

Field Descriptions for Provider EOB (Dental)

1

- 1 – PIN.** The name and unique provider ID number assigned by Aetna.
- 2 – [Mailing Address].** The name and mailing address for the servicing dentist or other practitioner.
- 3 – Tax Identification Number.** The federal tax ID number for the dentist or other practitioner.
- 4 – Check Number.** The bank ID and check number or the EFT trace number.
- 5 – Check Amount.** The amount of the check being issued.
- 6 – [Notes].** Informational message display area.
- 7 – Patient Name.** The full first and last name of the patient, with middle initial.
- 8 – Patient Account.** A unique number supplied and used by the dentist or other practitioner.
- 9 – Patient ID.** The Social Security number of the member.
- 10 – Member ID.** Aetna's unique Customer Member ID for the member.
- 11 – Relation.** Relationship of patient to member.
- 12 – Member.** The full first and last name of the member, with middle initial.
- 13 – Legal Entity Name.** Name of entity that underwrites or administers this plan.
- 14 – Group Number.** The group (control) number for the plan sponsor.
- 15 – Group Name.** The name of the plan sponsor.
- 16 – Product.** The member's plan name.
- 17 – Claim ID/ Recd.** Claim ID Number used internally by Aetna, followed by date the claim was received.
- 18 – Network ID.** Identifying number and name for the network.
- 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/practitioner is participating (in network), the rate that has been negotiated for the service. Otherwise, the amount recognized under the member's 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/practitioner'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 copay, deductible and coinsurance and any amount not covered. 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 pays 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.
- 36 – Remarks.** Explanation of denied or pended charges, or any additional information. Corresponds to expense line above with the same number in Field 29, or the entire claim if no number is present.

Field Descriptions for Provider EOB (Dental)

2

The following (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 – [Payment Level Adjustment]. Withhold amount, if appropriate (for single dentist/practitioner EOB only).

41 – Total Payment To. The total payment after any adjustments in Field 40.

42 – Privacy Message. Message regarding ID numbers.