

Comments

Payment for these services is determined based on the specific terms of your patient's dental plan or Delta's agreements with Delta Network Dentists.

Patient: Elisha R Strauch

Claim #: 251831107500

Subscriber: Jesse P Strauch

Group ID: 10006786

Provider ID: P00001645775

Network: Delta Dental Premier

Patient account: A30710328761

Subscriber ID: E00352887

Group: OEGB - Astoria SD 1

Provider: Syed H Asghar DMD

Service date	Type of service	Procedure code	Total charge	Non-covered charges	Deductible	Provider discount/amount not covered	Provider withhold	Remaining covered charges	Copay/coinsurance	Patient responsibility	Total benefit	Benefit paid to provider	Reason code(s)
062725	Ext:Cmplt Bony ; Removal of impacted tooth - completely bony	D7240	\$575.00	\$0.00	\$50.00	\$125.00	\$4.00	\$400.00	\$0.00	\$50.00	\$400.00	\$396.00	9A8
062725	Ext:Cmplt Bony ; Removal of impacted tooth - completely bony	D7240	\$575.00	\$0.00	\$0.00	\$125.00	\$4.50	\$450.00	\$0.00	\$0.00	\$450.00	\$445.50	9A8
062725	Ext:Cmplt Bony ; Removal of impacted tooth - completely bony	D7240	\$575.00	\$0.00	\$0.00	\$125.00	\$4.50	\$450.00	\$0.00	\$0.00	\$450.00	\$445.50	9A8
062725	Gen Anesthesia ; Deep sedation/general anesthesia - First 15 minut	D9222	\$287.00	\$0.00	\$0.00	\$76.00	\$2.11	\$211.00	\$0.00	\$0.00	\$211.00	\$208.89	9A8
062725	Gen Anesthesia ; Deep sedation/general anesthesia - each subsequen	D9223	\$287.00	\$0.00	\$0.00	\$126.00	\$1.61	\$161.00	\$0.00	\$0.00	\$161.00	\$159.39	9A8
062725	Gen Anesthesia ; Deep sedation/general anesthesia - each subsequen	D9223	\$287.00	\$0.00	\$0.00	\$126.00	\$1.61	\$161.00	\$0.00	\$0.00	\$161.00	\$159.39	9A8
062725	Gen Anesthesia ; Deep sedation/general anesthesia - each subsequen	D9223	\$287.00	\$0.00	\$0.00	\$126.00	\$1.61	\$161.00	\$0.00	\$0.00	\$161.00	\$159.39	9A8
062725	Drug Injection ; Therapeutic drug injection, two or more administr	D9612	\$257.00	\$257.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.00	\$0.00	\$0.00	9A0
062725	Consultation ; Consultation (diagnostic service by dentist or ph	D9310	\$241.00	\$145.00	\$0.00	\$96.00	\$0.00	\$0.00	\$0.00	\$145.00	\$0.00	\$0.00	9A8 9A5
062725	Bio Dressing ; Placement of intra-socket biological dressing to	D7922	\$250.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9O5 9A8
062725	Bio Dressing ; Placement of intra-socket biological dressing to	D7922	\$250.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9O5 9A8

Claim # 251831107500 continued on next page...



Delta Dental of Oregon & Alaska

Date: 07/12/25

Payee ID: P00000916419

Payee: Hillsboro Modern Dentistry



Service date	Type of service	Procedure code	Total charge	Non-covered charges	Deductible	Provider discount/amount not covered	Provider withhold	Remaining covered charges	Copay/coinsurance	Patient responsibility	Total benefit	Benefit paid to provider	Reason code(s)
062725	Bio Dressing ; Placement of intra-socket biological dressing to	D7922	\$250.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	905 9A8
062725	Coronectomy ; Intentional partial tooth removal	D7251	\$838.00	\$422.00	\$0.00	\$210.00	\$2.06	\$206.00	\$0.00	\$422.00	\$206.00	\$203.94	L25 9A8
Totals			\$4,959.00	\$824.00	\$50.00	\$1,885.00	\$22.00	\$2,200.00	\$0.00	\$874.00	\$2,200.00	\$2,178.00	

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Patient: ASHLEY TAMEZ				
Claim #: 251811695700	Subscriber: ASHLEY TAMEZ	Group ID: 10001805	Provider ID: P00001102857	Network: Delta Dental PPO
Patient account: A30710328750	Subscriber ID: N28160884	Group: Nike, Inc.	Provider: John Michael B Duro DMD	

Service date	Type of service	Procedure code	Total charge	Non-covered charges	Deductible	Provider discount/amount not covered	Provider withhold	Remaining covered charges	Copay/coinsurance	Patient responsibility	Total benefit	Benefit paid to provider	Reason code(s)
062725	Prophy:Adult ; Prophylaxis - adult	D1110	\$139.00	\$0.00	\$0.00	\$55.00	\$0.00	\$84.00	\$0.00	\$0.00	\$84.00	\$84.00	9AP
062725	Hygiene Instruc; Oral hygiene instructions	D1330	\$88.00	\$88.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.00	\$0.00	\$0.00	9A0
Totals			\$227.00	\$88.00	\$0.00	\$55.00	\$0.00	\$84.00	\$0.00	\$88.00	\$84.00	\$84.00	

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Reason code	Description
9AP	Provider discount has been applied.
9AO	This service is not covered.
9A8	The charge exceeds the amount allowed.
9A5	The maximum allowed for services of this type has been reached.
DPO	This service is not covered.
9AO	This service is not covered.
81Z	This Service is Not Covered.
84I	Gingival rinsing is part of other treatment of the gums done on the same day.
Q1	This service is a duplicate of a previously processed service or is currently in process. Please check your records.
9O5	This material cannot be charged to the patient.
L25	Maximum benefit has been met for this benefit year.

Total summary

Total Charge	\$29,974.00
Benefits paid	\$8,810.83
Overpayment deductions	\$0.00
Total Payment	\$8,810.83
Remaining overpayment balance	\$0.00

