


Member information for mak

 Date of service: 03/12/2025 | Provider: jose manuel | Location: ARROWHEAD DENTAL ASSOCIATES, 4995 SOUTH COUNTY TRAIL, CHARLESTOWN, RI, 02813 | Search run: 03/12/2025, 10:54 am

Member's information

Name: mak

Date of birth: 10/21/1955

Age: 69 years, 4 months, 20 days

ID number: 987281006

Phone number: 508-736-8702

Address: 1vadaj jen 685585.

Email: McvKN8753@AOL.COM

Don't see a dependent you are looking for? Additional members covered under the plan will show here after a claim has been submitted for t...

Dependent coverage age limitation may vary. Please refer to the benefit summary below for specific age limitations.

Dental plan information

Main information

Member ID: 987281006

Plan: RTX-Plus-Retiree Trust Code 30 Plan number: 0006202118
Plan year: 01/01/2025 - 12/31/2025 Level of coverage: Employee + Spouse
Network: Delta Dental PPO Plus Premier **Deductibles & maximums**

Benefits at a glance

Deductible: \$50.0 Individual / \$100.0 Family Maximum: \$2750.0 Individual annual Orthodontia max.: \$2750.0 Individual lifetime

3/12/25, 4:29 PM Member Details		https://providers.deltadentalma.com/member-details/19b32afd-b874-402f-b6b0-01e0114cf4e6/?rerun=false 2/13	
		Individual annual maximum (All Networks)	
Individual deductible (All Networks)			
\$50.00 before Individual deductible (All Networks) is met		\$2,750.00 before Individual annual maximum (All Networks) is met	
\$0.00 out of \$50.00		\$0.00 out of \$2,750.00	
		Orthodontics individual lifetime maximum (All Networks)	
Family deductible (All Networks)			
\$100.00 before Family deductible (All Networks) is met		\$2,750.00 before Orthodontics individual lifetime maximum (All Networks) is met	
\$0.00 out of \$100.00		\$0.00 out of \$2,750.00	

Coordination of benefits

LOB coverage type Effective dates Insurer name Insurer payment order ID number Policy number

Benefits summary

Procedures

8080

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3/12/25, 4:29 PM Member Details

Procedure	Class	Code	Description	Age range	Co-insurance	Deductible	Waiting Period	Satisfied
Orthodontics	D8070		Comprehensive orthodontic treatment of the transitional dentition	All Ages	IN: 100%		OON: 100%	Not Applicable 01-01-2022
<p>Waiting period age rule: Not Applicable Teeth covered: Not Required Narrative: -</p> <p>Review required: N Documentation required: Not Applicable In-network co-pay amount: \$0.00</p> <p>Out-network co-pay amount: \$0.00 Co-pay age range: All Ages Maximum: In and Out of Network (Lifetime Maximum)</p> <p>Out of pocket maximum: Not Applicable</p> <p>Frequency: One of (D8070, D8080, D8090) per Lifetime Per patient.</p>								

Orthodontics D8080	Comprehensive orthodontic treatment of the adolescent dentition	All AgesIN: 100% OON: 100%Not Applicable 01-01-2022
Waiting period age rule: Not Applicable Review required: N Documentation required: Not Applicable In-network co-pay amount: \$0.00 Out-network co-pay amount: \$0.00 Co-pay age range: All Ages Maximum:In and Out of Network (Lifetime Maximum) Out of pocket maximum: Not Applicable Frequency: One of (D8070, D8080, D8090) per Lifetime Per patient.	Teeth covered: Not Required Narrative: -	
Orthodontics D8090	Comprehensive orthodontic treatment of the adult dentitionAll AgesIN: 100%	OON: 100%Not Applicable 01-01-2022

Waiting period age rule: Not Applicable
Teeth covered: Not Required Narrative: -

3/12/25, 4:29 PM Member Details

Procedure class	Code	Description	Age range	Co-insurance	Deductible	Waiting Period	Satisfied
Out-network co-pay amount: \$0.00 Co-pay age range: All Ages Maximum: In and Out of Network (Lifetime Maximum)							
Out of pocket maximum: Not Applicable							
Frequency: One of (D8070, D8080, D8090) per Lifetime Per patient.							

Member History

Estimate number	Date of RTCE	Provider	Location	Amount submitted	Plan pays	Member pays

No treatment plan estimates have been created for this member

Pre-det number	Submission date	Location	Provider	Billed amount	Amount est.	Status

No pre-determinations have been created for this member

3/12/25, 4:29 PM Member Details

Date of service	Claim number	Location	Provider	Billed	Paid	Status
05/31/2023	202315133276000	4995 SOUTH COUNTY...	jose manuel	\$150.00	\$1.60	Paid fully
02/20/2024	202405133823800	4995 SOUTH COUNTY...	jose manuel	\$65.00	\$26.00	Paid fully
04/17/2023	202310733875400	4995 SOUTH COUNTY...	jose manuel	\$195.00	\$111.00	Paid fully
09/05/2024	202424931342900	4995 SOUTH COUNTY...	jose manuel	\$115.00	\$74.00	Paid fully

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
09/03/2024	D1110	Prophylaxis - Adult	-- / -- / --	Office
02/16/2024	D0274	Bitewings- four radiographic		images-- / -- / -- Office
02/16/2024	D1110	Prophylaxis - Adult	-- / -- / --	Office

02/16/2024 D0120	Periodic oral evaluation -	established patient-- / -- / -- Office
05/26/2023 D9110	Palliative treatment of dental pain –	per visit-- / -- / 21 Office
04/13/2023 D0274	Bitewings- four radiographic	images-- / -- / -- Office

<https://providers.deltadentalma.com/member-details/19b32afd-b874-402f-b6b0-01e0114cf4e6/?rerun=false> 6/13

3/12/25, 4:29 PM Member Details

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
04/13/2023 D0230	Intraoral- periapical each additional			radiographic image-- / -- / 20 Office
04/13/2023 D0120	Periodic oral evaluation -			established patient-- / -- / -- Office
04/13/2023 D1110	Prophylaxis - Adult -- / -- / -- Office			
04/13/2023 D0220	Intraoral- periapical first			radiographic image-- / -- / 14 Office
10/28/2022 D2740	crown - porcelain/ceramic LA / LL / 18 Office			
10/05/2022 D1110	Prophylaxis - Adult -- / -- / -- Office			
07/01/2022 D2740	crown - porcelain/ceramic LA / LR / 30 Office			

04/14/2022 D0120 Periodic oral evaluation -	established patient-- / -- / -- Office
04/14/2022 D1110 Prophylaxis - Adult -- / -- / -- Office	
04/14/2022 D0330 Panoramic radiographic image -- / -- / -- Office	
10/04/2021 D1110 Prophylaxis - Adult -- / -- / -- Office	

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service

04/01/2021 D1110 Prophylaxis - Adult -- / -- / -- Office	
04/01/2021 D0274Bitewings- four radiographic	images-- / -- / -- Office
04/01/2021 D0120Periodic oral evaluation -	established patient-- / -- / -- Office
09/29/2020 D1110 Prophylaxis - Adult -- / -- / -- Office	
03/10/2020 D0274Bitewings- four radiographic	images-- / -- / -- Office
03/10/2020 D0120Periodic oral evaluation -	established patient-- / -- / -- Office
03/10/2020 D1110 Prophylaxis - Adult -- / -- / -- Office	
09/10/2019 D1110 Prophylaxis - Adult -- / -- / -- Office	
07/16/2019 D2740 crown - porcelain/ceramic LA / LL / 19 Office	
06/25/2019 D0220Intraoral- periapical first	radiographic image-- / -- / 19 Office
02/25/2019 D0120Periodic oral evaluation -	established patient-- / -- / -- Office

3/12/25, 4:29 PM Member Details

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
02/25/2019	D0274	Bitewings- four radiographic		images-- / -- / -- Office
02/25/2019	D1110	Prophylaxis - Adult -- / -- / --		Office
08/08/2018	D1110	Prophylaxis - Adult -- / -- / --		Office
02/01/2018	D0220	Intraoral- periapical first		radiographic image-- / -- / 14 Office
02/01/2018	D0274	Bitewings- four radiographic		images-- / -- / -- Office

02/01/2018 D0120	Periodic oral evaluation -	established patient-- / -- / -- Office
02/01/2018 D1110	Prophylaxis - Adult -- / -- / -- Office	
07/27/2017 D1110	Prophylaxis - Adult -- / -- / -- Office	
02/16/2017 D2391	Resin-based composite - one	surface, posteriorUA / UL / 14 Office
01/24/2017 D0120	Periodic oral evaluation -	established patient-- / -- / -- Office
01/24/2017 D0274	Bitewings- four radiographic	images-- / -- / -- Office

3/12/25, 4:29 PM Member Details

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
01/24/2017	D1110	Prophylaxis - Adult	-- / -- / --	Office
06/28/2016	D2740	crown - porcelain/ceramic	LA / LR	31 Office
06/02/2016	D1110	Prophylaxis - Adult	-- / -- / --	Office
06/02/2016	D0120	Periodic oral evaluation -		established patient-- / -- / -- Office
06/02/2016	D0220	Intraoral- periapical first		radiographic image-- / -- / 31 Office

12/21/2015 D2330	Resin-based composite - one	surface, anterior	UA / UL / 9 Office
12/21/2015 D2330	Resin-based composite - one	surface, anterior	UA / UL / 10 Office
12/21/2015 D2330	Resin-based composite - one	surface, anterior	UA / UR / 8 Office
12/02/2015 D0220	Intraoral- periapical first	radiographic image	-- / -- / 10 Office
12/02/2015 D1110	Prophylaxis - Adult -- / -- / -- Office		
12/02/2015 D0120	Periodic oral evaluation -	established patient	-- / -- / -- Office

3/12/25, 4:29 PM Member Details

<https://providers.deltadentalma.com/member-details/19b32afd-b874-402f-b6b0-01e0114cf4e6/?rerun=false> 10/13

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
12/02/2015	D0274	Bitewings- four radiographic		images-- / -- / -- Office
06/10/2015	D1110	Prophylaxis - Adult -- / -- / --		Office
11/12/2014	D1110	Prophylaxis - Adult -- / -- / --		Office
11/12/2014	D0150	Comprehensive oral evaluation -		new or established patient-- / -- / -- Office
06/19/2014	D2950	Core buildup, including any pins		when requiredUA / UL / 14 Office

04/24/2014 D3330	Endodontic therapy, molar tooth	(excluding final restoration)UA / UL / 14 Office
04/24/2014 D9940	Occlusal Guard, By Report -- / -- / -- Office	
04/10/2014 D0274	Bitewings- four radiographic	images-- / -- / -- Office
04/10/2014 D1110	Prophylaxis - Adult -- / -- / -- Office	
04/10/2014 D0120	Periodic oral evaluation -	established patient-- / -- / -- Office
10/03/2013 D0120	Periodic oral evaluation -	established patient-- / -- / -- Office

3/12/25, 4:29 PM Member Details

<https://providers.deltadentalma.com/member-details/19b32afd-b874-402f-b6b0-01e0114cf4e6/?rerun=false> 11/13

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
10/03/2013	D1110	Prophylaxis - Adult	-- / -- / --	Office
04/04/2013	D0210	Intraoral- comprehensive series of		radiographic images-- / -- / -- Office
04/04/2013	D0120	Periodic oral evaluation -		established patient-- / -- / -- Office
04/04/2013	D1110	Prophylaxis - Adult	-- / -- / --	Office

10/03/2012 D1110 Prophylaxis - Adult -- / -- / -- Office	
10/03/2012 D0120 Periodic oral evaluation -	established patient-- / -- / -- Office
02/21/2012 D0120 Periodic oral evaluation -	established patient-- / -- / -- Office
02/21/2012 D1110 Prophylaxis - Adult -- / -- / -- Office	
02/21/2012 D0274 Bitewings- four radiographic	images-- / -- / -- Office
09/09/2011 D2750 Crown - porcelain fused to high	noble metal-- / -- / 13 Office

07/29/2011 D1110 Prophylaxis - Adult -- / -- / -- Office

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3/12/25, 4:29 PM Member Details

Date of service	Procedure code	Procedure code description	Tooth/quad/arch/surface	Place of service
07/29/2011	D0120	Periodic oral evaluation -		established patient-- / -- / -- Office
01/28/2011	D1110	Prophylaxis - Adult -- / -- / -- Office		
01/28/2011	D0274	Bitewings- four radiographic		images-- / -- / -- Office
01/28/2011	D0120	Periodic oral evaluation -		established patient-- / -- / -- Office

Member ID	Plan	Status	Coverage effective date	Termination date
987281006	Delta Dental PPO Plus Premier	Active	01/01/2022	-

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