



Explanation of dental payment

THIS IS NOT A BILL

Claim details - continued

PATIENT NAME: JOHN O'BRIEN SUBSCRIBER NAME: PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER PATIENT
ID: 990902845 HEALTH CARE PROFESSIONAL NAME: CHOICE DENTAL FENTON PROVIDER NETWORK STATUS: NETWORK HEALTH CARE PROFESSIONAL
ID: 990902845 GROUP NAME: GROUP #: DOCUMENT #: D242616168790 CLAIMANT #: 01 CLAIM #: 001 PAYMENT #: 001
RECEIVED DATE: Sept 17, 2024 PROCESSED DATE: Sept 18, 2024 Administrative Services Only - ERISA

AMOUNT YOU CHARGED (\$)	YOUR CONTRACTED AMOUNT (\$)	AMOUNT ELIGIBLE FOR COVERAGE BY THE PLAN (\$)	PATIENT COPAY/ DEDUCTIBLE (\$)	REMAINING BALANCE (\$)	PATIENT COINSURANCE (\$)	THE PLAN COVERED	
						(%)	(\$)
For service on Sept 16, 2024: D1110*							
134.00	105.59	105.59	0.00	105.59	0.00	100%	105.59
\$459.00	\$326.81	\$326.81	\$0.00	\$326.81	\$0.00		\$326.81
Amount paid by the plan							\$326.81
Customer's responsibility							\$0.00

Additional remarks

Thank you for using a GEHA Connection Dental Network Healthcare Professional. The amount eligible for coverage is determined by the GEHA Connection Dental Network negotiated amount and the customer's benefit plan. The difference between the submitted charges and the negotiated amount is not the patient's responsibility.