

DeltaCare[®] USA

July 2, 2025

Ashkan Milani
29273 Central Ave Ste A
Lake Elsinore, CA 92532-2254

Re: Patient's Name: Jeremy Papanic
Patient's Date of Birth: 10/10/2015
Enrollee ID: 1185855639
Date of Service: 01/10/2025
DCN: 20250246040425

Dear Dr. Ashkan Milani,

Thank you for contacting DeltaCare USA. We want you to know that your questions and concerns are very important to us.

The claim was processed correctly. The members copays totalled \$2,275.00 and the providers contracted rate is \$2,500.00. The payment amount shows as \$225.00 which is Delta's liability for the claim. No payment was made because the money was remitted.

If you have any additional questions, please contact us at 866-774-5595. Our customer service representatives are available Monday through Friday, 8am – 9pm EST. Or Delta Dental Insurance Company *P.O. Box 1810*, Alpharetta, GA 30023.

Sincerely,

Josette F.
DeltaCare USA Customer Service

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY - Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York, Inc.; PA - Delta Dental of Pennsylvania; VA - Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products

Claim 20250246040425

Jeremy Papanic

Patient date of birth

10/10/2015

Relationship to policy holder/subscriber

Dependent

Coverage

Policy holder/subscriber name

Daniel Papanic

Subscriber ID

118585563901

Employer or group name

FIRST SVC RESIDENTIAL

Policy holder/subscriber date of birth

12/05/1979

Plan or group number

76751

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
717	01/10/2025	D8080	-	-	\$8,120.00	\$2,500.00	\$2,125.00	\$0.00	100%	\$225.00	\$1,900.00
717	01/10/2025	D8999	-	-	\$0.00	\$100.00	\$100.00	\$0.00	100%	\$0.00	\$100.00
717	01/10/2025	D8680	-	-	\$0.00	\$275.00	\$275.00	\$0.00	100%	\$0.00	\$275.00

	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	DeltaCare pays	Patient pays
Claim total	\$8,120.00	\$2,875.00	\$2,500.00	\$0.00	-	\$225.00	\$2,275.00

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Explanation codes:

717: Benefits are paid according to the enrollee's program.