



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association
<http://www.bcbsal.org>

Fax Message

To: **Dental Office**

Company:
Fax: 2814993197
Voice:
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From:

Company:
Fax:
Voice:
E-mail: ivrfax@bcbsal.org

Date: 1/25/2022 10:51 AM

Pages: 1 of 6 (including this page)

Re: **Masooma**

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01/25/2022

PATIENT HISTORY BY PROCEDURE CODE

Contract: XAD836235490
Patient Name: ZEPLYNN HOBBIE
DOB: 03/26/2021
Effective Date: 03/26/2021
Provider: 90105566
Group/Division: 21545/D01
Date of Service: 01/25/2022

Below is a list of dental procedure codes filed on this patient over the past three years as of the date of this document. Please note that not all procedures listed may be a covered benefit under the members group dental plan. To obtain more information including procedure code-specific benefits, you may enter an ADA procedure code in the automated telephone system or log in to ProviderAccess on our website, www.bcbsal.com/providers. Through ProviderAccess, you can quickly verify member eligibility and benefits as well as submit claims, check claim status and view remittances.

PROCEDURE CODE	TOOTH #	SURFACE	DATE OF SVC
No Claims Found			

01/25/2022

DENTAL BENEFITS

Benefit Disclaimer

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductible may change as additional claims are processed.

Contract: XAD836235490

Patient Name: ZEPLYNN HOBBIE

DOB: 03/26/2021

Effective Date: 03/26/2021

Provider: 90105566

Group/Division: 21545/D01

Date of Service: 01/25/2022

BENEFITS PROVIDED ARE SUBJECT TO DISCLAIMER AND FOR DATE OF SERVICE

01/25/2022

This is a general statement of benefits. To obtain more information including procedure code-specific benefits, you may enter an ADA procedure code in the automated telephone system or log in to ProviderAccess on our website, www.bcbsal.com/providers. Through ProviderAccess, you can quickly verify member eligibility and benefits as well as submit claims, check claim status and view remittances.

<Exclusion>

This group has standard exclusions

<Exclusionary Period>

This category does not apply to this group

<Exception Procedure Processing>

This group does not have any exception processing

<Dental PPO>

This group has the Access Plus Dental (Plus Network).

Benefits for Alabama PPO dentists (SPPG 83) are paid according to the Alabama PPO Fee Schedule at the same percentages as indicated on each category listed on BOL. The patient is not responsible for the difference between the billed charge and the fee schedule amount. If a

non-PPO dentist in Alabama is used, benefits are paid from the Alabama PPO Fee Schedule at the same percentages indicated on each category listed on BOL. The patient is responsible for the difference between the billed charge and the fee schedule payment.

Benefits for Access Plus Dental dentists outside of Alabama are paid according to the Access Plus Fee Schedule at the same percentages as indicated on each category of BOL. The patient is not responsible for the difference between the billed charge and the fee schedule amount. If a non-Access Plus dentist is used outside of Alabama, benefits are paid from the Fee Schedule at the same percentages indicated on each category listed on BOL. The patient is responsible for the difference between the billed charge and the fee schedule payment.

<Timely Filing>

This group has a timely filing provision with a limitation that claims must be received for payment within 24 months after the services were rendered or expenses incurred

<Deductible>

\$25.00 deductible per member each benefit period

3 member family deductible

Calendar year benefit period

No last quarter carryover provision

<Dental Maximum>

Benefits are limited to a \$1,000.00 maximum payment per member each benefit period

<Diagnostic and Preventative>

This category does not apply to this group

<Basic Services>

This category does not apply to this group

<Major Services>

This category does not apply to this group

<Dental Sealants>

Benefits are provided for sealants, limited to a maximum payment of \$20.00 per tooth for first permanent molars (tooth numbers 3, 14, 19 and 30) for members through age 13 and not more than once per tooth each 48

months

Sealants are part of diagnostic and preventive benefits

<Dental Basic - First Section>

Benefits are provided for diagnostic and preventive services at 100%

Includes oral examinations; periapical and bitewing x-rays; full mouth x-rays; **topical fluoride applications for members under age 19**; space maintainers (not made of precious metals) that replace prematurely lost teeth for members under age 19; and prophylaxis, including cleaning and polishing of teeth

<Dental Basic - Second Section>

Benefits are provided for basic services at 100%

Includes repair of dentures; palliative emergency treatment; fillings consisting of silver amalgam and tooth color synthetic restorations; simple extractions; and endodontics, including pulpotomy, pulp capping and root canal treatment

<Dental Rider A (Suppl. Basic)>

Benefits are provided for Rider A (Supplemental Basic) at 100%

Includes oral surgery consisting of fracture and dislocation treatment; diagnosis and treatment of cysts and abscesses; surgical extractions and impactions; general anesthesia when medically necessary and rendered in connection with oral dental surgery

<Dental Rider B>

Benefits are provided for Rider B (Prosthetic Services) at 50%

Includes dentures, full and partial; bridges, fixed and removable; inlays, onlays and crown restorations

<Dental Rider C>

Benefits are provided for Rider C (Periodontic Services) at 80%

Includes surgical periodontic exams; gingival curettage, gingivectomy and gingivoplasty; osseous surgery including flap entry and closure; mucogingivoplasty surgery; management of acute infection and oral lesions

<Dental Rider D>

Benefits are not provided for Orthodontics (Rider D)

<Coordination of Benefits>

(06) Model COB (spousal carveout) - compares primary liability to secondary liability and selects the most cost effective payment on a claim by claim basis.

Example:

Secondary Liability = Total Charge or Range - OIC payment
