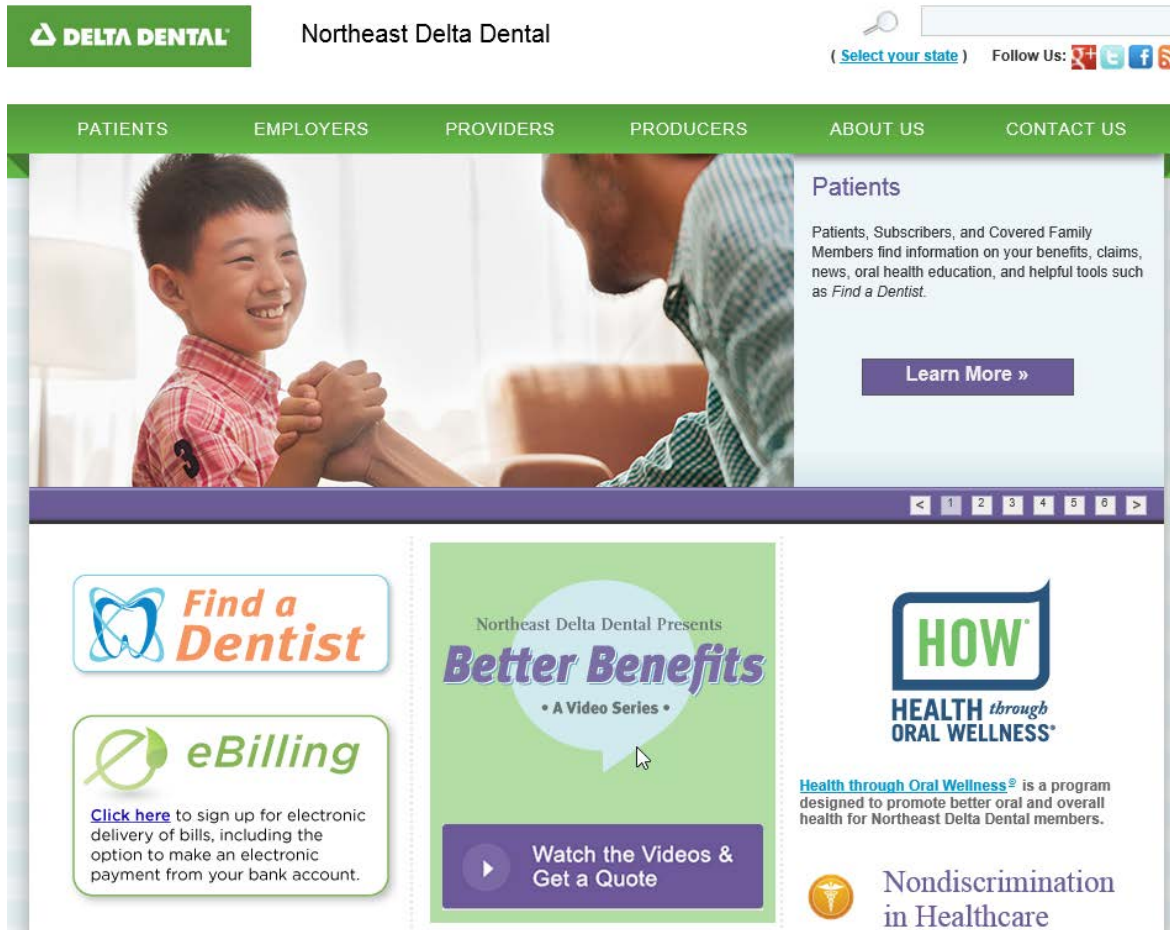


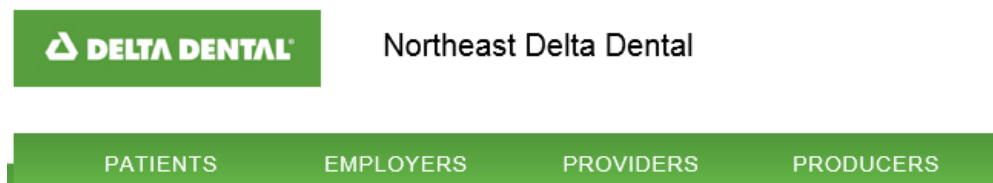
# Navigating Northeast Delta Dental's My Benefit Web Page

Follow these instructions to obtain patient eligibility and benefit information.

Go to our web page [www.nedelta.com](http://www.nedelta.com)



Select Providers in the top green ribbon



Select the purple LOG IN button to access the provider Home page.



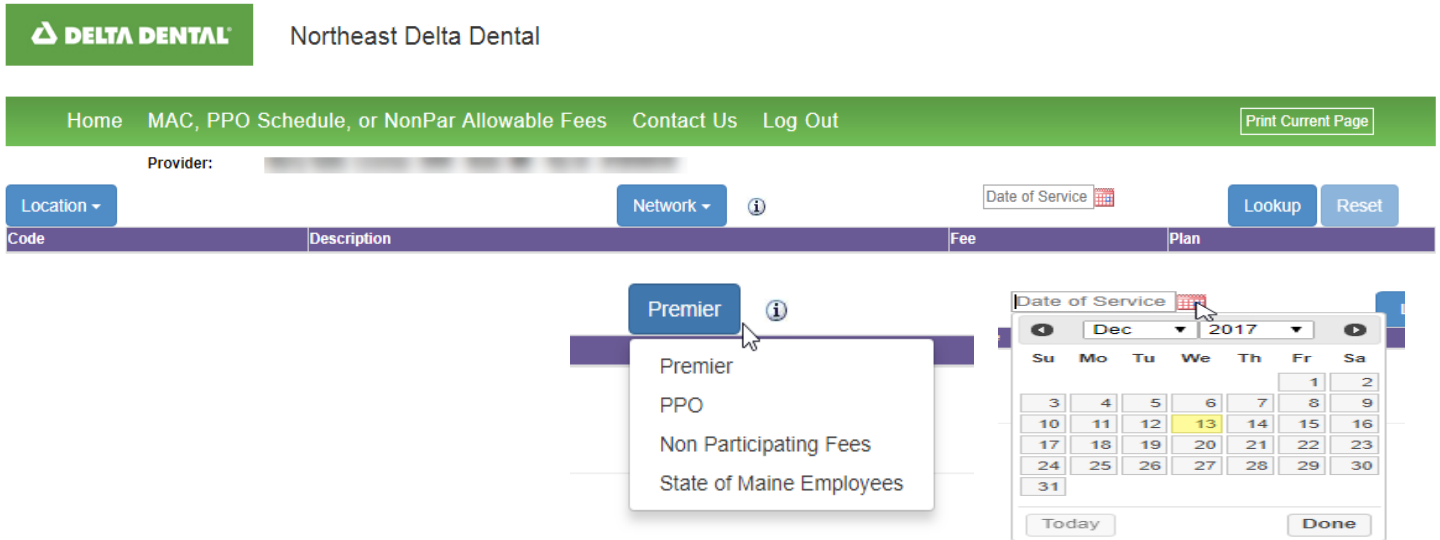
To view fees select the MAC, PPO Schedule, or NonPar Allowable Fees link in the green ribbon.



# Northeast Delta Dental

Home   MAC, PPO Schedule, or NonPar Allowable Fees   Contact Us   Log Out

Select dentist Location, Network of fees, Date of Service and select Lookup.



Provider: [Redacted]

Location [Dropdown]   Network [Dropdown] ⓘ   Date of Service [Calendar]   Lookup   Reset

Code	Description	Fee	Plan
------	-------------	-----	------

**Network** ⓘ

- Premier
- PPO
- Non Participating Fees
- State of Maine Employees

**Date of Service** [Calendar]

Dec 2017

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Today   Done

Subscriber Lookup:

Enter the subscriber ID number in the search by *Subscriber ID Number* or search by First Name, Last Name, Date of Birth, and Select Lookup.

DELTA DENTAL Northeast Delta Dental

Home MAC, PPO Schedule, or NonPar Allowable Fees Contact Us Log Out Print Current Page

IMPORTANT REMINDER: To ensure proper claims payment, please contact the Provider Services department at 1-800-537-1715 ext 1100 before making any dentist and/or office changes or updates. For a list of examples click [here](#).

**Provider Information**

Provider Name: **Barry Seltz**

Provider State: **DE**

Provider TIN: **070300000**

Provider License: **1040**

**Provider Features**

Improve your oral and overall health. Register for the **Health through Oral Wellness** program today! [Click Here](#)

[Click Here to Register for HOW](#)

Northeast Delta Dental offers Electronic Funds Transfers (EFT) and Electronic Remittance Advice (ERA). Click [here](#) to learn more and sign up today!

Click here to [View Delta Dental ERAs](#) ⓘ

**View Subscriber Eligibility**

In Tri-state Lookup

Out of Tri-state Lookup ⓘ

Search by Subscriber ID Number:

**OR**

Search by First Name:  Last Name:  Date of Birth:

See active subscriber benefit information. *Please note new placement of Subscriber ID and Age limits.*

DELTA DENTAL Northeast Delta Dental

[Nondiscrimination in Healthcare Grievance Procedure](#)

Home MAC, PPO Schedule, or NonPar Allowable Fees Contact Us Log Out Print Current Page

Information displayed on this website is based on current available benefits and patients' eligibility. It is possible this information may change, even retroactively, based on information provided by the account. Should changes occur in eligibility or benefits, there is no guarantee of payment.

**Northeast Delta Dental**

Subscriber: ██████████

Address: ██████████

Product: Delta Dental PPO™

Group Number: 00000(██████████)000

Group Name: DELTA DENTAL PLAN OF NEW HAMPSHIRE

**Customer Service: 1-800-832-5700**

Subscriber ID: 3 ██████████

Dependent Age Limit: 26

Student Age Limit: 26

Ortho Age Limit: 99

Today's Date: 11/14/2017 9:21:22 AM

- For coordination of benefits contact Customer Service
- To maximize your coverage, please bill any service(s) covered by the medical plan to that carrier.
- The date of incurred liability for multiple visit procedures is the completion date.
- This group participates in the Health through Oral Wellness (HOW) program.

Name	Relationship	Birthday	Effective Date	Termination Date
<a href="#">Select</a> ██████████	Subscriber	██████████	09/01/2017	Active

- Individual available carryover: \$250.00
- This individual has additional benefits for both CARIES and for PERIO through the Health through Oral Wellness program, which includes the caries susceptibility test (D0425) once per 12 month period; prophylaxis codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings. Fluoride treatments (D1206/D1208) with no age restrictions-combination up to 4 per 12 month period or per calendar year; Sealants with no age restrictions (D1351) for unrestored primary molars and for unrestored permanent bicuspid and molars; and either one Nutritional Counseling (D1310) or Tobacco Cessation Counseling (D1320) or Oral Hygiene Instruction (D1330) is covered in a 12 month period.

If the subscriber is terminated a red message will state **“The subscriber you are requesting has been terminated on mm/dd/yyyy”**

**View Subscriber Eligibility**

Click here to [View Delta Dental ERAs](#) **i**

**In Tri-state Lookup**   **Out of Tri-state Lookup** **i**

**The subscriber you are requesting has been terminated on 12/31/2002**  
**Please refer to the subscriber's Delta Dental card or contact Customer Service at 1-800-832-5700 for further information.**

Search by Subscriber ID Number:

If the subscriber you entered is invalid, a red message will state **“Subscriber ID entered is invalid. Please refer to the subscriber's Delta Dental card or contact Customer Service at 1-800-832-5700 for further information.”**

Special messages are noted in the box below the Group Name.

**Northeast Delta Dental**
[Nondiscrimination in Healthcare Grievance Procedure](#)

Home   MAC, PPO Schedule, or NonPar Allowable Fees   Contact Us   Log Out
Print Current Page

Information displayed on this website is based on current available benefits and patients' eligibility. It is possible this information may change, even retroactively, based on information provided by the account. Should changes occur in eligibility or benefits, there is no guarantee of payment.

**Northeast Delta Dental**

Subscriber:

Address:

Product: Delta Dental PPO™

Group Number:

Group Name: DELTA DENTAL PLAN OF NEW HAMPSHIRE

- For coordination of benefits contact Customer Service
- To maximize your coverage, please bill any service(s) covered by the medical plan to that carrier.
- The date of incurred liability for multiple visit procedures is the completion date.
- This group participates in the Health through Oral Wellness (HOW) program

Customer Service: 1-800-832-5700

Subscriber ID:

Dependent Age Limit: 26

Student Age Limit: 26

Ortho Age Limit: 99

Today's Date: 12/13/2017 1:29:01 PM

Name	Relationship	Birthday	Effective Date	Termination Date
<a href="#">Select</a> <input type="text"/>	Subscriber	<input type="text"/>	09/01/2017	Active

New: Individual available carryover benefit displays.

Name
<a href="#">Select</a> <input type="text"/>

- Individual available carryover: \$250.00

New: Individual HOW benefits display per qualification. Example below reflects Caries and Perio additional HOW benefits.

Name	Relationship	Birthday	Effective Date	Termination Date
<a href="#">Select</a> <input type="text"/>	Subscriber	<input type="text"/>	09/01/2017	Active

- Individual available carryover: \$250.00
- This individual has additional benefits for both CARIES and for PERIO through the Health through Oral Wellness program, which includes the caries susceptibility test (D0425) once per 12 month period; prophylaxis codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings. Fluoride treatments (D1206/D1208) with no age restrictions-combination up to 4 per 12 month period or per calendar year; Sealants with no age restrictions (D1351) for unrestored primary molars and for unrestored permanent bicuspids and molars; and either one Nutritional Counseling (D1310) or Tobacco Cessation Counseling (D1320) or Oral Hygiene Instruction (D1330) is covered in a 12 month period.

## Perio additional HOW benefits

• This individual has additional benefits for PERIO through the Health through Oral Wellness program, which includes the prophyl codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; one Nutritional Counseling (D1310) or Tobacco Cessation Counseling (D1320) or Oral Hygiene Instruction (D1330) in a 12 month period; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings.

## Caries additional HOW benefits

• This individual has additional benefits for CARIES through the Health through Oral Wellness program, which includes the caries susceptibility test (D0425) once per 12 month period; prophyl codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings. Fluoride treatments (D1206/D1208) with no age restrictions-combination up to 4 per 12 month period or per calendar year; Sealants with no age restrictions (D1351) for unrestored primary molars and for unrestored permanent bicuspid and molars; and either one Nutritional Counseling (D1310) or Oral Hygiene Instruction (D1330) is covered in a 12 month period.

## Benefits

Benefits are listed by ADA Service Type.

Service Type
<a href="#">Adjunctive Dental Services</a>
<a href="#">Anesthesia</a>
<a href="#">Dental Prophylaxis</a>
<a href="#">Diagnostic Lab</a>

Select underlined Service Type to see covered ADA procedure codes. These codes are specific to the individual's plan.

Service Type
<a href="#">Adjunctive Dental Services</a> D9110, D9310, D9999
<a href="#">Anesthesia</a> D9223, D9243
<a href="#">Dental Prophylaxis</a> D1110, D1120, D4346, D4355

Waiting Period will either display number of Months, MET or NONE.

Waiting Period	Waiting Period	Waiting Period
6 MONTHS	MET	NONE

**Co-Pay:**

The plan benefit reflects the patient's responsibility per provider network.

Delta Dental PPO		Delta Dental Premier		Out of Network	
Patient Pays	Deductible Applies	Patient Pays	Deductible Applies	Patient Pays	Deductible Applies
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
50%	NO	50%	NO	50%	NO

Procedure Exceptions include group procedure codes with different waiting periods or copays.

Procedure Exceptions	Waiting Period	Delta Dental PPO	
		Patient Pays	Deductible Applies
D0425 - Caries suscept test	NONE	0%	NO
D0484 - Consultation on slides	NONE	0%	NO
D1310 - Nutritional counseling	NONE	0%	NO
D1320 - Tobacco counseling	NONE	0%	NO
D1330 - Oral hygiene instruction	NONE	0%	NO
D1550 - Recem space maintainer	NONE	0%	NO
D2391 - Resin based comp 1 surf	NONE	0%	NO

**Maximums and Deductibles:**

Benefit balances based on product type and dentist participation.

Benefit Levels	Maximums & Deductibles	Limitations	Claims	Pretreatment Estimate
Benefit Period: 01/01/2017 - 12/31/2017				
<b>Benefit Balances :</b>				
<b>Delta Dental PPO</b>				
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining			
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining			
<b>Delta Dental Premier</b>				
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining			
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining			
<b>Out of Network</b>				
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining			
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining			
<b>Deductibles :</b>				
<b>Delta Dental PPO</b>				
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining			
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining			
<b>Delta Dental Premier</b>				
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining			
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining			
<b>Out of Network</b>				
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining			
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining			

Limitations: Select this tab to view covered procedures, time frequency and the procedure search feature.

New feature Procedure Search replaces Recent Treatment Summary tab.

**Procedure Search:** D  - Tth # (optional):   [Tooth Chart](#)

Enter a valid procedure code in the box following the "D" and refine your search by adding a tooth number in the box following the Tth# (optional), and select Search button. Please enter a two digit number or letter in the Tth# (optional) field.

Example:

**Procedure Search:** D  - Tth # (optional):   [Tooth Chart](#)

**Limitations information:**

**Procedure:** D1110 (Prophylaxis-adult)  
**Time Limitation:** 2 in a 12 month period  
**Age Limit Low:** 0  
**Age Limit High:** 0  
**Procedure Grouping:** D1110, D1120, D4346, D4355, D4910

**Recent Treatments (last 4):**

06/22/2017 (D1110)  
 09/08/2016 (D1110)  
 02/05/2015 (D1110)  
 07/24/2014 (D1110)

**Procedure Search:** D  - Tth # (optional):   [Tooth Chart](#)

**Limitations information:**

**Procedure:** D2391 (Resin based comp 1 surf)  
**Time Limitation:** 1 in a 24 month period  
**Age Limit Low:** 0  
**Age Limit High:** 0  
**Procedure Grouping:** D2391, D2392, D2393, D2394

**Recent Treatments (last 4):**

10/20/2016 (D2391) - Tth: 31 Surface(s): L  
 09/08/2016 (D2391) - Tth: 31 Surface(s): B  
 08/07/2014 (D2393) - Tth: 31 Surface(s): MOL  
 08/07/2014 (D2392) - Tth: 29 Surface(s): DO

Please note you cannot search by tooth number alone. If code is not covered, it will return as a non-covered service.

**Procedure Search:** D  - Tth # (optional):   [Tooth Chart](#)

**1352 is a non covered service**

Service Type displays Frequencies and Limitations.

\* Select underlined service type to see covered ADA procedure codes.

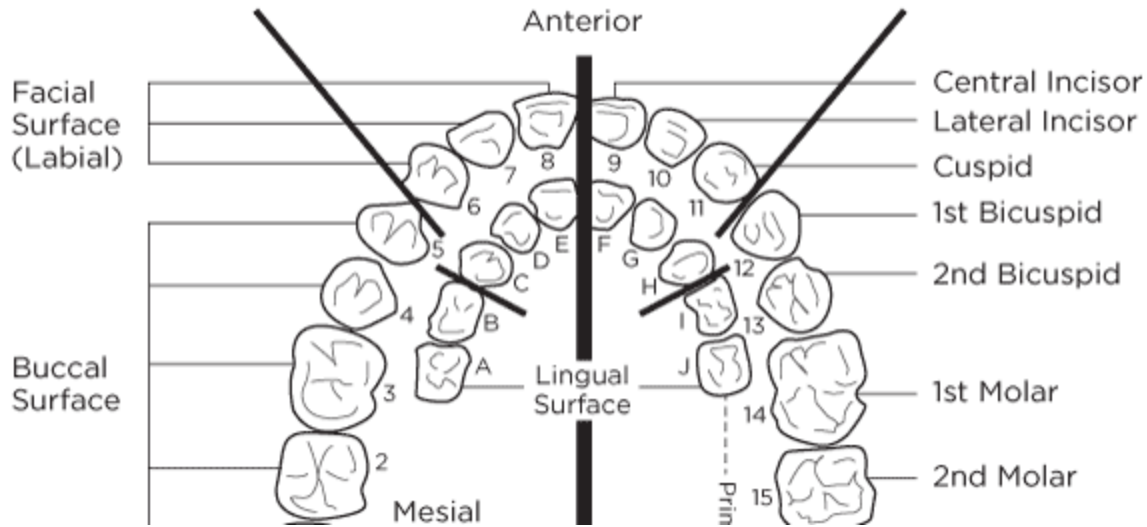
Service Type	Frequencies	Limitations
<u>Dental Crowns</u>	1 in a 7 year period	Procedure level tooth limits apply
<u>Dental Implants</u>	1 in a lifetime	Procedure level tooth limits apply
<u>Dental Prophylaxis</u>	4 in 1 calendar year	Prophylaxis, Periodontal Maintenance or Full Mouth Debridement
<u>Diagnostic Lab</u>	1 in a 12 month period	

Procedure Exceptions display the codes that vary by Frequencies and Limitations.

Procedure Exceptions	Frequencies	Limitations
D0425 - Caries suscept test	1 in a 12 month period	
D1310 - Nutritional counseling	1 in a 12 month period	
D1320 - Tobacco counseling	1 in a 12 month period	
D1330 - Oral hygiene instruction	1 in a 12 month period	
D2910 - Recem partial cov rest	1 in a lifetime	Tooth/Quadrant/Arch limits apply

Select the underlined Tooth Chart for your reference.

- Tth # (optional):   [Tooth Chart](#) close



Claims:

Select the Claims tab to view claim details.

Please note that the dentist can view patient claims submitted by them and not claims sent by other providers.

Select [View](#) to see entire claim.

[Benefit Levels](#)
[Maximums & Deductibles](#)
[Limitations](#)
[Claims](#)
[Pretreatment Estimate](#)

**Claims by Individual** (based on individual selected above)


	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	20170	01-04-2017		Processed	
<a href="#">View</a>	2017.	04-04-2017		Processed	
<a href="#">View</a>	2017	06-28-2017		Processed	

[◀ Previous Year](#)
[Current Year](#)
[Next Year ▶](#)



## Claim Status Report

Benefits described in this document are not a guarantee of payment. Specific information regarding general exclusions and limitations to include waiting periods are noted in the Dental Plan Description booklet. We mail Notification of Benefits to our subscribers and participating dentists. If you have any questions, please email our Customer Service Department at nedelta@nedelta.com or call our Customer Service Department at 1-800-832-5700 Monday through Friday from 8:00am to 4:45pm (ET).

Please click on the processing policy number/text icon  when available below to view additional information related to the procedure performed.

Please click on the yellow column headings to view a more detailed description.

### General Claim Information

Claim Number:	20171250000101	Patient Name:	[REDACTED]
Provider Name:	[REDACTED]	Patient DOB:	[REDACTED]
Subscriber ID:	[REDACTED]	Subscriber Name:	[REDACTED]
Delta Payment:	\$546.00	Patient Responsibility:	\$234.00
Coordination of Benefits:	\$0.00	Deductible:	\$0.00

Claim Received  
06-14-2017

Claim Status  
Pre-Determination

### Treatment Information

Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment
31	06-14-2017	D2950	Core buildup	\$160.00	\$130.00	\$130.00	\$0.00	70	0	\$39.00	\$91.00
31	06-14-2017	D2740	Crown-porc/ceramic	\$750.00	\$650.00	\$650.00	\$0.00	70	0	\$195.00	\$455.00

Pretreatment Estimate:

Select the Pretreatment Estimate tab to view estimates. Select [View](#) to see entire estimate. Please note that the dentist can view patient Pretreatment Estimates submitted by them and not by other providers.

Benefit Levels
Maximums & Deductibles
Limitations
Claims
Pretreatment Estimate

**Claims by Individual** (based on individual selected above)

	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	20171	06-14-2017	[REDACTED]	Pre-Determination	[REDACTED]

◀ Previous Year
Current Year
Next Year ▶

Benefit Levels
Maximums & Deductibles
Limitations
Claims
Pretreatment Estimate


**Claims by Individual** (based on individual selected above)

	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]

◀ Previous Year
Current Year
Next Year ▶

### Claim Status Report

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Please click on the processing policy number/text icon  when available below to view additional information related to the procedure performed.

Please click on the yellow column headings to view a more detailed description.

General Claim Information

Claim Number:	[REDACTED]	Patient Name:	[REDACTED]
Provider Name:	[REDACTED]	Patient DOB:	[REDACTED]
Subscriber ID:	[REDACTED]	Subscriber Name:	[REDACTED]
Delta Payment:	\$1,039.20	Patient Responsibility:	\$508.80
Coordination of Benefits:	\$0.00	Deductible:	\$0.00

Claim Received

Claim Status

Treatment Information


Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment
19		D2750	Crown-porc/high noble	\$1,497.00	\$1,248.00	\$1,044.00	\$0.00	80	0	\$412.80	\$835.20
19		D2950	Core buildup	\$338.00	\$300.00	\$255.00	\$0.00	80	0	\$96.00	\$204.00

New: Explanation of Benefits (EOB)

General Claim Information												
Claim Number:				Patient Name:								
Provider Name:				Patient DOB:								
Subscriber ID:				Subscriber Name:								
Delta Payment: \$70.00				Patient Responsibility: \$14.00								
Coordination of Benefits: \$0.00				Deductible: \$0.00								
Claim Received 07-03-2017			Claim Status Processed			Paid Date 07-05-2017		Paid To Provider		Check Number 8410204		
Treatment Information												
Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment	Processing Policy
	06-30-2017	D0140	Ltd oral eval prob focus	\$104.00	\$84.00	\$70.00	\$0.00	100	0	\$14.00	\$70.00	

[Print EOB](#)

Select Print EOB button to view the EOB.



**EXPLANATION OF BENEFITS (EOB)**  
THIS IS NOT A BILL  
PAYABLE BENEFITS HAVE BEEN ISSUED TO THE PROVIDER LISTED BELOW

Subscriber: [Redacted]  
Subscriber ID Number: [Redacted] Date Paid: 07-05-2017

**NORTHEAST DELTA DENTAL**  
Customer Service  
ONE DELTA DR. P.O. BOX 2002  
CONCORD, NH 03302-2002  
(800) 832-5700  
(603) 223-1234  
E-MAIL: NEDELTA@NEDELTA.COM  
TTY: (800) 332-5905  
www.nedelta.com

TOTAL FEE SUBMITTED	\$ 104.00
TOTAL PATIENT PAYMENT TO PROVIDER	\$ 14.00
TOTAL PLAN PAYMENT	\$ 70.00

Dental Benefit Program for Group Number: [Redacted] Group: [Redacted] Sublocation: 00004106 Division: 0000

**NOTICES**  
IF YOUR CLAIM HAS BEEN DENIED IN WHOLE OR IN PART, YOU MAY REQUEST A REVIEW OF THE CLAIM DECISION WITHIN SIX (6) MONTHS OF THE DATE OF THIS EXPLANATION OF BENEFITS. YOUR REQUEST FOR REVIEW SHOULD BE SENT TO: VICE PRESIDENT, PROFESSIONAL RELATIONS, NORTHEAST DELTA DENTAL, ONE DELTA DRIVE, P.O. BOX 2002, CONCORD, NH 03302-2002. IF ANY PART OF THE CLAIM REMAINS DENIED AFTER THE CLAIM REVIEW, YOU MAY APPEAL TO THE DISPUTED CLAIMS REVIEW COMMITTEE BY THE DATE SPECIFIED IN THE INITIAL REVIEW DECISION LETTER OR, IF NO DATE IS GIVEN, WITHIN SIX (6) MONTHS OF THE NOTICE. YOUR APPEAL SHOULD BE MAILED TO THE VICE PRESIDENT, PROFESSIONAL RELATIONS AT THE ADDRESS GIVEN ABOVE. YOU MAY ALSO BRING SUIT UNDER SECTION 502(A) OF ERISA. PLEASE REFER TO YOUR DENTAL PLAN DESCRIPTION FOR FULL DETAILS OF YOUR COVERAGE AND DISPUTED CLAIMS PROCEDURES.

**CLAIM INFORMATION**

CLAIM NUMBER:		PATIENT NAME:		DATE OF BIRTH:		PROVIDER NAME:	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	

TOOTH NO.	DATE OF SERVICE	PROC. NO.	DESCRIPTION OF SERVICE	SUBMIT	APPR	ALLOW	DED	PLAN %	OVCP	PT PAY	PLAN PAYMENT	CFR	PROCESSING POLICY
	06-30-2017	D0140	Ltd oral eval prob focus	\$104.00	\$84.00	\$70.00	\$0.00	100	0	\$14.00	\$70.00	\$20.00	

\*CONTRACTUAL FEE REDUCTION

**Processing Policies**

PAYMENT / PREDETERMINATION OF PAYMENT OF THESE SERVICES IS DETERMINED IN ACCORDANCE WITH THE SPECIFIC TERMS OF THE SUBSCRIBER'S DENTAL PLAN OR WITH THE TERMS OF DELTA DENTAL'S AGREEMENTS WITH DELTA DENTAL NETWORK DENTISTS. PROCEDURES REQUIRING PROFESSIONAL JUDGMENT FOR BENEFIT DETERMINATION HAVE BEEN REVIEWED BY A DENTAL CONSULTANT.

WE WILL, OF COURSE, BE AVAILABLE TO YOU TO DISCUSS THE POSITION WE HAVE TAKEN. SHOULD YOU, HOWEVER, WISH TO TAKE THIS MATTER UP WITH THE NEW HAMPSHIRE INSURANCE DEPARTMENT, IT MAINTAINS A SERVICE DIVISION TO INVESTIGATE COMPLAINTS AT 21 SOUTH FRUIT ST., SUITE 14, CONCORD NH 03301. THE NEW HAMPSHIRE INSURANCE DEPARTMENT CAN BE REACHED, TOLL FREE, BY DIALING 1-800-852-3416.

THE AMOUNT SHOWN AS TOTAL PATIENT PAYMENT TO PROVIDER IS THE AMOUNT PAYABLE TO THE PROVIDER. UP TO DATE BENEFIT INFORMATION, INCLUDING MAXIMUM DOLLARS REMAINING, IS AVAILABLE ON OUR WEBSITE AT NEDELTA.COM.