



Rebuilt from a supplied EOB. Original financial values retained.
Patient identifiers, dates, tracking codes and the check section were removed.

Subscriber / patient	REDACTED	Member / account	REMOVED
Employer / group	REMOVED	Claim reference	REMOVED
Provider / payee	REMOVED	Service / process dates	REMOVED

Payment summary

Amount billed	\$174.00
Discounts and reductions	\$59.00
Dental plan responsibility	\$77.00
Patient may owe	\$38.00

Service and benefit breakdown

Service	Amount billed	Discounts / reductions	Allowed amount	Dental plan responsibility	Amount not covered	Patient costs
D1110 Adult prophylaxis	\$119.00	\$42.00	\$77.00	\$77.00	\$0.00	\$0.00
D1206 Fluoride varnish	\$55.00	\$17.00	\$38.00	\$0.00	\$38.00	\$38.00
Claim totals	\$174.00	\$59.00	\$115.00	\$77.00	\$38.00	\$38.00

Deductible, copay and coinsurance: \$0.00 for both service lines.
Service dates and identifying reference numbers are intentionally omitted.

Check section removed

No bank, routing, check number, payee or signature information is retained.