

Redacted Copy w/ Required Fields circled

DELTA DENTAL

Explanation of Benefits (THIS IS NOT A BILL)

Patient Name

Business/Dentist: CORNERSTONE DENTAL PLLC

Date of Birth:

License No.: 5865 / OK (NPI: 1992928196)

Relationship:

Check No.:

Subscriber:

Issue Date: 12/10/2021

Receipt Date: 12/08/2021

Subscriber ID:

Claim No.:

Patient Acct:

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

Area/Tooth Code/Surface	Date of Service	Procedure Code	Submitted Amount	Maximum Approved Fee	Contract Dentist Adjustment	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: 1166						UAW RETIREE MEDICAL BENEFITS TRUST					
SUBCLIENT: 5000						GENERAL MOTORS UAW RETIREES					
NETWORK: PPO DENTIST	12/07/21	D0140	72.00	44.00	28.00	44.00		100%	44.00	0.00	P
	12/07/21	D0220	30.00	18.00	12.00	18.00		100%	18.00	0.00	P
Total			102.00	62.00	40.00	62.00	0.00		62.00	0.00	

GENERAL MAXIMUM USED TO DATE: 227.00

DELTA DENTAL

DELTA DENTAL
PO BOX 9085
FARMINGTON HILLS, MI 48333-9085

www.deltadentalmi.com
FOR INQUIRIES: 800-524-0149



000000001101

CORNERSTONE DENTAL PLLC
1601 AIRPORT DR
SHAWNEE, OK 74804-4302

Payment for these services is determined in accordance with the specific terms of the member's dental plan and/or Delta Dental's agreements with its contracting dentists.

ANTI-FRAUD TOLL FREE NUMBER 800-524-0147
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.



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