



7330 Westfield Plaza Drive
Belleville, Illinois 62223

FAX

Date: Friday, November 11, 2022

Number of pages: 02
(including this cover sheet)

TO: provider
Fax: 2813775369

FROM : Federal_Employee_Program_fax@hcsc.com
Fax:
Phone:

Comments: eob

Confidentiality Note: The information contained in this facsimile message is privileged and confidential and is intended only for the exclusive information and use of the addressee. If you are not the intended recipient, any copying, use or distribution is unauthorized. If you are responsible for delivering this message to the addressee, it may not be copied, used, or distributed except as directed by the addressee. If you have received this message in error, please notify us immediately by telephone so that we can arrange for its return to us at no cost to you.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

BLUE CROSS BLUE SHIELD OF TEXAS
FEDERAL EMPLOYEE PROGRAM
P.O. BOX 660044
DALLAS, TEXAS 75266-0044
1-800-442-4607

TYMES SQUARE DENTAL
3440 RILEYFUZZEL RD
#200
SPRING TX 77386

PAGE 1
PROCESS DATE 10/25/2022
PREVIOUS REMIT 10/24/2022
REMITTANCE REPORT NUMBER 0084

PROFESSIONAL CLAIM
PROVIDER NUMBER: 1639681661NPI
CHECK NUMBER: NONE

PATIENT NAME: ROMAN, MAYRA I

ACC #: R00020

ID #: R57984275 CLAIM NUMBER: 222790312839SR TRANS ID: 43998565568 SUB LIABILITY: 402.00

PROC CODE	FROM AND TO SERVICE DATES	PROVIDER CHARGES	NONCOVERED CHARGES	COINS COPAY	DED	COB	NEGOTIATED SAVINGS	PREV AMT PD	AMOUNT PAID	REASON CODE	
D2391	08242022 08242022	201.00	201.00						.00	DEN 219 545	
D2391	08242022 08242022	201.00	201.00						.00	DEN 219 545	
CLAIM/TRANS ID TOTALS:									402.00	402.00	.00

REASON CODE EXPLANATIONS

219 BENEFITS ARE PROVIDED FOR THE DENTAL SERVICES SPECIFICALLY DESCRIBED IN YOUR BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN BROCHURE. THE DENTAL CARE YOU RECEIVED IS NOT LISTED AS A COVERED SERVICE. THEREFORE, YOU ARE RESPONSIBLE FOR THESE CHARGES.

545 YOU ARE COVERED UNDER FEP BLUEDENTAL. UNDER THIS PROGRAM, YOU DO NOT HAVE TO FILE A CLAIM TO RECEIVE FEP BLUEDENTAL BENEFITS - WE WILL DO IT FOR YOU. YOU WILL RECEIVE INFORMATION ABOUT YOUR FEP BLUEDENTAL BENEFITS SHORTLY.