

Field Descriptions for Provider EOB (Dental)

1 – Mailing Address The name and mailing address for the servicing dentist or other practitioner

2 – Printed The date the statement was produced

3 – PIN The name and unique provider ID number assigned by Aetna

4 – Tax Identification Number/Provider SSN Only the last four digits of the Federal Tax ID number for the dentist or other practitioner will display (due to regulatory requirements)

5 – Check Number The bank ID and check number or the EFT trace number

6 – Check Amount The amount of the check being issued

7 – Notes Informational message display area (optional)

8 – Patient Name The full first and last name with middle initial for the patient

9 – Relation Relationship of patient to member

10 – Claim ID/ Recd Claim ID Number used internally by Aetna, followed by date the claim was received.

11 – Member ID The Cumb ID (Customer Member ID from Data Migrator) for the member

12 – Patient Account A unique number supplied and used by the dentist or other practitioner

13 – Member The full first and last name of the member with middle initial

14 – Group Name The name of the plan sponsor

15 – Group Number The group (control) number for the plan sponsor

16 – Product The product for this member

17 – Network ID Identifying number and name for the network

18 – Legal Entity Name Aetna's legal operating name for this plan

19 – Service Dates Month/day/year service was provided

20 – Service Code The procedure code that identifies the service being performed

21 – Alternate Benefit Code When applicable, the alternate procedure code on which benefit is based

22 – Tooth Number The tooth number or area of the mouth in which the procedure is being performed

23 – Surface The surface of the tooth on which the procedure is being performed

24 – Num Svcs The number of services, procedures, days, units, etc

25 – Submitted Charges The amount billed for this service

26 –Negotiated or Allowed Amt When dentist is participating (in network), the rate that has been negotiated with the network for a particular service. Otherwise, the amount allowed by the plan.

27 – Copay Amount Any copayment owed by the patient for this service

28 – Pending or Not Payable The amount being pended or denied. The next field (29) points to the reason

29 – See Remarks Corresponds to the remark with this number in Field 36

30 –Deductible Patient deductible applied to either Field 25 or 26 depending on dentist's network status and the plan

31 – Coinsurance The portion of the charge, in addition to any copay or deductible, for which the patient is responsible

32 – Patient Resp Amount for which the patient is responsible, including appropriate not covered, copay, deductible and coinsurance amounts. This can be adjusted by dollars in Field 34, in which case final patient responsibility is in Field 38.

33– Payable Amount Amount the plan will pay for this service in absence of any amount identified in Field 34

34 – Claim Adjustments An adjustment that may impact the amount the plan will pay. Examples: amount paid by other carrier, or amount previously paid on same claim

35 – Issued Amt The plan benefit for these services after any adjustments made in Field 34

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36 – Remarks Explanation of denied or pended charges, or additional information. Corresponds to expense line above with the same number in Field 29, or the entire claim if no number is present.

The following sections (37-41) appear after each patient. If a patient has more than one claim the Total Payment Box appears at the end of the last claim.

37 – For Questions Regarding This Claim The address/telephone number that should be used for any questions

38 – Total Patient Responsibility The total amount for which the patient is responsible, after any adjustments in Field 34

39 – Claim Payment The total amount payable for this patient

40 – Total Payment To The total payment after any adjustments

41 – Privacy Message Message regarding ID numbers