

Model Explanation of Benefits Statement

Patient Name
Address

Claim Information

| 1. Procedure Date | 2. CDT Procedure Code | 3. Tooth Number or Quadrant | 4. Surface | 5. Dentist's Fee | 6. Plan Allowance | 7. Deductible Applied (if applicable) | 8. Covered at % | 9. Amount Paid | 10. Patient Responsibility | 11. Remark Code(s) | 12. Other Carrier Payment | 13. Total Payment |
|-------------------|-----------------------|-----------------------------|------------|------------------|-------------------|---------------------------------------|-----------------|----------------|----------------------------|--------------------|---------------------------|-------------------|
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |

| | |
|--|----|
| Amount applied to deductible | \$ |
| Amount applied to annual maximum | \$ |
| Amount applied to orthodontic maximum | \$ |
| Amount applied to out-of-pocket limit, if applicable | \$ |

Remark Codes

Model Explanation of Benefits Statement

This model illustrates the American Dental Association's (ADA) position on Explanation of Benefit (EOB) statement terms and data content. The model's scope is limited, pertaining only to information on procedures, reimbursements and adjudication. The ADA urges dental benefit plan payers and administrators to adopt this model for EOBs sent to dental offices.

Part 1 – Format

The ADA recommends EOB content be conveyed in the columnar and narrative formats in general use. Data element sequence follows. Each data element is numbered for linkage to its definition in Part 2.

Part 2 – Definitions

Item #s 1 through 5 are as reported on the claim submitted by the dental office.

1. Procedure Date – Day, month and year procedure was performed. Must be blank if submission is for preauthorization or predetermination.
2. CDT Procedure Code – The procedure code submitted. Must be from the *Code on Dental Procedures and Nomenclature* (CDT Code) version in effect on the
3. Tooth Number – The tooth number or letter, or range of teeth, that are involved in the service reported in “CDT Procedure Code.”
4. Surface – The letter(s) that identify the tooth surfaces involved in the dental procedure reported.
5. Dentist’s Fee – The full fee reported for the procedure.

sections of the dental arches; a quadrant begins at the midline and extends distally to the last tooth or tooth space.

“Procedure Date.”
Quadrant – The area of the oral cavity involved in the service reported in “CDT Procedure Code.” This is a numeric code that identifies one of the four equal

Item #s 6 onward are prepared by the third-party payer or administrator as outcomes of the claim adjudication process.

6. Plan Allowance – The reimbursement level determined by the administrator of a dental benefit plan for a specific dental procedure, which vary widely by geographic region or by benefit plans within a region.
7. Deductible Applied – The amount of dental expense for which the beneficiary is responsible before a third party will assume any liability for payment of
8. Covered at % – The percentage of the plan allowance payable.
9. Amount Paid – Dollar amount of the claim paid by the plan per service line.
10. Patient Responsibility – Dollar amount that the beneficiary owes the dental office.
11. Remark Code(s) – Carrier’s explanation of how benefits were adjudicated when necessary.
12. Other Carrier Payment – Dollar amount paid by primary dental carrier.
13. Total Payment – Total dollar amount of the claim paid by plan which includes all service lines.

Part 3 – Other Identifying Information

All EOB statements shall include, at minimum, the following additional information.

- Treating dentist’s or other provider’s name and address
- Patient’s name and ID number
- Check number
- Claim number
- Group plan number
- Dentist reviewer’s name, contact information and license number (if not auto-adjudicated)
- Narrative explanation of entries in “11. Remark Code(s)”