



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

MB 01 031962 87112 H 120 A



LILIANA R GAMBOA
30885 AVANTI CT
MENIFEE CA 92596-8197

July 17, 2025

Plan 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

031962 1/4

► Check Number: 0072979001

LILIANA R GAMBOA

Your ID number: 1213809810-01

Group name: COUNTY OF RIVERSIDE

Group number: 04784-00001

Summary of your claim payment

Total amount of claims	\$1,872.00
Amount you owe your dental provider	\$1,273.50
Interest amount added to claim	\$0.00
Amount paid by Delta Dental	\$328.50

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

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

Check Number: 0072979001
0011-0024/1210

Date: 7/17/2025

\$*****328.50

PAY EXACTLY THREE HUNDRED TWENTY-EIGHT AND 50/100 DOLLARS

TO THE ORDER OF
LILIANA R GAMBOA
30885 AVANTI CT
MENIFEE CA 92596

DELTA DENTAL OF CALIFORNIA

CHECK VALID FOR 365 DAYS

Security Features Included Details on back

0072979001 1213809810-01 04784-00001 4031051022

071725CACASCHKA-13262



Page 2 of 5

Endorse Here

X

John Doe



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

VOID DOCUMENT FOR FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

#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 certificationmark of Check Payment Systems Association

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Your claim payment

Date: July 17, 2025

Claim for LUIS NAVARRETE

Relationship: Spouse

1 Claim number: 20251956007247

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: July 1, 2025 Treatment type:	1	120.00	120.00	37.00	0.00	--	100%	37.00	83.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	404.00	404.00	195.00	50.00	--	50%	72.50	331.50
Treating provider: DEREK M DOWNING									
Date of service: July 1, 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: July 1, 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: July 1, 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: July 1, 2025 Treatment type:	1	417.00	417.00	83.00	0.00	--	100%	83.00	334.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	90.00	90.00	41.00	0.00	--	100%	41.00	49.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	90.00	90.00	41.00	0.00	--	100%	0.00	0.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	90.00	90.00	41.00	0.00	--	100%	0.00	0.00
Treating provider: DEREK M DOWNING									

Claim for LUIS NAVARRETE (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: July 1, 2025 Treatment type:	1	90.00	90.00	41.00	0.00	--	100%	0.00	0.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	129.00	129.00	129.00	0.00	--	100%	0.00	129.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	100.00	100.00	25.00	0.00	--	100%	0.00	100.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	139.00	139.00	70.00	0.00	--	100%	70.00	69.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	115.00	115.00	25.00	0.00	--	100%	25.00	90.00
Treating provider: DEREK M DOWNING									
Date of service: July 1, 2025 Treatment type:	1	88.00	88.00	36.00	0.00	--	100%	0.00	88.00
Treating provider: DEREK M DOWNING									
Claim total for LUIS NAVARRETE		1,872.00	1,872.00	764.00	50.00	0.00		328.50	1,273.50

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)).

Your claim payment

Date: July 17, 2025

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**

Benefits Usage Summary

LUIS NAVARRETE			
Deductibles	Network	Amount	Remaining
Calendar Family Deductible	Delta Dental Premier Dentist, NON-Delta Dental Dentist	150.00	100.00
Calendar Individual Deductible	Delta Dental Premier Dentist, NON-Delta Dental Dentist	50.00	0.00

Deductible: the dollar amount that You must satisfy for certain covered services before We begin paying Benefits.

Delta Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail. Please visit deltadentalins.com Legal Notices to access Delta Dental's Notice of Non-Discrimination.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-866-530-9675 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-866-530-9675 (TTY: 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-866-530-9675 (TTY: 711)。 (Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-866-530-9675 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-866-530-9675 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-866-530-9675 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-866-530-9675 (TTY: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-866-530-9675 (TTY: 711). (Arabic)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-866-530-9675 (TTY: 711) までご連絡ください。 (Japanese)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-866-530-9675 (TTY: 711). (Persian Farsi)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ զրկած ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել 1-866-530-9675 (TTY 711): (Armenian)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 1-866-530-9675 (TTY: 711)। (Hindi)

ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ।
ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 1-866-530-9675
(TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li
ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb,
thov hu rau 1-866-530-9675 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯក
សារនេះជាលាយលក្ខណ៍អក្សរជាភាសាបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 1-866-530-9675 (TTY: 711)។
(Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับ
เอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย รับความช่วยเหลือฟรีได้โดยโทรไปที่ 1-866-530-9675 (TTY: 711) (Thai)

