



# Explanation of Benefits

## (THIS IS NOT A BILL)

Patient Name: JOHNATHON

Business/Dentist: SCOTTSDALE AND SHEA DENTAL GROUP

Date of Birth: xx/xx/xxxx

License No.: 8724 / AZ (NPI: 1679914337)

Relationship: SUBSCRIBER

Check No.: 9103147479

Subscriber: JOHNATHON ODOWD

Issue Date: 07/28/2025

Receipt Date: 07/28/2025

Subscriber ID: xxxxx6259

Claim No.: 2507282403338

Patient Acct: A46710371940



Our Dental Office Toolkit offers the ability to search comprehensive claims history, manage transactions for multiple clinics and providers, file claims and pre-treatment estimates, and sign up for EFT and ERA.

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 MINNESOTA						PRODUCT: DELTA DENTAL PPO PLUS PREMIER					
CLIENT/ID: 051054						WELLS FARGO AND COMPANY					
SUBCLIENT: 0001						ACTIVE EMPLOYEES - WFC					
NETWORK: PPO DENTIST											
	07/25/25	D0140	109.00	48.00	61.00	48.00		100%	48.00	0.00	P
	07/25/25	D0220	77.00	18.00	59.00	18.00		100%	18.00	0.00	P
	07/25/25	D0230	55.00	15.00	40.00	15.00		100%	15.00	0.00	P
	07/25/25	D0270	60.00	18.00	42.00	18.00		100%	18.00	0.00	P
	07/25/25	D0367	404.00	404.00	0.00	0.00			0.00	404.00	P
POLICY CODE: EL00034											
05/0,D	07/25/25	D2392	335.00	145.00	190.00	145.00	D50.00	80%	76.00	69.00	P
04	07/25/25	D2740	1522.00	714.00	808.00	714.00		60%	428.40	285.60	P
POLICY CODE: AP12201											
04	07/25/25	D2950	434.00	141.00	293.00	141.00		60%	84.60	56.40	P
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.											
CONTINUED ON NEXT PAGE											
Total											



DELTA DENTAL OF MINNESOTA  
PO BOX 9120  
FARMINGTON HILLS, MI 48333-9120



www.DeltaDentalMN.org  
FOR INQUIRIES: 651-994-5342 or 877-598-5342

SCOTTSDALE AND SHEA DENTAL GROUP  
PO BOX 920050  
DALLAS, TX 75392-0050

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 contracted dentists.

### ANTI-FRAUD HOTLINE 612-224-3277

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 anti-fraud hotline or email us at [reportfraud@DeltaDentalMN.org](mailto:reportfraud@DeltaDentalMN.org). You do not need to identify yourself.



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SUBCLIENT: 0001						ACTIVE EMPLOYEES - WFC					
AP12201											
PAYMENT IS MADE FOR A SURFACE ONCE WITHIN A 24-MONTH PERIOD, REGARDLESS OF THE NUMBER OR COMBINATION OF RESTORATIONS PLACED ON THAT SURFACE. AN ALLOWANCE HAS BEEN MADE DEDUCTING THE FEE FOR THE RESTORATION WHICH WAS PREVIOUSLY PAID.											
EL00034											
SPECIALIZED TECHNIQUES ARE NOT BENEFITS OF THE DENTAL PLAN.											
Total			2996.00	1503.00	1493.00	1099.00	50.00		688.00	815.00	

GENERAL MAXIMUM USED TO DATE: 589.00



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