



Understanding your dental claim statement

Your Alberta Blue Cross dental statement provides an at-a-glance summary as well as details explaining how your claim or treatment fee plan was processed.



Direct deposit payment date: May 4, 2009
 Statement number: 444555666
 PAYMENT MADE BY DIRECT DEPOSIT: 123456

We're here to help!



Edmonton and area 498-8000
 Calgary and area 234-9666
 Toll-free 1-800-661-6995
 8:30 a.m. – 5 p.m. MT
 www.ab.bluecross.ca

JANE SMITH
 1212345 – 56 STREET
 MAKEBELIEVE CITY AB T6A3D1

SAMPLE

Member: Jane Smith
 ID number: 12345-67
 Group: 1234 Section: ABC

Dental claim summary

Total amount claimed	\$146.00
Amount not covered	\$11.40
Total amount paid	\$134.60

Details
Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the explanations near the end of this claim statement for descriptions of terms, and to your benefit information for plan details.

Patient name: Jane Smith Document: 78963211
 ID number: 12345-67 Group: 1234 Section: ABC Reference: 200718112411

Service date YYYY/MM/DD	Procedure code/ description	Tooth code/ surface	Claimed amount	Eligible amount	Percent of eligible amount covered	Other plan paid	This plan paid	Explanation number*
Provider: XXXXXXXX Dr. Daniel Dentist								
2009/10/20	01202 Examination		45.00	43.20	100%	0.00	43.20	4624 1659
2009/10/20	02142 Radiograph		28.00	24.10	100%	0.00	24.10	4624 1659
Totals for Jane			\$73.00	\$67.30		\$0.00	\$67.30	

Patient name: Michael Smith Document: 78963211
 ID number: 12345-67 Group: 1234 Section: ABC Reference: 200718112411

Service date YYYY/MM/DD	Procedure code/ description	Tooth code/ surface	Claimed amount	Eligible amount	Percent of eligible amount covered	Other plan paid	This plan paid	Explanation number*
Provider: XXXXXXXX Dr. Daniel Dentist								
2009/10/20	01202 Examination		45.00	43.20	100%	0.00	43.20	4624 1659
2009/10/20	02142 Radiograph		28.00	24.10	100%	0.00	24.10	4624 1659
Totals for Michael			\$73.00	\$67.30		\$0.00	\$67.30	

***Explanations**

1659	The amount that you are eligible to claim for the professional fee is based on the fee schedule in effect for this plan.
4624	The address on file does not match the address submitted by your dental provider. Please contact your dental provider and have them update your address records accordingly.

Understanding this statement – Terms and explanations

Percent of eligible amount covered: Most benefit plans have guidelines, such as fee schedules, that specify the maximum amount they will consider reimbursing for a procedure, service, or a group of procedures or services. This amount is called the **eligible amount**. In addition, benefit plans usually specify the percentage of the eligible amount that will be paid. For example: Your dental provider may submit a fee of \$100 for a particular procedure or service. If the eligible amount for your plan is \$95 and your plan covers 80 percent of that, it will then reimburse you a maximum of \$76. It is important to consult your benefit information to determine the percent covered by your benefit plan.

Coordination of Benefits (COB): This is a process that allows eligible individuals, couples or families with more than one benefit plan to combine their benefits coverage to receive up to 100 percent of the amount charged. If you or your eligible dependents have coverage through another benefit carrier, you may submit this statement as part of a claim to your other benefit carrier for coordination of benefits. If your other benefit plan has already paid for part of your claim, the amount covered will be indicated in the **Other plan paid** column.

Maximum: A benefit plan may have a maximum amount that it will pay for a procedure, service, or a group of procedures or services. You are responsible for the remaining amount either on your own, or through coordination of benefits.

Note: If you lose the original statement, copies are available for a fee. If you have questions or concerns about this statement, please contact our office by mail or phone **within 30 days** of receiving it. Phone numbers are listed on the first page of this statement.

Our mailing address is **Alberta Blue Cross, 10009-106 Street NW, Edmonton, Alberta T5J 3C5.**

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Part of your healthy future.

Contact and reference information

- Statement/payment date and numbers.
- Clear notification of payment by direct deposit or cheque.
- Contact phone numbers, business hours and web site.
- Member name, group, section and ID number.

Dental claim summary

- Total amount claimed on this plan member's coverage.
- Total amount paid for entire statement.

Statement details

An explanation of the column headings

- **Procedure code/description** refers to assessed procedure and may differ from what was submitted.
- **Claimed amount** and **Eligible amount** include professional and lab amounts.
- **Other plan paid** refers to amount paid by any other known coverage, such as the member's spouse's plan. If 100 per cent of the service was covered by the other plan, it would not be listed on this statement.
- **Explanation number** refers to specific explanations listed below the **Details** section.
- The **Understanding this statement** section provides additional helpful information.

Additional notes

If Jane Smith is a Member under two plans, they would both be shown on this statement. However, if she was also covered under her husband's plan, a separate statement for her claim would be issued to him.

Treatment evaluation statements have a cover memo explaining how the assessment was done and the factors affecting what your plan will cover.

