

## Details

**Patient name:** Dylan Rylee Dizon

**ID number:** 20232129-2 **Group:** 25000 **Section:** E13

Service date (YYYY/MM/DD)	Procedure code/ description	Tooth code/ surface	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2017/11/01	84201 Ortho Case Type		321.04	321.04	0.00	192.63	28886
<b>Total</b>						<b>\$192.63</b>	

### \*Explanations

*See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.  
Consult your benefit information for coverage specifics*

28886 The balance of this claim has been forwarded to your Spending Account.

***Part of your healthy future.***