Explanation of Benefits
(THIS IS NOT A BILL)

△ DELTA DENTAL

Patient Name:	Business/Dentist: WILLIE A HAMMONTREE
Date of Birth:	License No.: 9250 / TN (NPI: 1154633345)
Relationship:	Check No.:
Subscriber:	Issue Date: 11/18/2021
	Receipt Date: 11/18/2021
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 OF ARIZONA						PRODUCT: DELTA DENTAL PPO					
CLIENT/ID: 36654		BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC									
SUBCLIENT: 1710		BONNETT, FAIRBOURN, FRIEDMAN & BALINT, PC									
NETWORK: PPO DENTIST											
	11/17/21	D1110	105.00	57.00	48.00	57.00		100%	57.00	0.00	P
	11/17/21	D0274	71.00	40.00	31.00	40.00		100%	40.00	0.00	P
		Total	176.00	97.00	79.00	97.00	0.00		97.00	0.00	

GENERAL MAXIMUM USED TO DATE: 217.00

As a Delta Dental network provider, only the amount in the Patient Pay column may be billed to the Delta Dental enrollee.

△ DELTA DENTAL

DELTA DENTAL OF ARIZONA
PO BOX 9092
FARMINGTON HILLS, MI 48333-9092

www.deltadentalaz.com/dentist
CUSTOMER SERVICE: 602-938-3131 or 800-352-6132
(TTY users call 711)

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

ANTI-FRAUD TOLL-FREE HOTLINE: 855.372.8345

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.

WILLIE A HAMMONTREE
125 CHEROKEE BLVD STE 119
CHATTANOOGA, TN 37405-3893

Dentist Copy