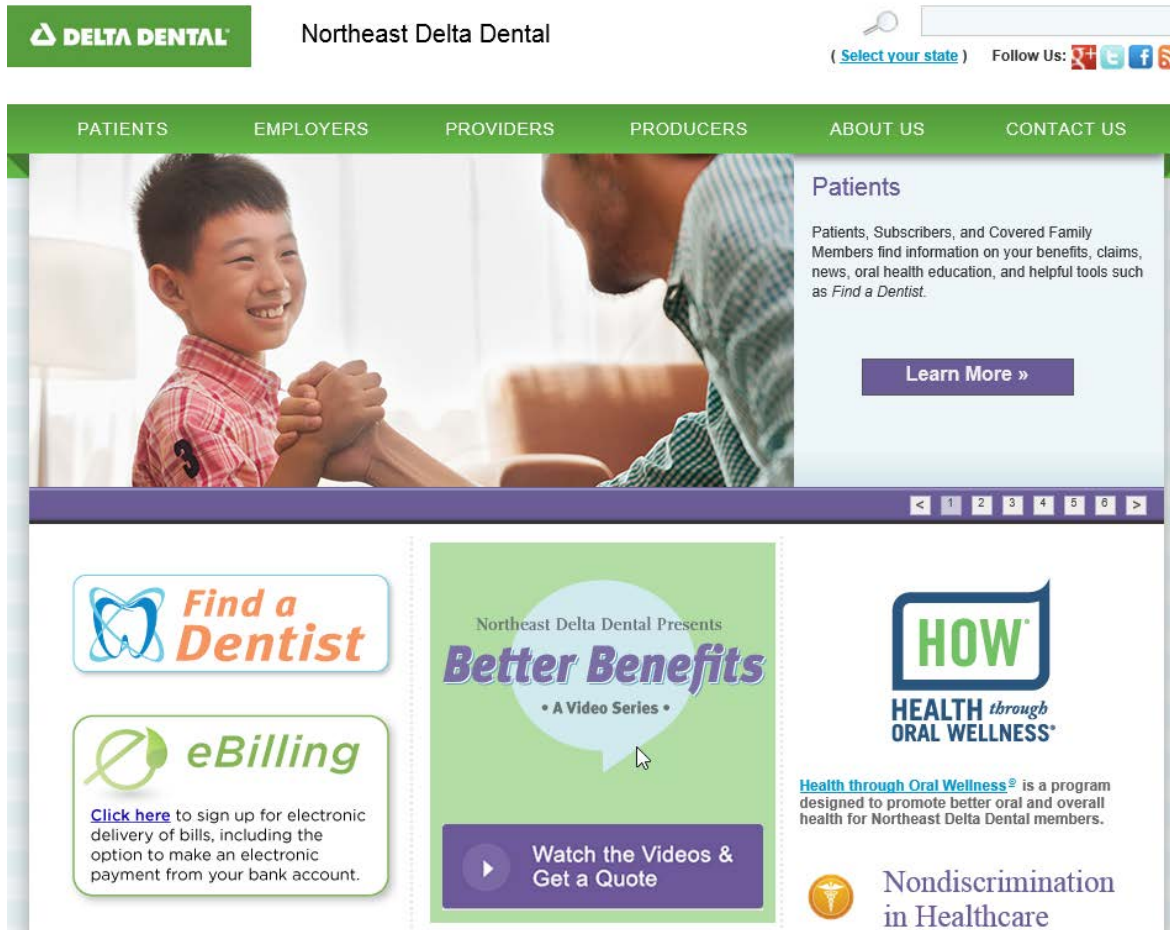


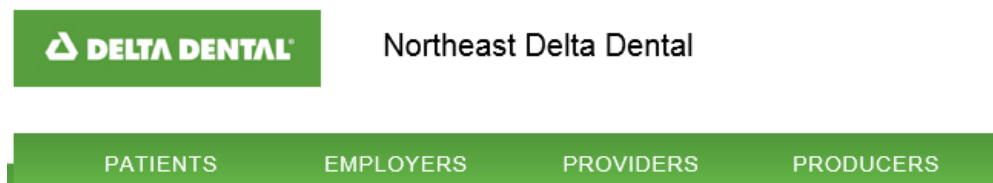
Navigating Northeast Delta Dental's My Benefit Web Page

Follow these instructions to obtain patient eligibility and benefit information.

Go to our web page www.nedelta.com



Select Providers in the top green ribbon



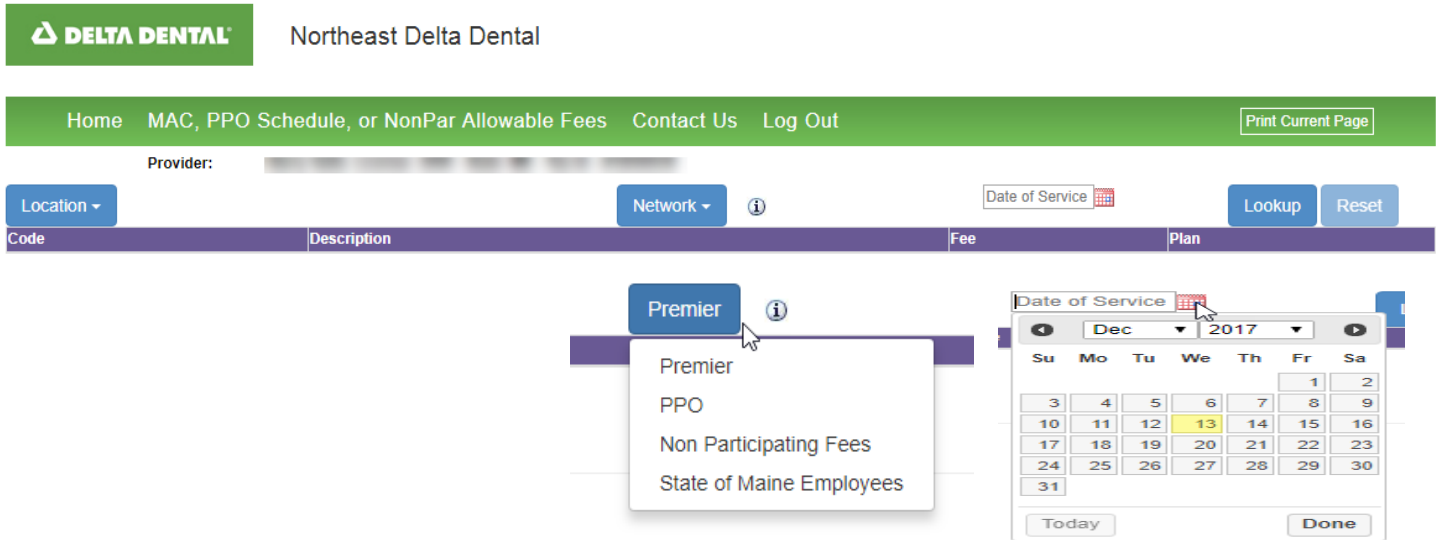
Select the purple LOG IN button to access the provider Home page.



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



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



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: Lookup

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 [REDACTED]

Address: [REDACTED]

Product: Delta Dental PPO™

Group Number: 00000([REDACTED])000

Group Name: DELTA DENTAL PLAN OF NEW HAMPSHIRE

Customer Service: 1-800-832-5700

Subscriber ID: [REDACTED]

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 |
|-----------------------------------|--------------|------------|----------------|------------------|
| Select [REDACTED] | Subscriber | [REDACTED] | 09/01/2017 | Active |

- Individual available carryover: \$250.00
- This individual has additional benefits for both CRIES 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](#) 


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

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 |
|---|--------------|----------------------|----------------|------------------|
| Select <input type="text"/> | Subscriber | <input type="text"/> | 09/01/2017 | Active |

New: Individual available carryover benefit displays.

| Name |
|---|
| Select <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 |
|---|--------------|----------------------|----------------|------------------|
| Select <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; 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 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 |
|--|
| Adjunctive Dental Services |
| Anesthesia |
| Dental Prophylaxis |
| Diagnostic Lab |

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

| Service Type |
|---|
| Adjunctive Dental Services D9110, D9310, D9999 |
| Anesthesia D9223, D9243 |
| Dental Prophylaxis 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 | | | | |
| Benefit Balances : | | | | |
| Delta Dental PPO | | | | |
| Individual: All Covered Classes (Excluding Ortho) | \$1600.00 per year, \$755.80 remaining | | | |
| Individual: Orthodontics | \$1500.00 lifetime, \$1500.00 remaining | | | |
| Delta Dental Premier | | | | |
| Individual: All Covered Classes (Excluding Ortho) | \$1600.00 per year, \$755.80 remaining | | | |
| Individual: Orthodontics | \$1500.00 lifetime, \$1500.00 remaining | | | |
| Out of Network | | | | |
| Individual: All Covered Classes (Excluding Ortho) | \$1600.00 per year, \$755.80 remaining | | | |
| Individual: Orthodontics | \$1500.00 lifetime, \$1500.00 remaining | | | |
| Deductibles : | | | | |
| Delta Dental PPO | | | | |
| 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 | | | |
| Delta Dental Premier | | | | |
| 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 | | | |
| Out of Network | | | | |
| 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.

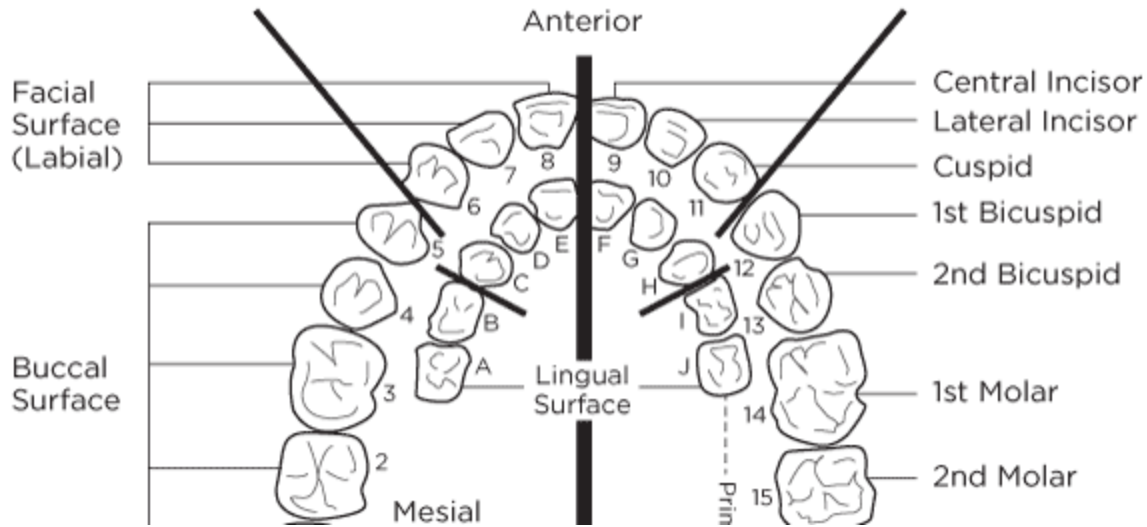
| Service Type | Frequencies | Limitations |
|---------------------------|------------------------|--|
| <u>Dental Crowns</u> | 1 in a 7 year period | Procedure level tooth limits apply |
| <u>Dental Implants</u> | 1 in a lifetime | Procedure level tooth limits apply |
| <u>Dental Prophylaxis</u> | 4 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 |
|----------------------|---------|-----------------|---------|-----------|--------------|
| View | 20170 | 01-04-2017 | | Processed | |
| View | 2017 | 04-04-2017 | | Processed | |
| View | 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 |
|----------------------|---------|-----------------|------------|-------------------|--------------|
| View | 20171 | 06-14-2017 | [REDACTED] | Pre-Determination | [REDACTED] |

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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 |
|----------------------|---------|-----------------|------------|-------------------|--------------|
| View | 2017 | | [REDACTED] | Pre-Determination | [REDACTED] |
| View | 2017 | | [REDACTED] | Pre-Determination | [REDACTED] |
| View | 2017 | | [REDACTED] | Pre-Determination | [REDACTED] |

◀ 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: | [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

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 |
|-----------|-----------------|----------|-----------------------|------------------|-----------------|----------------|-------------------|---------------|-----------|-----------------|--------------|
| 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.