Sample EOB

1. Dental Insurance Carrier
2. Customer Service mailing address

   Member's name
4. The person who received services
5. The name of the provider (including provider number) who performed the services
6. Member identification number

   Number assigned to the claim

   Date EOB was printed
9. Description of service and procedure code
10. Date services were performed
11. Amount billed by the provider for each service
12. Amount allowed by your coverage for each service
13. Benefits paid based on your coverage
14. Portion of the bill not covered by your plan. (This can include coinsurance, deductible, copayment amounts or amounts not covered by your plan)
15. Indicates an additional message explaining billing (A footnoted explanation indicates the reason)
16. Member name and address
17. Toll-free customer service number

Note: Not all EOB's are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductibles and copayment amounts vary.

1 UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

2 DENTAL CUSTOMER SERVICE
P.O. BOX 69420
HARRISBURG PA 17106-9420
www.ucci.com

3 Subscriber: Name

6 ID Number: XXXXX9999

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4 Patient: Name

7 Claim number: 45999999999

8 Date: 12/12/04

5 Provider: George Mann DMD (000999999)

9 PROCEDURE DESCRIPTION Procedure Code (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	10 SERVICE DATE(S)	11 PROVIDER'S CHARGE	12 ALLOWANCE	13 AMOUNT PAID	14 AMOUNT NOT PAID	15 REMARKS
COMPLETE INTRAORAL (001) SERIES D0210	12/01/04	67.00	.00	.00	67.00*	X9456
COMPREHENSIVE (001) EVALUATION D0150	12/01/04	32.00	32.00	32.00	.00	
	TOTALS	99.00	32.00	32.00	67.00	

X9456 No payment can be made. The reported service is limited to one in a 5 year period.

* Depending on the terms of your coverage, you may be held responsible to the provider for the amounts in the AMOUNT NOT PAID column. These amounts are indicated with an (*) asterisk.

The Provider has been paid the amount shown in the AMOUNT PAID column.

17 **HAVE A QUESTION?**
PLEASE CALL 1-800-332-0366
Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment is available at 1-800-345-3837.

THIS IS NOT A BILL

16 Name
Street
City, St Zip