




Explanation of Payment (EOP) Made Easy.

After a patient with TruAssure coverage has an appointment and you submit a claim, you'll receive an EOP from TruAssure outlining the procedures performed, reimbursements and/or denials based on the patient's dental plan and your approved contract as a participating dentist.



Explanation of Payment

TruAssure Insurance Company
 Inquiries: 888-559-0779
 www.truassure.com

Date: XX/XX/XXXX
 Amount: \$260.00 M

JOHN SMITH Check NO: 00000000

Subscriber Name		Subscriber ID	Provider ID/Loc		Patient Name		Birthdate	Interest	Claim NO	L			
A	Code	Tooth or Cavity	Date of Service	B	C	D	E	F	G	H	I	J	K
SMITH JO		5100000000000000	00000000000000/0		JOHN		XX/XX/XXXX	\$0.00	000000000000				
D5110	OC	XX/XX/XXXX	\$3,242.00	\$500.00	\$500.00	\$50.00	\$0.00	\$0.00	50%	\$225.00	\$275.00	\$2,742.00	27,25
D1110	L	XX/XX/XXXX	\$100.00	\$35.00	\$35.00	\$0.00	\$0.00	\$0.00	100%	\$35.00	\$0.00	\$65.00	
TOTAL			\$3,342.00	\$535.00	\$535.00	\$50.00	\$0.00	\$0.00		\$260.00	\$275.00	\$2,807.00	

MESSAGE CODE EXPLANATION:

27	Coinsurance Amount
25	Deductible Amount

- A **Code** explains the services performed on the patient.
- B **Submitted** is the amount the dentist charged for the services rendered.
- C **Contract Allowance** shows contracted fees you have agreed to as a network dentist. **Plan Allowance** is the amount allowed under the dental plan.
- D **Deductible** is the amount applied to certain procedures that can be collected by your office for payment at the time of service.

- E** **Over Max** is the remaining amount after the patient maximum has been exceeded.
- F** **COB** reflects other carrier payments.
- G** **Plan Coinsurance Percent** shows what is covered by the patient's dental plan.
- H** **Plan Pays** is the payment amount you should receive from TruAssure.
- I** **Patient Pays** is the amount the patient owes. If you collected the deductible at the time of service, subtract that amount from this payment.
- J** **Fee Adjust** shows how your submitted fee has been adjusted to meet your contracted approved amount as a network dentist.
- K** **Message Codes** provide any needed information to complete the process of the service.
- L** **Claim Number** assigned for Explanation of Payment.
- M** **Check Amount** is calculated as follows:
 - Submitted Amount - Fee Adjusted
 - Deductible (if applicable) x Percent
 - Covered Benefit

Non-network dentists can charge the patient the difference between Submitted Amount and Plan Allowance.