

**FAX COVER SHEET**

To:	From: Guardian Life Insurance Company
Company:	Date: 11/28/22 02:07:39 PM
Fax Number: 12813775369	Pages (Including cover): 4
Re: EOB (Sent Securely)	

Notes:

Hi,

Please find the attachment below.

Thanks & regards.
Mayank

Accessing your Guardian benefit information is right at your fingertips through Guardian Anytime, our new secure website. To register, just go to www.GuardianAnytime.com.

Confidentiality Note: This fax and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this fax or any attachment is prohibited. If you receive this fax in error, please notify us immediately by returning it to sender and delete this copy from your system.

The Guardian Life Insurance Company of America

EL PASO, TX 79998-1572

Electronic Service Requested

51461 0.3584 AB 0.458 ALL FOR AADC 773


 DAVID A MILLER 553
 27202 JAYDEN CT
 SPRING, TX 77386-3512

290130

If you have any questions contact: (800) 541-7846
 WWW.GUARDIANANYTIME.COM
 Claim Number: 16726C29200
 Employee Name: DAVID A MILLER
 Patient Name: DAVID A MILLER
 Relationship: MEMBER
 Patient Account No.:
 Plan Number: 00330149
 Planholder: CRONIMET CORPORATION
 Provider: RUBY PENA, DDS
 Date: 10/29/21



ENV 51461 1 OF 1 F

INSURED EXPLANATION OF BENEFITS - THIS IS NOT A BILL*Important! Save this statement for tax purposes.*

Line No.	Submitted ADA Codes/Description	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D2740/Porceln Crown		02	09/09/21	1450.00	1450.00	0.00		50%	0.00
2	D2950/Core Build Up		02	09/09/21	293.00	293.00	0.00		50%	0.00
TOTALS					1743.00	1743.00	0.00		0.00	0.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE	\$0.00
HIGHER ALLOWABLE:	\$0.00
PAID BY OTHER INSURANCE	\$0.00
ADJUSTMENTS:	\$0.00
TOTAL BENEFIT PAID:	\$0.00
PATIENT'S RESPONSIBILITY	\$1743.00

Year to Date Information

You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/21.

You have reached \$160.00 of your individual maximum of \$1,000.00 for benefit year beginning 01/01/21.

Remarks:

Benefits are based on the use of a Non-Contracted Dentist

1. Your plan covers replacement restorations when the existing restoration has been damaged and cannot be made serviceable. Our reviewing dentist has determined benefits are not available because no non-repairable damage or fracture to the existing restoration is evident. You may request an appeal of this decision. To do so, work with your dental office to submit any previously unsubmitted documentation from your dental chart, such as additional x-rays, intraoral photographs and/or chart notes (directly copied from your dental chart) that might support a different decision. Be aware that documentation, such as additional narratives, letters or remarks made on the claim form or on x-rays are not the best source for additional information.

2. Your plan covers core buildups or posts and cores only when needed because of substantial loss of natural tooth structure and only when performed in conjunction with an approved crown. You may request an appeal of this decision. To do so, work with your dental office to submit any previously unsubmitted documentation from your dental chart, such as additional x-rays, intraoral photographs and/or chart notes (directly copied from your dental chart) that might support a different decision. Be aware that documentation, such as additional narratives, letters or remarks made on the claim form or on x-rays are not the best source for additional information.

You can save and get more value from your dental plan by seeing a contracted dentist.

Find a network dentist or nominate your dentist at guardianlife.com.

Comments

Current Dental Terminology © 2020 American Dental Association. All rights reserved.

This Explanation of Benefits does not reflect any payments you have made to the provider of services.

Log on to www.GuardianAnytime.com for helpful, secure information about your Guardian benefits. Look up coverage amounts, check the status of a claim, print forms and plan materials and so much more!

Fraud affects all of us! If you know or suspect that fraud is taking place, call us on our exclusive FRAUD HOTLINE 800-477-5908, Monday through Friday, 9:00 AM to 4:00 PM (Eastern Time), or visit our web site at <http://www.GuardianAnytime.com> (select "Contact Us" and then "Report Fraud").

As a reminder, you can view or print a copy of our Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices and other Guardian privacy policies by visiting our website at www.guardianlife.com/privacy-policy.

To request a copy, please contact Customer Service at the telephone number shown on your ID card.

CLAIMANT'S RIGHT OF APPEAL

You are entitled to receive, upon request and free of charge, copies of documentation and other relevant information related to your claim for benefits. You have a right to appeal this benefit decision by writing to Guardian within 180 days of receipt of this EOB. Guardian will review and notify you of its decision within 60 (disability appeals within 45) days (or less if your state requires a shorter response time) after receipt of your request. You have the right to bring a civil action under ERISA section 502(a) following an adverse benefit determination and you may have other alternative dispute resolution options under your plan. Contact your employer, the Department of Labor and/or the applicable state insurance regulatory agency for more information regarding your options and your rights under ERISA section 502(a).