

Dental Explanation of Benefits



At Blue Cross and Blue Shield of Georgia, our goal is to provide you with exceptional customer service. We're committed to making sure you have all the information you need about your dental care. For your convenience, we've outlined below the parts of your dental Explanation of Benefits (EOB).

1. **Mailing Address and Phone Number** for dental claims and correspondence
2. **Date the EOB was processed**
3. **Customer Name and Mailing Address**
4. **Subscriber Name**
5. **Patient Name**
6. **Patient's Relationship to the subscriber**
7. **Patient's Date of Birth**
8. **Subscriber ID Number**
9. **Dentist Name and Number**
10. **Group Number**
11. **Claim Number**

12. Patient's Portion: Sum of any copayments, deductibles or coinsurance amounts you pay as cost sharing under your benefit plan. If applicable, this will also include any amounts over the maximum allowable charge that you owe, or any charges for services received that are not covered under your plan.

Amount Your Plan Pays: Amount of benefit Blue Cross and Blue Shield of Georgia is paying for the dental services. See your benefit materials for more detailed information regarding payment to providers.

13. Benefits paid as of: The most current date of service processed and the total amount paid for the current year from the patient's maximum.

Yearly Plan Max: The annual maximum benefit and the remaining portion for the current year.

Plan Deductible: The annual deductible and the remaining portion for the current year.

Orthodontic Max: The lifetime orthodontic maximum benefit and the remaining portion.

14. Service Date: Date you received dental services.


15. Description of Service: Description of dental services performed.

16. Proc Code: The dental procedure code corresponding to the description of service.

17. Tooth/Surface No.: Tooth number and tooth surface(s).

18. Dentist's Submitted Fee: Total amount the dental provider billed for the services performed.

19. Allowable/Contracted Fee: The maximum allowable amount or the provider's contracted rate if the provider is contracted. See your benefit materials for more detailed information regarding the maximum allowable coverage.



Blue Cross Blue and Shield of Georgia
P.O. Box 9274
Oxnard, CA 93031-9274


1

Customer Service Number:
C004884

2

3

NAME
STREET ADDRESS
CITY STATE, ZIP CODE



EXPLANATION OF BENEFITS
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4 Subscriber name	5 Patient name	6 Relationship	7 Date of Birth
8 ID Number	9 Dentist Name and Number	10 Group No.	11 Claim Number

12

Patient's Portion
Amount Your Plan Pays

Benefits paid as of: \$

Yearly Plan Max: \$ **13** Remainder: \$

Plan Deductible: \$ Remainder: \$

Orthodontic Max: \$ Remainder: \$

Service Date	Description of Service	Proc Code	Tooth/Surface No.	Dentist's Submitted Fee	Allowable Contracted Fee	Amount Not Covered	Amount Applied to Deductible	% Paid At	Amount Your Plan Pays	*Remarks Code
14	15	16	17	18	19	20	21	22	23	24
24 See last page for Remarks				25 TOTALS:						

20. Amount Not Covered: Any amount not payable by your dental plan, including any amount over the allowable amount or contracted fee.

21. Amount Applied to Deductible: Amount applied to the deductible that otherwise would have been covered.

22. % Paid At: The percentage of benefit allowed for the dental service.

23. Amount Your Plan Pays: Amount of benefit Blue Cross and Blue Shield of Georgia is paying for the dental services.

24. Remarks Code: A numerical code contained in the chart that refers to the detailed code description below the chart. These codes provide further information about the claim and the benefits applied.

25. Totals: The totals are displayed in this order: total dentist's submitted fee, total maximum allowable or contracted fee, total not covered amount, total applied to the deductible and total amount your plan pays.

This summary of benefits provides only a very brief description of some of the features of the plan. This is not the insurance contract and only the Certificate of Coverage ("Certificate") provisions apply. Please refer to the applicable Certificate which sets forth, in more detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate and the information outlined above, the terms of the Certificate will prevail.

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