

How to read a Predetermination of Dental Benefits

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<p>IMPORTANT: SUBMISSION OF ADDITIONAL CLAIMS FOR THE PATIENT, REVISIONS OF THE APPROVED TREATMENT PLAN, CHANGES TO PLAN PROVISIONS AND ALLOWABLE AMOUNTS MAY CHANGE FINAL PAYMENT. ALLOWABLE AMOUNTS ARE BASED ON THE PROVIDER'S ACCEPTED FEES AND MAY RESULT IN REDUCTIONS TO THE PATIENT, REGARDLESS OF BENEFIT DETERMINATION. PROCEDURES MUST BE PERFORMED WHILE THE PATIENT IS COVERED UNDER THE PLAN. BENEFITS ARE ALSO SUBJECT TO COORDINATION OF BENEFITS WITH OTHER GROUP PLANS.</p>																																																									

Use the alphabetical glossary of terms below to help you navigate your Predetermination of Dental Benefits.

Allowed: Total charge less any disallowed or denied charges. The plan's benefits are applied towards the amount listed in this column.

Disallowed or denied charges can include:

- Provider write-offs due to charges over the maximum plan allowance
- The difference between the allowed charges of the procedure and any alternate benefit given due to contractual limitations or based on Dental Consultant review
- Any amount over the patient's annual or lifetime maximum

AP** (Alternate Procedure): Refer to **Alternate Procedure

****Alternate Procedure:** The alternate procedure being given to a requested procedure. This can include contractual limitations and alternate benefits being given based on Dental Consultant review

Benefit: The total estimated amount ODS Dental will pay for services

CD* (Comments): Refer to "Code and Comments"

Claim No: The predetermination claim number generated by our system

Code: The CDT (Current Dental Terminology) procedure code number

***Code and Comments:** The explanation codes and other information regarding the benefits

Deduct: (Deductible) Charges which have been applied to the plan's deductible. Any amounts listed in this column are patient responsibility

Dental Benefits and Plan information: The deductible and maximum amount payable per year, including when the new benefit year begins

DOS (Date of Service): The date the service was provided. Since treatment has not been rendered, this column will be blank

Group: Name of insured's group or employer

Group ID: Insured's group number

Important: General information regarding the predetermination of dental benefits

Patient Name: The name of the patient: Percentage at which the requested procedure is reimbursed

Procedure: A description of the service being requested

Provider Name: The name of provider requesting the predetermination of treatment

Subscriber Information: The name of the insured

Subscriber ID: Insured's identification number

Tax ID: The provider's tax ID #

TH: Tooth number, when applicable, on which the service is being requested

Total Charge: The amount charged for the requested service

Questions?

We're here to help.

For questions about your Delta Dental coverage, please contact Dental Customer Service. Call us toll-free at 877-217-2365. TTY users, please call 711.

DeltaDentalAK.com | DeltaDentalOR.com