



P.O. Box 997330
Sacramento, CA 95899-7330

MB 02 031952 87112 H 120 A



JEREMY N MONTOYA
29753 FAR SHORE DR
MENIFEE CA 92585-6203

July 17, 2025

Plan underwritten and administered by:
Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

CAN WE HELP?
Visit our website:
deltadentalins.com

Call Customer Service: 888-335-8227
TDD/TTY 800-735-2922

Mon to Fri 8 a.m. to 8 p.m. Pacific Time

031952 1/5

► Check Number: 0072983603

JEREMY N MONTOYA

Your ID number: 1241978622-01

Group name: CITY OF MONROVIA

Group number: 22587-00001

Summary of your claim payment

Total amount of claims	\$2,602.00
Amount you owe your dental provider	\$1,531.20
Interest amount added to claim	\$0.00
Amount paid by Delta Dental	\$530.80

Important Notice

These services were submitted by a provider who did not participate with Delta Dental at the time any of the claims shown on this document were processed. You can maximize your dental benefits and reduce your expenses by using a contracted/participating provider. Check your plan information to learn the advantages of using a network provider.

About your claim

The attached check is the amount paid by Delta Dental for the claims listed in this document. We have not made any payment to your dental provider. The "Amount you owe your dental provider" listed above is your share of the claims you are to pay directly to your dental provider. **Please do not send money to Delta Dental.**

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SECURITY NOTE: The face of this check is printed on a green background. See reverse for additional security features.



P.O. Box 997330
Sacramento, CA 95899-7330

PAY EXACTLY FIVE HUNDRED THIRTY AND 80/100 DOLLARS

TO THE ORDER OF
JEREMY N MONTOYA
29753 FAR SHORE DR
MENIFEE CA 92585

WELLS FARGO BANK
255 2ND AVE SOUTH
MINNEAPOLIS, MN 55479

Check Number: 0072983603
0011-0024/1210

Date: 7/17/2025

\$*****530.80

DELTA DENTAL OF CALIFORNIA

CHECK VALID FOR 365 DAYS

Security Features Included Details on back

0072983603 121000248 4031051022



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Endorse Here

X 

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
Reserved for financial institution use

ON JUNE 1, 2006, THE FEDERAL RESERVE BOARD OF GOVERNORS ADOPTED A NEW CHECK DESIGN. THE NEW DESIGN IS THE RESULT OF A JOINT EFFORT BY THE FEDERAL RESERVE BOARD OF GOVERNORS AND THE CHECK PAYMENT SYSTEMS ASSOCIATION.

#ephi



The security features listed below, as well as those not listed, exceed industry guidelines.

Security Features:

Digital Security Pantograph	The words VOID will appear in the check background when photocopied
Digital Verification Grid	A lightly screened pattern area on front of check will not be present on photocopies
Anti-Copy Technology	Prevents most color copiers from creating a usable document
Digital Inkjet Dye-based and/or Pigment-based Inks	Dye-based ink printed areas WILL wash away - Pigment-based ink printed areas will NOT wash away when chemical alteration attempts are made
Original Back Pattern	Discourages cut & paste alterations

© Padlock design is a certification mark of Check Payment Systems Association.

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Your claim payment

Date: July 17, 2025

Claim for JEREMY N MONTOYA

Relationship: Primary Member

1 Claim number: 20251956026786

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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: June 25, 2025									
Treatment type: Diagnostic									
(D0150) COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	1	120.00	120.00	44.00	0.00	--	80%	35.20	84.80
Treating provider: DEREK M DOWNING									
Date of service: June 25, 2025									
Treatment type: Diagnostic									
(D0367) CONE BEAM CT CAPTURE/INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	1	404.00	404.00	351.00	25.00	--	50%	163.00	241.00
Treating provider: DEREK M DOWNING									
Date of service: June 25, 2025									
Treatment type:									
(D0274) BITEWINGS - FOUR RADIOGRAPHIC IMAGES	1	180.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: DEREK M DOWNING									
► NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: June 25, 2025									
Treatment type:									
(D0220) INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	1	62.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: DEREK M DOWNING									
► NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: June 25, 2025									
Treatment type:									
(D0230) INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	5	175.00	0.00	0.00	0.00	--	0%	0.00	0.00
Treating provider: DEREK M DOWNING									
► NOTE: (FLB) We've made a payment equal to the amount we'd pay for a complete set of x-rays. Network dentists agree to charge only a set amount. If you see an out-of-network dentist you may have to pay more.									
Date of service: June 25, 2025									
Treatment type: Diagnostic									
(D0210) INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	1	417.00	417.00	98.00	0.00	--	80%	78.40	338.60
Treating provider: DEREK M DOWNING									
Date of service: June 25, 2025									
Treatment type: Diagnostic									
(D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	90.00	70.00	0.00	--	80%	56.00	34.00
Treating provider: DEREK M DOWNING									

Claim for JEREMY N MONTOYA (continued)

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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: June 25, 2025 Treatment type: Diagnostic (D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00

Treating provider: DEREK M DOWNING

► NOTE: (401) This is for your information. This service is a match for a request that we already received from your dentist or it is a match for the same service on this request.

(FLN) This procedure was previously processed or is a duplicate of another procedure on this claim.

Date of service: June 25, 2025 Treatment type: Diagnostic (D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00
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Treating provider: DEREK M DOWNING

► NOTE: (401) This is for your information. This service is a match for a request that we already received from your dentist or it is a match for the same service on this request.

(FLN) This procedure was previously processed or is a duplicate of another procedure on this claim.

Date of service: June 25, 2025 Treatment type: Diagnostic (D0350) 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00
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Treating provider: DEREK M DOWNING

► NOTE: (401) This is for your information. This service is a match for a request that we already received from your dentist or it is a match for the same service on this request.

(FLN) This procedure was previously processed or is a duplicate of another procedure on this claim.

Claim total for JEREMY N MONTOYA		1,301.00	1,301.00	773.00	25.00	0.00		332.60	698.40
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Claim for BREANA A MONTOYA

Relationship: Spouse

1 Claim number: 20251956003292

Please note: We are unable to display claim treatment details for an adult dependent without his/her approval. This family member can go to deltadentalins.com, Register Today, and grant permission on the My Profile page.

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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: June 25, 2025 Treatment type:	1	120.00	120.00	44.00	0.00	--	80%	35.20	84.80

Treating provider: DEREK M DOWNING

Date of service: June 25, 2025 Treatment type:	1	404.00	404.00	351.00	25.00	--	50%	163.00	241.00
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Treating provider: DEREK M DOWNING

Your claim payment

Date: July 17, 2025

Claim for BREANA A MONTOYA (continued)

PROCEDURE NUMBER AND TYPE OF SERVICE	QUANTITY	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: June 25, 2025 Treatment type:	1	180.00	0.00	0.00	0.00	--	0%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	62.00	0.00	0.00	0.00	--	0%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	5	175.00	0.00	0.00	0.00	--	0%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	417.00	417.00	98.00	0.00	--	80%	0.00	417.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	90.00	90.00	70.00	0.00	--	80%	0.00	90.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Date of service: June 25, 2025 Treatment type:	1	90.00	90.00	70.00	0.00	--	80%	0.00	0.00
							Treating provider: DEREK M DOWNING		
Claim total for BREANA A MONTOYA		1,301.00	1,301.00	773.00	25.00	0.00		198.20	832.80

Important Information

This Claim Payment is for services reported to Delta Dental of California by the dental office for the patient named on this form.

If your calculations differ from the amount indicated by Delta Dental, carefully read your Evidence of Coverage or Summary Plan Description and review the conditions which can affect the calculation of payment, such as deductibles, maximums, optional services and services provided by non-Delta Dental providers. If an adjustment has been made by Delta Dental, it will be explained on the notice. Any questions of ineligibility should be handled directly between you and your group.



If your claim has been denied or an adjustment has been made, you or your dental provider may make a request for review of your case to Delta Dental by calling or mailing such request to Delta Dental at the phone number or address indicated on page 1 of this notice. You should state the reasons for your request, include the MEMBER I.D. NUMBER and any additional information you have that would support your claim for benefits. You or your dental provider may request, free of charge, copies of any pertinent documents that are relevant to the claim. Upon request and free of charge, Delta Dental will provide you a copy of any internal rule, guideline, protocol, and/or explanation of the scientific or clinical judgment if relied upon in denying your claim. Certain cases may be referred to one of Delta Dental's regional consultants, to a review committee of the dental society in your area or to the state dental association for evaluation. You will receive a written decision on your request for review within 30 days (or 60 days if your group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA)).

The review will take into account all 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 original claim denial, nor the subordinate of such individual and Delta Dental will not afford deference to the initial decision. If the review of a claim denial is based in whole or in part on a lack of medical necessity, experimental treatment, or clinical judgment in applying the terms of the contract terms, Delta Dental shall consult with a dental provider who has appropriate training and experience. The identity of such dental consultant is available upon request. If you believe that you need further review of your claim and your group health plan is subject to ERISA, you may bring a civil action under section 502(a) of ERISA.

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.

What to do if you have a complaint against your dental plan

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-765-6003 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech-impaired. The department's internet website www.dmhca.ca.gov has complaint forms, IMR application forms and instructions online.

Send your grievances to:
Delta Dental of California
Customer Service Department
PO Box 997330
Sacramento, CA 95899-7330

or call 1-800-765-6003