

1. Dental insurance carrier
2. Name dentist providing services
3. Name of active duty service member (ADSM) whose name is on the dental insurance
4. ADSM's ID number
5. Date the DEOB was processed
6. Notice if dentist is in or out of network
7. Summary of costs, including what the patient may owe the dentist
8. Insurance program contact information



2 YOU RECEIVED DENTAL CARE FROM LORI NOGA DMD AND COLBY COCKRELL DMD PLLC.

This is your Dental Explanation of Benefits. It shows what we paid and what the dentist charged for your dental care. **This is not a bill.**




- 3 ADSM: **1LT ANDREW W SHUE**
- 4 ID Number: **XXXXX7905**
- 5 Process Date: **July 7, 2021**

- 6 You visited a network dentist. This means they agreed not to bill you for the difference between what they normally charge and what we allow.



Cost Summary	
Allowed Amount	\$224.82
Paid Amount	\$224.82
You may owe the dentist *	\$0.00
See Service and Cost Breakdown for details	

*The amount you may owe the dentist could include rejected or denied services.

- 8  **To learn more**
www.addp-ucci.com
 **Please Call**
1-866-984-2337
 **ADDP Dental Program**
P.O. Box 69430
Harrisburg, PA 17106-9430

Business Hours:
Mon-Fri 8 AM to 8 PM EST, and
Saturday 8 AM to 12 PM EST, U.S.A.

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A Guide to Understanding Your Dental Explanation of Benefits (DEOB)



Service and Cost Breakdown

2 Patient: ANDREW W SHUE

3 ID Number: XXXXX7905

4 Claim Number: 21165300109

5 Service	6 Charges	7 Allowed Amount	8 Amount Over Allowed	9 Other Insurance Paid	10 Not Covered	11 Paid Amount	12 Amount You Owe	13 Notes
PROPHYLAXIS ADULT 06/14/2021 D1110	\$127.00	\$71.28	\$55.72 Q1030	\$0.00	\$0.00	\$71.28	\$0.00	
TOPICAL FLUORIDE VARNISH 06/14/2021 D1206	\$56.00	\$31.79	\$24.21 Q1030	\$0.00	\$0.00	\$31.79	\$0.00	
1 SURF RESIN POSTERIOR 06/14/2021 D2391 #17/O	\$216.00	\$121.75	\$94.25 Q1030	\$0.00	\$0.00	\$121.75	\$0.00	
Total	\$399.00	\$224.82	\$174.18	\$0.00	\$0.00	\$224.82	\$0.00	

Notes / Not covered

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

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.

- 1. Dental insurance carrier
- 2. Name of ADSM receiving dental services
- 3. ADSM's ID number
- 4. Claim number associated with this DEOB
- 5. Dental service description, date of service and procedure code
- 6. Amount dentist charged for the services
- 7. The amount United Concordia allows for the service.
Example: When a provider is in network, the rate that has been negotiated for the service
- 8. Amount of dentist charges that are over the allowed amount
- 9. Amount of bill that has been paid by another insurance carrier (if any)
- 10. Amount of dental services not covered by insurance
- 11. Amount of dental services paid by insurance
- 12. Amount owed by the patient
- 13. Notes about dental services

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1. Dental insurance carrier
2. Appeal process for ADSMs.



- 2 If you are a Remote Active Duty Service Member (ADSM), ADSM's command, dental provider or the ADSM's authorized representative and you disagree with this determination, you may request a First Level Appeal that will be performed by the Defense Health Agency (DHA). Submit a statement explaining the reason for the appeal request, including the required diagnostic materials electronically via DART at www.addp-ucci.com, by mail to ADDP Appeals, P.O. Box 69431, Harrisburg, PA 17106-9431; by electronic mail, addpcm@ucci.com, within 90 calendar days of receipt of the notice of denial. If you were referred by a Military Dental Treatment Facility (DTF) and you disagree with this determination, please appeal to the DTF that referred you. If this DEOB was the result of a reconsideration adjustment, further appeal rights will be forwarded to you as part of the formal appeal process.

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