

Online Claim Submission

Code: DET

Employer: Delta College

EmpID: 1091090

EmpName: Robertson, Mark

Submitted: February 10, 2023

Batch: 30283513

Claim Total: \$43.96

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/7/2023	ORTHO	\$39.75	Provider: McLaren Dental. For whom: Eryn Robertson. Resubmitting with EOB
2	1/23/2023	RX	\$4.21	Provider: Rite Aid. For whom: Eryn Robertson.

Patient:
Eryn Robertson

Pharmacy:
Rite Aid Pharmacy 04382
2910 ASHMAN STREET
MIDLAND, MI, 48640-4448
9896310700

Total charged\$54.99

Total covered\$50.78

Total you pay\$4.21

Have questions about your claim?

Contract number:
894964828

Mark paid

Service date	Drug description	Amount charged	Discount	Amount approved	Plan paid	You pay	Copay
01/23/2023	Benzonatate Prescription #: 2636511 Supply: 7 Days Quantity: 21 Dosage: CAPS Refills Used: 0	\$54.99	\$50.78	\$4.21	\$0.00	\$4.21	\$4.21
TOTALS:		\$54.99	\$50.78	\$4.21	\$0.00	\$4.21	\$4.21



Explanation of Benefits

(THIS IS NOT A BILL)

Patient Name: ERYN ROBERTSON

Business/Dentist: MCLAREN DENTAL ASSOCIATES PC

Date of Birth: xx/xx/xxxx

License No.: 18086 / MI (NPI: 1972617215)

Relationship: DEPENDENT

Check No.: 9908450022

Subscriber: MARK ROBERTSON

Issue Date: 02/07/2023

Receipt Date: 02/07/2023

Claim No.: 2302074310485



Pursuant to recent Department of Labor regulations, you may have additional time to file an appeal due to the Covid-19 pandemic. Please see Member Portal for further details. If you haven't already created a Member Portal account, you can do so at www.memberportal.com.

Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL PLAN OF MICHIGAN			PRODUCT: DELTA DENTAL PPO (POINT-OF-SERVICE)								
CLIENT/ID: 3883 DELTA COLLEGE											
SUBCLIENT: 1001 DELTA COLLEGE											
NETWORK:	PPO DENTIST										
	02/07/23	ORAL EXAM	59.00	32.00	27.00	32.00		75%	24.00	8.00	P
	02/07/23	XRAYS	72.00	40.00	32.00	40.00		75%	30.00	10.00	P
	02/07/23	CLEANING	98.00	58.00	40.00	58.00		75%	43.50	14.50	P
	02/07/23	FLUORIDE	42.00	29.00	13.00	29.00		75%	21.75	7.25	P
Total			271.00	159.00	112.00	159.00	0.00		119.25	39.75	

GENERAL MAXIMUM USED TO DATE: 400.50