Silverline Dental Plan

1-800-555-0143 · silverlinedental.example

MEMBER

Jordan A. Sample
22 Elmwood Lane
Katy, TX 77034
ID: SDP-4471902

PATIENT

Emily R. Sample (dependent)

CLAIM

DEN-2025-6642190
Group HISD-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.