordance with the terms of the group's dental plan and/or with the terms of Delta Dental's dentist participation agreements.

4. DENTIST INFORMATION, including the Delta Dental program (i.e., Delta Dental Premier, Delta's Advantage Program, Delta Dental PPO) in which he or she participates for that claim.

5. EASY-TO-READ COLUMNS, so there's no confusion about what information belongs where.

6. DETAILED EXPLANATIONS AND DESCRIPTIONS, WHEN NECESSARY, OF INFORMATION IN THE COLUMNS. These include:

- (6a) Descriptions of each procedure number
- (6b) Explanations, if appropriate, of processing policies – up to 3 per line item allowed

For questions about specific claims, contact the number for Claim Inquiries on your Explanation of Benefits statement, or email Customer Service at service@deltadentalnj.com.