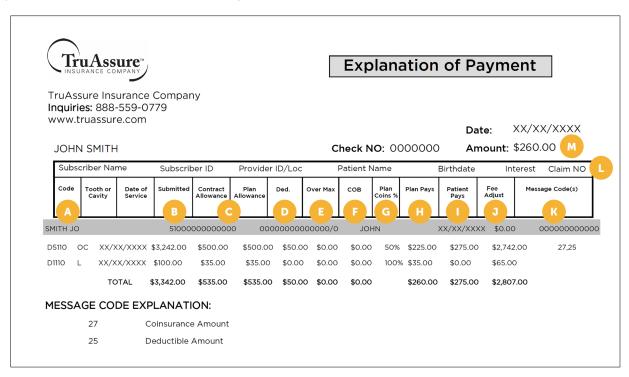


Explanation of Payment (EOP) Made Easy.

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.



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

- 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.
- Patient Pays is the amount the patient owes. If you collected the deductible at the time of service, subtract that amount from this payment.
- Fee Adjust shows how your submitted fee has been adjusted to meet your contracted approved amount as a network dentist.
- Message Codes provide any needed information to complete the process of the service.
- 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.