



Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

JOHN SAMPLE
1234 SAMPLE RD
SAMPLEVILLE SM 98765

J008

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Customer Service Information

QUESTIONS?

Call 888.681.5100
DominionNational.com

Member: John Sample

Member ID: 1111111

Dentist: Sam Smith Facility:

Dental Offices, Inc.

Subscriber: John Sample

Claim ID: 2018188888888

Master Claim Number: 501T18188888888

Service Date	ADA Code	Description of Services	Tooth	Dentist's Charge	Allowed Amount	Ineligible Amount	Deductible	Other Insurance	% Covered	Copay/Coinsurance	Patient Pays	Plan Pays	Remark Code
06/25/2018	D0120	Periodic oral evaluation - established pt		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	
06/25/2018	D1110	Prophylaxis - adult		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	
06/25/2018	D0274	Bitewings - four radiographic images		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	
06/25/2018	D0220	Periapical-1st radiographic image	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	\$0.00	118
06/25/2018	D0230	Periapical - each add'l radiograph image	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$0.00	
Totals:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	

Patient Responsibility: \$0.00

Reason Code Description

Remark Code	Description
118	Tooth was missing prior to date of service

Additional Information

Notice of Appeal Rights

Claim Appeal Procedures

If a claimant has submitted a claim for benefits to Dominion and that claim has been denied in part or in full, the claimant has the right to request an appeal of the claim decision within 180 days of receiving the claim determination. The appeal should be in writing and include any information, documents, or other supporting documentation the claimant wishes to be used in the appeal determination. Appeals should be sent to Dominion National; ATTN: Member Services Department, 251 18th Street South, Suite 900, Arlington, VA 22202; Phone: Toll-Free 888.518.5338 or Local 703.518.5338. A Dominion representative or appropriate qualified reviewer, who did not participate in the initial claim determination, will review all claim appeals. The member will be notified of the results of the appeal review within 60 days.

Upon request, claimants have the right to reasonable access to and copies of all documents, records, or other information relative to the claim determination.

Employee Retirement Income Security Act (ERISA) - If a member is enrolled through an employer-sponsored or other group health benefit plan that is subject to ERISA, and receives an adverse benefit determination on an appeal(s), the member may bring a civil action under section 502 (A) of ERISA. In general, ERISA does not cover group health plans established or maintained by government entities (Federal, State, and Municipal) for their employees or by churches for their employees. To determine whether ERISA applies to a member's group health benefits, please contact the employer, group administrator, or plan sponsor. We are not able to determine a group plan's ERISA status.

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