



P.O. Box 997330  
Sacramento, CA 95899-7330

January 24, 2024

## Dental Insurance Plan

administered by



Delta Dental Insurance Company

AB 01 034393 71532 H 99 A



PHIL RICE  
11268 E LINVALE DR  
AURORA CO 80014-3071

Plan underwritten by:  
Dentegra Insurance Company

Plan administered by:  
Delta Dental Insurance Company

AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
P.O. Box 2059  
Mechanicsburg, PA 17055-0759

**CAN WE HELP?**  
Visit our website:  
[deltadentalins.com/aarp](http://deltadentalins.com/aarp)

Call Customer Service: 1-866-261-4275  
TDD 1-800-735-2922 TTY 1-800-735-2929  
Mon to Fri 8 a.m. to 8 p.m. Eastern Time

### PHIL RICE

Your ID number: 1200696487-01  
Group name: AARP DENTAL  
INSURANCE PLAN  
Group number: 01230-00601

## Summary of your dental benefits claim

Total amount of claims	\$5,210.00
Amount paid by Delta Dental	\$617.50
Amount paid by another plan	\$0.00
Amount you owe your dental provider	\$1,713.50

### Important Notice

These services were performed by a contracting/participating provider who agrees to Delta Dental's determination of the accepted fee.

### THIS IS NOT A BILL

If you require dental surgery, have you discussed pain medications that replace opioids with your dentist?

**AARP® Dental Insurance Plan, administered by Delta Dental Insurance Company, is the exclusive dental insurance plan specially designed with AARP members in mind. Now that's something to smile about!**

### About your dental benefits statement

This statement explains how we have processed the claims listed in this document. The amounts shown as payable by you and by Delta Dental are in accordance with the terms of your dental plan and the terms of our agreement with your dental provider. Your portion is to be paid directly to your dental provider. **Please do not send any money to Delta Dental.**

012424D1D1TSEOBTA-8913

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# Claim for PHIL RICE

Relationship: Primary Member  
Deductible Maximum: \$40.00  
Remaining Calendar Year Deductible: \$0.00

Calendar Year Maximum: \$1,500.00  
Remaining Calendar Year Maximum: \$550.50

## # 1 Claim number: 20240176023457

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 15, 2024 Treatment type: Restorative (D2740) CROWN - PORCELAIN/CERAMIC Tooth: 19	1,959.00	907.00	907.00	0.00	--	50%	453.50	453.50
							Treating provider: KAZHALL TALEBPOUR	
Date of service: January 15, 2024 Treatment type: Restorative (D2950) CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED Tooth: 19	380.00	153.00	153.00	0.00	--	50%	76.50	76.50
							Treating provider: KAZHALL TALEBPOUR	
<b>Claim total for PHIL RICE</b>	<b>2,339.00</b>	<b>1,060.00</b>	<b>1,060.00</b>	<b>0.00</b>	<b>0.00</b>		<b>530.00</b>	<b>530.00</b>

## # 2 Claim number: 20240186061010

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 16, 2024 Treatment type: Periodontics (D4341) PERIODONTAL SCALING AND ROOT PLANING - 4 OR MORE TEETH PER QUADRANT Tooth: UR	305.00	175.00	175.00	0.00	--	50%	87.50	87.50
							Treating provider: KAZHALL TALEBPOUR	
Date of service: January 16, 2024 Treatment type: Periodontics (D4341) PERIODONTAL SCALING AND ROOT PLANING - 4 OR MORE TEETH PER QUADRANT Tooth: UL	305.00	175.00	175.00	0.00	--	0%	0.00	175.00
							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (727) This treatment is covered, but it has a two-year time limit before it can be redone. That time limit has not yet passed. You are responsible for payment.								
Date of service: January 16, 2024 Treatment type: Periodontics (D4341) PERIODONTAL SCALING AND ROOT PLANING - 4 OR MORE TEETH PER QUADRANT Tooth: LR	305.00	175.00	175.00	0.00	--	0%	0.00	175.00
							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (727) This treatment is covered, but it has a two-year time limit before it can be redone. That time limit has not yet passed. You are responsible for payment.								
Date of service: January 16, 2024 Treatment type: Periodontics (D4341) PERIODONTAL SCALING AND ROOT PLANING - 4 OR MORE TEETH PER QUADRANT Tooth: LL	305.00	175.00	175.00	0.00	--	0%	0.00	175.00
							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (727) This treatment is covered, but it has a two-year time limit before it can be redone. That time limit has not yet passed. You are responsible for payment.								

# Your dental benefits statement

Date: January 24, 2024

## Claim for PHIL RICE (continued)

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4921) GINGIVAL IRRIGATION WITH A MEDICINAL AGENT - PER QUADRANT	86.00	15.00	15.00	0.00	--	0%	0.00	0.00
Tooth: UL							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (449) The fee for irrigating the gums is included in the fee for cleanings, root canal procedures, and periodontal or oral surgery services that are done on the same date.								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4921) GINGIVAL IRRIGATION WITH A MEDICINAL AGENT - PER QUADRANT	86.00	15.00	15.00	0.00	--	0%	0.00	0.00
Tooth: LL							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (449) The fee for irrigating the gums is included in the fee for cleanings, root canal procedures, and periodontal or oral surgery services that are done on the same date.								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4921) GINGIVAL IRRIGATION WITH A MEDICINAL AGENT - PER QUADRANT	86.00	15.00	15.00	0.00	--	0%	0.00	0.00
Tooth: LR							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (449) The fee for irrigating the gums is included in the fee for cleanings, root canal procedures, and periodontal or oral surgery services that are done on the same date.								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4921) GINGIVAL IRRIGATION WITH A MEDICINAL AGENT - PER QUADRANT	86.00	15.00	15.00	0.00	--	0%	0.00	0.00
Tooth: UR							Treating provider: KAZHALL TALEBPOUR	
▶ NOTE: (449) The fee for irrigating the gums is included in the fee for cleanings, root canal procedures, and periodontal or oral surgery services that are done on the same date.								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4999) UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	155.00	155.00	155.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (718) The fee for this service is included in the fee for another service. If you see a network dentist, you do not have to pay. If you see a non-network dentist, you may have to pay.								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4999) UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	155.00	155.00	155.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (718) The fee for this service is included in the fee for another service. If you see a network dentist, you do not have to pay. If you see a non-network dentist, you may have to pay.								

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# Claim for PHIL RICE (continued)

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4999) UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	155.00	155.00	155.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (718) The fee for this service is included in the fee for another service. If you see a network dentist, you do not have to pay. If you see a non-network dentist, you may have to pay.								
.....								
Date of service: January 16, 2024								
Treatment type: Periodontics								
(D4999) UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	155.00	155.00	155.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (718) The fee for this service is included in the fee for another service. If you see a network dentist, you do not have to pay. If you see a non-network dentist, you may have to pay.								
.....								
Date of service: January 16, 2024								
Treatment type: Preventative								
(D1206) TOPICAL APPLICATION OF FLUORIDE VARNISH	115.00	34.00	34.00	0.00	--	0%	0.00	34.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (757) This treatment is covered but only when the patient is under a certain age. You are responsible for payment.								
.....								
Date of service: January 16, 2024								
Treatment type: Preventative								
(D1330) ORAL HYGIENE INSTRUCTIONS	88.00	23.00	23.00	0.00	--	0%	0.00	88.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (7BB) This service is not covered by your dental plan. You are responsible for payment. Please read your dental Evidence of Coverage for more information on your dental benefits.								
.....								
Date of service: January 16, 2024								
Treatment type: Diagnostic								
(D0417) COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	250.00	234.00	234.00	0.00	--	0%	0.00	250.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (7BB) This service is not covered by your dental plan. You are responsible for payment. Please read your dental Evidence of Coverage for more information on your dental benefits.								
.....								
Date of service: January 16, 2024								
Treatment type: Diagnostic								
(D0418) ANALYSIS OF SALIVA SAMPLE	199.00	199.00	199.00	0.00	--	0%	0.00	199.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (7BB) This service is not covered by your dental plan. You are responsible for payment. Please read your dental Evidence of Coverage for more information on your dental benefits.								
.....								
Date of service: January 16, 2024								
Treatment type: Adjunctive General Services								
(D9210) LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	35.00	23.00	23.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR								
▶ NOTE: (718) The fee for this service is included in the fee for another service. If you see a network dentist, you do not have to pay. If you see a non-network dentist, you may have to pay.								
<b>Claim total for PHIL RICE</b>	<b>2,871.00</b>	<b>1,893.00</b>	<b>1,893.00</b>	<b>0.00</b>	<b>0.00</b>		<b>87.50</b>	<b>1,183.50</b>