



Go Paperless

View your documents online

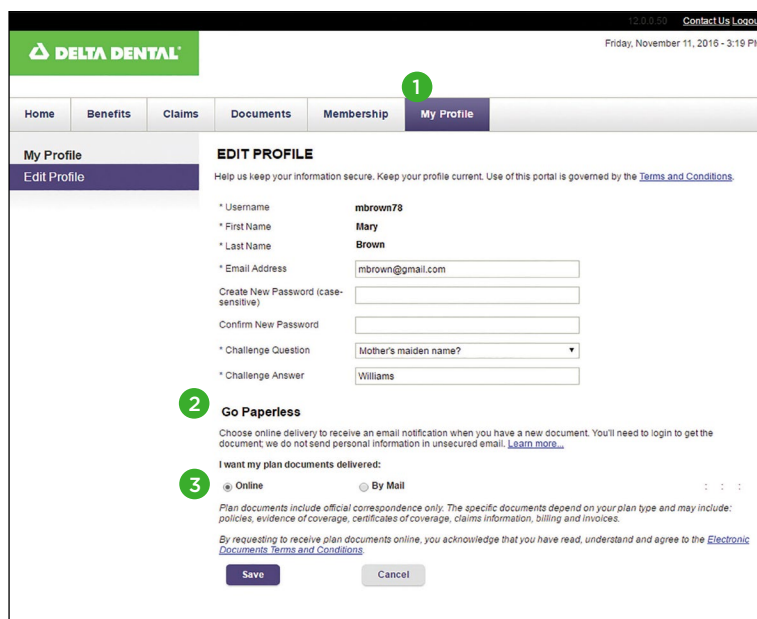
Why go paperless?

- **It's convenient.** Get your claim statements and other important plan documents online. You'll receive an email alert when a new document is available.
- **It saves paper.** You'll reduce your ecological footprint.
- **It's faster.** No need to wait for documents to arrive in the mail.
- **It's easy.** Updating your settings takes only a few minutes.

How do I change my settings?

Visit deltadentalins.com. Log in to your account. (If you don't already have one, click **Register Today** to sign up.)

1. Click the **My Profile** tab.
2. Go to the **Go Paperless** section.
3. Select **Online** and click **Save**.

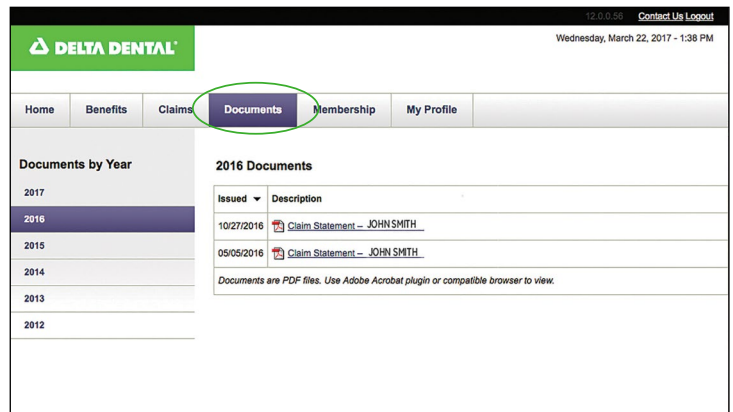


See the next page to learn how to download and read your electronic claim statements.

Where can I find my claim statements?

To view your claim statements as PDFs, simply log in to your online account.

1. Go to **deltadentalins.com**. Log in.
2. Click **Documents** tab at the top.
3. Choose the claim you want to view. A new window will pop up with the PDF, which you can save to your desktop for reference. (If the window doesn't pop up, make sure that your browser hasn't disabled pop-ups.)



You can also click the **Claims** tab to see claim information, but you can't download the statement as a PDF document.

What's in my claim statement?

#1	Claim number: 20160255494511	A	B	C	D	E	F	G	H
PROCEDURE NUMBER AND TYPE OF SERVICE	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: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 30 Surface(s): B,0	280.00	255.00	255.00	0.00	--	80%	204.00	51.00	
Treating provider: JANICE LEE									
Date of service: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 31 Surface(s): D,0	280.00	255.00	255.00	0.00	--	80%	204.00	51.00	
Treating provider: JANICE LEE									
Claim total for JOHN SMITH	560.00	510.00	510.00	0.00	0.00		408.00	102.00	

A. Submitted fee: The amount charged by the dental office.

B. Accepted fee: The total owed to the dentist, including your share and the amount paid by your dental plan.

C. Maximum contract allowance: The total on which Delta Dental bases its payment portion.

Note: If you go to an out-of-network dentist, this amount may be lower than the accepted fee.

D. Amount applied to deductible: How much of your deductible you have fulfilled with the given procedure(s).

Note: Not all plans include a deductible (a fixed dollar amount you're required to pay before your coverage applies).

E. Paid by another plan: The amount covered by your primary plan, if you have dual coverage.

Note: This column only applies if Delta Dental is your secondary plan (such as coverage through your spouse or second job).

F. Contract benefit level: The percent of the maximum contract allowance that's paid by your dental plan.

G. Delta Dental pays: How much your dentist is paid by your dental plan.

H. Patient pays: How much you owe the dentist. This is what's left over from the accepted fee after your insurance covers its portion(s). If you've already paid this amount to the dentist, you're good to go.