

## 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