Learn about your explanation of benefits (EOB)

Delta Dental of Oregon & Alaska

Member: JOHN Q. SMITH
Claim #: 21643287157

Provider: JANE DOE MD
Network: CONNEXUS

Paid 5/3/19

TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility: Not covered	Deductible	Copay	Coinsurance
THERAPY – 98941 04/26/2019	$79.58	$35.88	$43.70	$23.70	PDC	$0.00	$0.00	$20.00	$0.00
THERAPY – 98943 04/26/2019	$53.82	$25.30	$28.52	$28.52	PDC	$0.00	$0.00	$0.00	$0.00
THERAPY - 9714059 04/26/2019	$282.78	$203.20	$79.58	$79.58	PDC	$0.00	$0.00	$0.00	$0.00
Totals	$416.18	$264.38	$151.80	$131.80		$0.00	$0.00	$20.00	$0.00

Medical plan paid to provider: $131.80

Amount you owe: $20.00

Reason code	Description
PDC	Provider discount has been applied.

An EOB shows how your plan has processed a claim for your recent care. It lists healthcare claims, what your plan paid and other important information.

Here's what you need to know:

- **Amount billed:** What your provider charged for a service
- **Provider discount and amount not covered:** This includes negotiated discounts and amounts not covered by your plan. Providers who are not in your plan's network may charge you.
- **Amount covered:** The amount that is left after provider discounts, deductibles and non-covered charges have been accounted for. Benefits are applied to this amount.
- **Medical or dental plan paid:** How much Moda Health or Delta Dental paid for this service
- **Reason code(s):** More information about costs that may not be covered under your plan
- **Member responsibility:** This is how much you may need to pay your provider.
- **Not covered:** How much you may owe your provider for non-covered charges
- **Deductible:** What you pay for covered services before your plan starts to pay
- **Copay:** The fixed amount you pay for a covered service.
- **Coinsurance:** A percentage of how much a covered service costs after you have paid your deductible

over >

Questions?

Medical: For questions about your Moda Health coverage, please contact Medical Customer Service toll-free at 877-605-3229.

Dental: For questions about your Delta Dental coverage, please contact Dental Customer Service toll-free at 888-217-2365.

TTY users, dial 711.

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company.
Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska.

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