

**Patient:**

Date of birth:  
 Claim number:  
 Group name:  
 Group number:

Primary enrollee:  
 Enrollee ID numbers:

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM PLAN ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	PERCENT DELTA DENTAL PAYS	PATIENT PAYS (\$)	DELTA DENTAL PAYS (\$)
Date of service: March 23, 2009 (D9220) First 30 mins anesthesia	386.00	386.00	386.00	50.00	--	80%	117.20	268.80
▶ NOTE: (0) Benefit calculation based on "submitted fee or accepted fee"								
Date of service: March 23, 2009 (D7140) Extract tooth or root Tooth T	176.00	176.00	176.00	0.00	--	80%	35.20	140.80
▶ NOTE: (0) Benefit calculation based on "submitted fee or accepted fee"								
Date of service: March 23, 2009 (D7140) Extract tooth or root Tooth K	176.00	176.00	176.00	0.00	--	80%	35.20	140.80
▶ NOTE: (0) Benefit calculation based on "submitted fee or accepted fee"								
Date of service: March 23, 2009 (D7140) Extract tooth or root Tooth J	176.00	176.00	176.00	0.00	--	80%	35.20	140.80
▶ NOTE: (0) Benefit calculation based on "submitted fee or accepted fee"								
Date of service: March 23, 2009 (D7140) Extract tooth or root Tooth A	176.00	176.00	176.00	0.00	--	80%	35.20	140.80
▶ NOTE: (0) Benefit calculation based on "submitted fee or accepted fee"								
<b>Total for</b>	<b>1,090.00</b>	<b>1,090.00</b>	<b>1,090.00</b>	<b>50.00</b>	<b>0.00</b>		<b>258.00</b>	<b>832.00</b>