

# Sample EOB for PPO Claims:

PROVIDER: [REDACTED] TIN: [REDACTED] PROVIDER #: [REDACTED] DATE: [REDACTED] PAGE

| FIRST DATE OF SVC | LAST DATE OF SVC | NUM OF SVCS | PL OF SVC | PROCEDURE CODE | TOOTH NUMBERS/SURFACES | PROVIDER CHARGE | ALLOWANCE | NON-CHARGEABLE AMOUNT | NON-CHG CODE | SUBSCRIBER LIABILITY AMOUNT | SUB LIAB CODE | OTHER INSURANCE AMOUNT | AMOUNT(S) PAID TO PROVIDER | AMOUNT(S) PAID TO SUBSCRIBER | MESSAGE CODE(S) | CLAIM NUMBER |
|-------------------|------------------|-------------|-----------|----------------|------------------------|-----------------|-----------|-----------------------|--------------|-----------------------------|---------------|------------------------|----------------------------|------------------------------|-----------------|--------------|
|-------------------|------------------|-------------|-----------|----------------|------------------------|-----------------|-----------|-----------------------|--------------|-----------------------------|---------------|------------------------|----------------------------|------------------------------|-----------------|--------------|

PATIENT: [REDACTED] ID NUMBER: [REDACTED] APPL/SUB NAME: [REDACTED]

|          |          |   |   |       |  |              |        |     |  |     |  |     |        |     |       |             |
|----------|----------|---|---|-------|--|--------------|--------|-----|--|-----|--|-----|--------|-----|-------|-------------|
| 02/07/21 | 02/07/21 | 1 | 0 | D1110 |  | 75.00        | 75.00  |     |  |     |  |     | 75.00  |     | J9000 | [REDACTED]  |
| 02/07/21 | 02/07/21 | 1 | 0 | D0120 |  | 50.00        | 50.00  |     |  |     |  |     | 50.00  |     | J9000 | [REDACTED]  |
| 02/07/21 | 02/07/21 | 1 | 0 | D0210 |  | 100.00       | 100.00 |     |  |     |  |     | 100.00 |     | J9000 | [REDACTED]  |
|          |          |   |   |       |  | CLAIM TOTALS |        | .00 |  | .00 |  | .00 | 225.00 | .00 |       | MBN/FLN 265 |

PATIENT: [REDACTED] ID NUMBER: [REDACTED] APPL/SUB NAME: [REDACTED]

|          |          |   |   |       |    |              |        |     |  |        |    |     |       |     |             |             |
|----------|----------|---|---|-------|----|--------------|--------|-----|--|--------|----|-----|-------|-----|-------------|-------------|
| 02/07/21 | 02/07/21 | 1 | 0 | D1110 |    | 75.00        | 75.00  |     |  | 59.00  | C1 |     | 16.00 |     | Y1003 J9000 | [REDACTED]  |
| 02/07/21 | 02/07/21 | 1 | 0 | D0120 |    | 50.00        | 50.00  |     |  | 42.00  | C1 |     | 8.00  |     | Y1003 J9000 | [REDACTED]  |
| 03/09/21 | 03/09/21 | 1 | 0 | D2940 | 11 | 100.00       | 100.00 |     |  | 85.00  | C1 |     | 15.00 |     | Y1003 J9000 | [REDACTED]  |
|          |          |   |   |       |    | CLAIM TOTALS |        | .00 |  | 186.00 |    | .00 | 39.00 | .00 |             | MBN/FLN 265 |

EOB TOTALS: TOTAL SUBSCRIBER PAYMENTS = \$ .00 TOTAL PROVIDER PAYMENTS = \$264.00 PAYMENT NUMBER: [REDACTED]