

6/17/24

AARP Dental Insurance Plan
c/o Delta Dental Insurance Company
Subscriber Services, M/S A2S
11155 International Drive
Rancho Cordova, CA 95670

This is a complaint/grievance/appeal

re:

Delta Devoted claim number 202402139959549
Delta AARP claim number 20240176023457

Summary: I am being screwed to the tune of \$530, due to some combination of bad faith and/or incompetence on the part of: Delta Dental Devoted, Delta Dental AARP, Aurora Modern Dentistry, and Devoted Health.

Details:

Appointment date(s): 1/15/24 and 2/2/24
Dentist: KAZHALL TALEBPOUR, Aurora Modern Dentistry

Per the attached summary:
Total accepted fee: \$1,060
Total Paid: \$1,590

Dentist Office was Overpaid: \$530

Note: The accepted fee is the amount the dentist agrees to accept as full payment for the dental service.

Both of my insurance have a maximum benefit amount. The Delta Devoted maximum is \$4,000 per calendar year. The Delta AARP maximum is \$1,500 per calendar year. As of 6/16/24, Delta Devoted shows that I have a remaining balance of \$2,182.50, which means I have used \$1,817.50.

As of 6/16/24, Delta AARP shows that I have a remaining balance of \$zero, which means I have used up 100% of my \$1,500 benefit for the calendar year.

The \$1,590 total paid is the amount that got applied toward my maximum benefit amount. See exhibit #2, Schedule of Dental Ins Paid.

Since the dentist office was overpaid by \$530, this means I am being overcharged (screwed) by \$530.

I am asking both Delta Devoted and Delta AARP to investigate/review, and make corrections as necessary. In the event that my available balance at Delta AARP changes from \$zero to \$530 (or any positive number), please make all necessary

corrections/revisions to my claims and pre-authorizations.

I am requesting both Delta Devoted and Delta AARP provide to me:
copies of any internal rule(s), guideline(s), protocol(s) and/or an explanation of
the scientific or clinical judgment that applies to this claim. Specifically, this
request includes (but is not limited to) a printed copy of the complete claim form,
including any/all attachments, presumably submitted by the dentist office.



Philip Rice
11268 E Linvale Dr
Aurora, CO 80014

dob 04/25/53

Exhibits:

- #1) Crown Summary
- #2) Schedule of Dental Ins. Paid

C:\Temp\dentist\aurora_modern\2_complaint
aarp_complaint_03.txt

Distribution:

Dentegra Insurance Company
Delta Dental Insurance Company
Delta Dental AARP
Box 2059
Mechanicsburg, PA 17055
Attn: Belinda Martinez, Senior VP

ATTN: Appeals & Grievances
Devoted Health, Inc
Box 21327
Eagan, MN 55121

Devoted Health, Corp HQ
221 Crescent St, #202
Waltham, MA 02453
Attn: Todd Park
Attn: Edward Y Park

Devoted Health
Box 211037
Eagan, MN 55121
Attn: Larry Henry
Chief Operating Officer

6/17/24

Crown Summary

Dentist: Kazhall Talebpour

Aurora Modern Dentistry

Date of Service: 1/15/24 * 2/2/24

Tooth #	Code	Desc.	Accepted	Devoted Paid	AARP Paid	Total Paid
19	D2740	Crown	907	907	453.50	1,360.50
	D2950	Core Buildup	153	153	76.50	229.50
		Totals	1,060	1,060	530	1,590

6/12/24
Schedule of Dental Ins. Paid

Date	Code	Desc	Dentist	A	B	C	D	E
				Devote	AARP	A+B	Acpt	C-D
1/4/24	D0150	Exam	Talebpoor	0	58		58	
	D0367	Cone Beam		0	182		404	222
	D0210	X Ray		0	92		92	
1/15/24	D2740	Crown		907	453.50	1360	907	(453.50)
	D2950	Core Build		153	76.50		153	(76.50)
1/16/24	D4341	perio		0	87.50		175	87.50
2/2/24	D0220	X Ray		0	4		4	
2/7/24	D0150	Exam	Sui	0	58		58	
3/21/24	D0150	Exam	Sider	0	58		58	
4.16	D4910	Perio		* 0	76		95	19
4.16	D9310	Consult	Neitzke	0	85		85	
5/9	D2740	Crown	Sider	1757.50	149.50	907	907	0
	D0220	XRAY		* 19	0		19	
	D2392	Filling		0	120		150	30
5/22	D0220	XRay		* 19	0		19	
				1,855.50	1,500			



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