



Claim 202502192975416

Valerie Coronel

Patient date of birth
11/08/2011

Relationship to policy holder/subscriber
Dependent

Coverage

Policy holder/subscriber name
Maria Coronel

Subscriber ID
274971589701

Employer or group name
RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth
05/27/1980

Plan or group number
71949

Provider

Billing provider ID
GRP240643096

Facility ID
DC021475

Provider status
DeltaCare USA Network

Billing provider name
Watanabe & Lynn Dental Corp

Facility name
Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	02/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
\$17.71	\$17.71	\$17.71	\$0.00	-	\$17.71	\$0.00

Claim total

This information is based on our records, claims/encounters processed as of the day you accessed the system. This is not an authorization, nor a guarantee of eligibility, benefits, or payment.



Claim 202503199769865

Valerie Coronel

Patient date of birth
11/08/2011

Relationship to policy holder/subscriber
Dependent

Coverage

Policy holder/subscriber name
Maria Coronel

Subscriber ID
274971589701

Employer or group name
RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth
05/27/1980

Plan or group number
71949

Provider

Billing provider ID
GRP240643096

Facility ID
DC021475

Provider status
DeltaCare USA Network

Billing provider name
Watanabe & Lynn Dental Corp

Facility name
Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	03/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
\$17.71	\$17.71	\$17.71	\$0.00	-	\$17.71	\$0.00

Claim total

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Claim 202504161997550

Valerie Coronel

Patient date of birth
11/08/2011

Relationship to policy holder/subscriber
Dependent

Coverage

Policy holder/subscriber name
Maria Coronel

Subscriber ID
274971589701

Employer or group name
RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth
05/27/1980

Plan or group number
71949

Provider

Billing provider ID
GRP240643096

Facility ID
DC021475

Provider status
DeltaCare USA Network

Billing provider name
Watanabe & Lynn Dental Corp

Facility name
Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	04/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
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Claim total

\$17.71	\$17.71	\$17.71	\$0.00	-	\$17.71	\$0.00
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Claim 202505144299661

Valerie Coronel

Patient date of birth

11/08/2011

Relationship to policy holder/subscriber

Dependent

Coverage

Policy holder/subscriber name

Maria Coronel

Subscriber ID

274971589701

Employer or group name

RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth

05/27/1980

Plan or group number

71949

Provider

Billing provider ID

GRP240643096

Facility ID

DC021475

Provider status

DeltaCare USA Network

Billing provider name

Watanabe & Lynn Dental Corp

Facility name

Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	05/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
\$17.71	\$17.71	\$17.71	\$0.00	-	\$17.71	\$0.00

Claim total

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Claim 202506181952368

Valerie Coronel

Patient date of birth
11/08/2011

Relationship to policy holder/subscriber
Dependent

Coverage

Policy holder/subscriber name
Maria Coronel

Subscriber ID
274971589701

Employer or group name
RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth
05/27/1980

Plan or group number
71949

Provider

Billing provider ID
GRP240643096

Facility ID
DC021475

Provider status
DeltaCare USA Network

Billing provider name
Watanabe & Lynn Dental Corp

Facility name
Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	06/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
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Claim total

\$17.71

\$17.71

\$17.71

\$0.00

-

\$17.71

\$0.00

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Claim 202507168073689

Valerie Coronel

Patient date of birth
11/08/2011

Relationship to policy holder/subscriber
Dependent

Coverage

Policy holder/subscriber name
Maria Coronel

Subscriber ID
274971589701

Employer or group name
RIVERSIDE SHERIFFS'
ASSOCIATION BENEFIT TRUST

Policy holder/subscriber date of birth
05/27/1980

Plan or group number
71949

Provider

Billing provider ID
GRP240643096

Facility ID
DC021475

Provider status
DeltaCare USA Network

Billing provider name
Watanabe & Lynn Dental Corp

Facility name
Marketplace Dental Group

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
-	07/14/2025	D8670	-	-	\$17.71	\$17.71	\$17.71	\$0.00	100%	\$17.71	\$0.00

Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
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Claim total

\$17.71

\$17.71

\$17.71

\$0.00

-

\$17.71

\$0.00

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