

Non-Covered Charges includes the member responsibility for the different between the doctor's filed fees for amalgam and composite fillings.

Provider Discount/Disallowed includes the different between doctor's billed amount and the doctor's filed fee amount for the composite filling.

## PAYMENT DISBURSEMENT REGISTER Alternate Benefit Example

**PAYEE: XYZ Dental Office**

**PAYEE ID: P00123453789**

**DATE: 03/31/07**

| FOR SERVICES FROM TO   | TYPE OF SERVICE | PROC CODE | TOTAL CHARGES                                    | NON-COVERED CHARGES | DEDUCTIBLE | PROVIDER DISCOUNT/DISALLOWED             | REMAINING COVERED CHARGES | COPAY | PATIENT RESPONSIBILITY   | TOTAL BENEFIT | BENEFIT PAID TO PROVIDER | COMMENTS |
|--|-----------------|-----------|--|---------------------|------------|--|---------------------------|-------|--|---------------|--------------------------|----------|
| PATIENT: John Doe<br>PATENT ACCT: 12345A<br>CLAIM ID: 070925000025 |                 |           | SUBSCRIBER: John Doe<br>SUBSCRIBER ID: Z98765432 |                     |            | GROUP ID: 100000000A<br>GROUP: ABC Group |                           |       | PROVIDER ID: P00023456789<br>PROVIDER: Dr.David Dental DMD<br>NETWORK: Delta Premier |               |                          |          |
| 0101 010107  | Amal:3 Surface  | D2160     | 250.00   | 68.00               | 0.00       | 40.00                                    | 142.00                    | 28.40 | 96.40  | 113.60        | 113.60                   | 9A8 818  |
| TOTALS   |                 |           | 250.00   | 68.00               | 0.00       | 40.00                                    | 142.00                    | 28.40 | 96.40  | 113.60        | 113.60                   |          |

**COMMENTS:**

\*\*\* Payment for these services is determined based on the specific terms of our member's plan or Delta's agreements with Delta Network Dentist.

9A8 The charge exceeds the amount allowed.

818 Tooth colored (composite) fillings on back teeth are not a benefit. Allowance has been made for a silver (amalgam) filling.

|                         |        |
|-------------------------|--------|
| TOTAL CHARGE:           | 250.00 |
| BENEFITS PAID:          | 113.60 |
| OVERPAYMENT DEDUCTIONS: | 0.00   |
| TOTAL ODS PAYMENT:      | 113.60 |

|                                       |      |
|---------------------------------------|------|
| PREVIOUS OVERPAYMENT BALANCE:         | 0.00 |
| NEW OVERPAYMENTS THIS STATEMENT:      | 0.00 |
| OVERPAYMENTS DEDUCTED THIS STATEMENT: | 0.00 |
| REFUNDS RECEIVED:                     | 0.00 |
| REMAINING OVERPAYMENT BALANCE:        | 0.00 |

THIS IS NOT A BILLING. PLEASE SAVE THIS COPY FOR YOUR RECORDS.