Dental Insurance Plan

administered by

Delta Dental Insurance Company

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

January 17, 2024

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

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

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AB 01 040239 61817 H 114 A

PHIL RICE
11268 E LINVALE DR
AURORA CO 80014-3071

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	$1,326.00
Amount paid by Delta Dental	$332.00
Amount paid by another plan	$0.00
Amount you owe your dental provider	$582.00

011724DTDTSEOBTA-9976

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.**

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: $1,168.00

1 Claim number: 20240086058841

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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 4, 2024 Treatment type: Diagnostic (D0150) COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	1	145.00	58.00	58.00	0.00	--	100%	58.00	0.00
Treating provider: KAZHALL TALEBPOUR									
Date of service: January 4, 2024 Treatment type: Diagnostic (D0367) CONE BEAM CT CAPTURE/INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	1	404.00	404.00	404.00	40.00	--	50%	182.00	222.00
Treating provider: KAZHALL TALEBPOUR									
Date of service: January 4, 2024 Treatment type: (D0274) BITEWINGS - FOUR RADIOGRAPHIC IMAGES	1	180.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR									
▶ NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: January 4, 2024 Treatment type: (D0220) INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	1	62.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR									
▶ NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: January 4, 2024 Treatment type: (D0230) INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	5	175.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: KAZHALL TALEBPOUR									
▶ NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: January 4, 2024 Treatment type: Diagnostic (D0210) INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	1	417.00	92.00	92.00	0.00	--	100%	92.00	0.00
Treating provider: KAZHALL TALEBPOUR									

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Your dental benefits statement

Date: January 17, 2024

Claim for PHIL RICE (continued)

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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 4, 2024 Treatment type: Diagnostic (D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	37.00	37.00	0.00	--	0%	0.00	90.00

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.

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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 4, 2024 Treatment type: Diagnostic (D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	37.00	37.00	0.00	--	0%	0.00	90.00

Treating provider: KAZHALL TALEBPOUR

▶ NOTE: (401) This is for your information. This service is a match for a claim that we already got from your dentist. Or it is a match for the same service on this claim.
(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.
(FLN) This procedure was previously processed or is a duplicate of another procedure on this claim.

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Claim total for PHIL RICE		**1,326.00**	**702.00**	**702.00**	**40.00**	**0.00**		**332.00**	**582.00**

The "amount submitted", "accepted fee" and "maximum contract allowance" may vary. The maximum contract allowance is the most your dental plan will pay for a service. Your plan's in-network providers have agreed to the accepted fee, and your plan's benefit payments are based on the lesser of the accepted fee and the maximum contract allowance. You can avoid paying more by using providers in your dental plan's network.

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ATTN: IF YOUR CLAIM IS DENIED IN WHOLE OR IN PART. After careful consideration of the available information, Delta Dental has processed your claim so that it has been denied to the extent that it exceeds maximum benefit allowances. The NOTICE OF PAYMENT OR ACTION outlines the specific reason(s) and the specific plan provision(s) on which the determination was based. Upon request and free of charge, Delta Dental will provide to you a copy of any internal rule, guideline or protocol, and/or an explanation of the scientific or clinical judgment if relied upon in denying your claim.

If you or your attending dentist want the denial of benefits reviewed, you or your attending dentist must write to Delta Dental **within one hundred eighty (180) days of the date on this notice** Your letter should state why the claim should not have been denied. Also, any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. You or your attending dentist are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered initially.

The review shall be conducted for Delta Dental by a person who is neither the individual who made the claim denial that is the subject of the review, nor the subordinate of such individual. If the review of a claim denial is based in whole or in part on a lack of dental necessity, experimental treatment, or a clinical judgment in applying the terms of the Contract, Delta Dental shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry who is neither the Delta Dental dental consultant who made the claim denial nor the subordinate of such dental consultant. The identity of such dental consultant is available upon request whether or not the advice was relied upon. In making the review, Delta Dental will not afford deference to the initial adverse benefit determination.

If after review, Delta Dental continues to deny the claim, Delta Dental shall notify you and your attending dentist in writing of the decision on the request for review within thirty (30) days of the date the request is received. Delta Dental shall send you or your attending dentist a notice, similar to this notice. If in the opinion of you or your attending dentist, the matter warrants *further* consideration, you should advise Delta Dental in writing as soon as possible. The matter shall be immediately referred to Delta Dental's Dental Affairs Committee. This stage can include a clinical examination, if not done previously, and a hearing before Delta Dental's Dental Affairs Committee if requested by you or your attending dentist. The Dental Affairs Committee will render a decision within sixty (60) days of your initial request for review as described above (initial sixty (60) day period). The decision of the Dental Affairs Committee shall be final insofar as Delta Dental is concerned. Recourse thereafter would be to the state regulatory agency, a designated state administrative review board or other civil action.

At any time during the review process, Delta Dental may determine that an extension of time is required. In unusual cases, such as those which require review by a dental specialist of technical records, the review may take longer than the sixty (60) day period. In such cases, written notice of the extension will be furnished to you prior to the termination of that period. In no event shall such extension exceed a period of sixty (60) days from the end of the initial (60) day period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which Delta Dental expects to render the determination on review.

(AARP-STD-CGA-11)

You have the right to request a concurrent internal and external expedited review for a case that qualifies under urgent care request. If you have individual coverage, a covered person's rights includes the right to be present for the appeal review and to present materials to the dentist prior to the review and at the time of the review. Such individual is entitled to only one internal appeal review. If you have group coverage, you may only submit written comments, documents, records and other material relating to the request for benefits for the reviewer or reviewers to consider when conducting the review. You can request free of charge, reasonable access to, and copies of all documents, records and other information relevant to your coverage request for benefits.

Delta Dental takes fraud seriously.

Learn how you can protect yourself from fraud at deltadentalins.com/individuals.

Delta Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. If you believe that

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Your dental benefits statement

Date: January 17, 2024

Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail. Please visit deltadentalins.com Legal Notices to access Delta Dental's Notice of Non-Discrimination.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-866-530-9675 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-866-530-9675 (TTY: 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-866-530-9675 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-866-530-9675 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-866-530-9675 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-866-530-9675 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-866-530-9675 (TTY: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-866-530-9675 (TTY: 711). (Arabic)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-866-530-9675 (TTY: 711) までご連絡ください。(Japanese)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیا تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-866-530-9675 (TTY: 711).
(Persian Farsi)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-866-530-9675 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 1-866-530-9675 (TTY : 711). (French)

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