

Sample DEOB

- 1 Dental plan
- 2 Customer Service mailing address
- 3 Active Duty Service Member's name
- 4 Name of the provider (including provider number) who performed the services
- 5 Member identification number (SSN)
- 6 Number assigned to the claim
- 7 Date DEOB was printed
- 8 Description of service and procedure code
- 9 Date services were performed
- 10 Amount billed by the provider for each service
- 11 Amount allowed by your coverage for each service
- 12 Benefits paid based on your coverage
- 13 Portion of the bill not covered by your plan. (This may include unauthorized or non-covered services.)
- 14 Indicates an additional message explaining billing (A footnoted explanation indicates the reason)
- 15 Member name and address
- 16 Toll-free customer service number

A Dental Explanation of Benefits (DEOB) statement is a notification form sent to members when a dental claim is processed by United Concordia. The DEOB statement is an important record of dental services as well as benefit questions. It's a good idea to keep your DEOBs in case questions arise later about how a particular claim was processed or if you need to file an appeal.



DENTAL EXPLANATION OF BENEFITS KEEP FOR YOUR TAX RECORDS

www.addp-ucc1.com
ADDP Dental Program
P.O. Box 69430
Harrisburg PA 17106-9430

3 AD SM: SGT JOHN DOE

5 SSN: XXXXX1234

Page: 1 of 2

6 ICN: 12345678901

7 Date: 08/01/13

4 Provider: ABC DENTAL LLC
(123456789)

8 PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	9 SERVICE DATE(S)	10 PROVIDER'S CHARGE	11 ALLOWANCE	12 AMOUNT PAID	13 AMOUNT NOT PAID	14 REMARKS
COMPREHENSIVE EVALUATION D0150	(001) 07/23/13	75.00	36.00	36.00	39.00	Q1030
BITEWINGS FOUR FILMS D0274	(001) 07/23/13	50.00	.00	.00	50.00*	X9452
THREE SURFACE AMALGAM D2160 *02/DOF*	(001) 07/23/13	175.00	112.00	112.00	63.00	Q1030
TOTALS		300.00	148.00	148.00	152.00	

Q1030 These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

X9452 No payment can be made. The reported service is limited to one in a 12 month period.



TRICARE Active Duty Dental Program
PO Box 69430
Harrisburg PA 17106-9430

15 SGT JOHN DOE
123 MAIN STREET
ANYTOWN, PA 12345

HAVE A QUESTION?
PLEASE CALL ADDP CUSTOMER SERVICE
1-866-984-2337
Business Hours:
Mon - Fri 8 AM to 8 PM EST. and
Saturday 8 AM to 12 PM EST, U.S.A

THIS IS NOT A BILL