

## Online Claim Submission

Code: IA3

Employer: Charleston Area Medical Center

EmplID: 236139441

EmpName: Weber, Stephen

Submitted: February 10, 2023

Batch: 30282081

Claim Total: \$29.38

Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$8.00	Provider: CAMC Pharmacy #3. For whom: Molly Weber.
2	2/7/2023	RX	\$8.00	Provider: CAMC Pharmacy #3. For whom: Molly Weber.
3	1/2/2023	RX	\$13.38	Provider: CAMC Pharmacy #1. For whom: S. Andrew Weber.

# Your claim payment

Date: January 27, 2023

## Claim for STEPHEN A WEBER

Relationship: Primary Member

# 1 Claim number: 20230062002981

PROCEDURE NUMBER AND TYPE OF SERVICE TOOTH NUMBER AND SURFACE	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 2, 2023 Treatment type: Adjunctive General Services (D9630) OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	50.00	50.00	18.00	0.00	--	100%	0.00	50.00
Treating provider: JOHN W MCGEHEE								
► 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.								
Date of service: January 2, 2023 Treatment type: Periodontics (D4273) AUTOGENOUS CONNECTIVE TISSUE GRAFT; FIRST TOOTH, IMPLANT, OR EDENTULOUS POSITION Tooth: 15	1,700.00	1,700.00	255.00	50.00	--	70%	143.50	1,556.50
Treating provider: JOHN W MCGEHEE								
Claim total for STEPHEN A WEBER	1,750.00	1,750.00	273.00	50.00	0.00		143.50	1,606.50

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.

### Important information

THE FOLLOWING EXPLANATION IS BEING PROVIDED TO YOU IN ACCORDANCE WITH DEPARTMENT OF LABOR STANDARDS REGARDING CLAIMS PROCEDURES.

**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 wants 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.** Failure to comply with such requirements may lead to forfeiture of your right to challenge this denial, even when a request for clarification has been made. 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

# Claim for AMY M WEBER

Relationship: Spouse

# 1 Claim number: 20230176052792

PROCEDURE NUMBER AND TYPE OF SERVICE	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 13, 2023 Treatment type: Preventative (D1110) PROPHYLAXIS (CLEANING) - ADULT	90.00	52.00	46.00	0.00	--	90%	41.40	10.60
Treating provider: MICHAEL L RICHARDSON								
Date of service: January 13, 2023 Treatment type: Diagnostic (D0120) PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	59.00	28.00	26.00	0.00	--	90%	23.40	4.60
Treating provider: MICHAEL L RICHARDSON								
Date of service: January 13, 2023 Treatment type: Diagnostic (D0274) BITEWINGS - FOUR RADIOGRAPHIC IMAGES	61.00	38.00	35.00	0.00	--	90%	31.50	6.50
Treating provider: MICHAEL L RICHARDSON								
<b>Claim total for AMY M WEBER</b>	<b>210.00</b>	<b>118.00</b>	<b>107.00</b>	<b>0.00</b>	<b>0.00</b>		<b>96.30</b>	<b>21.70</b>

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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Molly  
CAMC Pharmacy #3  
3415 MacCorkle Ave SE  
Charleston, WV 25304  
304-388-9700

Merch ID: QM6M6SDF  
1301-044364 1/20/2023 12:10  
CB

Rx 200330-00 QHP  
20033000 1 @ \$8.00 \$8.00  
Counseling Declined

Sub Total \$8.00  
Tax \$0.00

Total \$8.00

MC \$8.00

MC # \*\*\*\* \* 8120

Approval Code: 06523Z  
Application ID: A0000000041010  
Application Label: MASTERCARD

# ITEMS SOLD 1

\*\*\*\*\*  
QHP Item Count 1  
QHP Total Amount \$8.00  
\*\*\*\*\*

Charge Amount: \$8.00  
Card Number: \*\*\*\*\*8120  
Auth Code: 06523Z  
TransID/PNRef: 4820139736  
Remaining Bal: \$0.00  
Entry Method: PROXIMITY

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Charleston, WV 25304  
304-388-9700

Merch ID: QM6M6SDF  
1301-045582 2/7/2023 4:12  
ME

Rx 202055-00 QHP  
20205500 1 @ \$8.00 \$8.00  
Counseling Declined

Sub Total \$8.00  
Tax \$0.00

Total \$8.00

MC \$8.00

MC # \*\*\*\* \* 3998

Approval Code: 07305Z  
Application ID: A0000000041010  
Application Label: MASTERCARD

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\*\*\*\*\*  
QHP Item Count 1  
QHP Total Amount \$8.00  
\*\*\*\*\*

Charge Amount: \$8.00  
Card Number: \*\*\*\*\*3998  
Auth Code: 07305Z  
TransID/PNRef: 4848762311  
Remaining Bal: \$0.00  
Entry Method: SWIPE

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Charleston, WV 25304  
304-388-9547

Merch ID: FPOXTTFK  
1201-038793  
ES

1/2/2023 4:42

Rx 186903-00		QHP
18690300	1 @ \$4.06	\$4.06
Rx 186905-00		QHP
18690500	1 @ \$3.33	\$3.33
Rx 186904-00		QHP
18690400	1 @ \$3.63	\$3.63
ACETAMIN TAB 500MG MMP 100		QHP
30904673060	1 @ \$2.21	\$2.21
Counseling Declined		

Sub Total	\$13.23
Tax	\$0.15

Total	\$13.38
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MC	\$13.38
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MC # \*\*\*\* \* 8120

Approval Code: 00618Z  
Application ID: A0000000041010  
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# ITEMS SOLD 4

\*\*\*\*\*  
QHP Item Count 4  
QHP Total Amount \$13.38  
\*\*\*\*\*

Charge Amount: \$13.38  
Card Number: \*\*\*\*\*8120  
Auth Code: 00618Z  
TransID/PNRef: 4793015784  
Remaining Bal: \$0.00  
Entry Method: SWIPE

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Tax		\$0.00
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MC		\$8.00

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Entry Method: PROXIMITY

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