

Silverline Dental Plan

1-800-555-0143 · silverlinedental.example

MEMBER
Jordan A. Sample
22 Elmwood Lane
Frisco, TX 75034
ID: SDP-4471902

PATIENT
Emily R. Sample
(dependent)

CLAIM
DEN-2025-6642190
Group DALLASISD-DEN
Processed 07/30/2025

THIS IS NOT A BILL

Explanation of Benefits

Dental claim · Bluebonnet Family Dental · date of service 07/28/2025

BILLED	NETWORK DISCOUNT	PLAN PAID	YOUR RESPONSIBILITY
\$242.00	\$48.40	\$154.88	\$38.72

DATE OF SERVICE	SERVICE (CDT)	PROVIDER	BILLED	DISCOUNT	PLAN PAID	YOUR RESP.
07/28/2025	D1110 · Prophylaxis (cleaning), adult	Bluebonnet Family Dental	\$112.00	-\$22.40	\$71.68	\$17.92
07/28/2025	D0120 · Periodic oral evaluation	Bluebonnet Family Dental	\$58.00	-\$11.60	\$37.12	\$9.28
07/28/2025	D0274 · Bitewings — four images	Bluebonnet Family Dental	\$72.00	-\$14.40	\$46.08	\$11.52

Total billed	\$242.00
Network discount	-\$48.40
Amount allowed	\$193.60
Plan paid (80%)	\$154.88
Your responsibility (coinsurance)	\$38.72
Paid to provider at visit	\$38.72
You may still owe	\$0.00

This dental Explanation of Benefits shows how Silverline processed the 07/28/2025 visit for the covered dependent: each service (with its ADA/CDT code), the amount billed, the network discount, what the plan paid, and the patient's coinsurance. An EOB with these elements substantiates an FSA claim on its own — no separate receipt is needed. THIS IS NOT A BILL.