P627402800G

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Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance Company of America

Electronic Service Requested

ALL FOR AADC 840
21846 0.7648 AB 0.504

DANIEL C LINFORD, DDS
BURG CHILDRENS DENTISTRY AND O
6973 S 4800 W STE C
WEST JORDAN, UT 84084-7927

385

GROUP PLAN ADMINISTRATORS
If you have any questions contact: **(800) 541-7846**
WWW.GUARDIANANYTIME.COM

Provider: DANIEL C LINFORD, DDS
Date: 06/15/2023
Payee: DANIEL C LINFORD, DDS
Check No.: 188549785
Payment Amount: $77.00

3 OF 3

ENV 21846

Expedite cash flow with e-payments. Sign up today!

Guardian has contracted with Change Healthcare, a leading provider of revenue and payment cycle solutions, to deliver Electronic Funds Transfer (EFT) services! Sign-up today by going to www.changehealthcare.com/support/customer-resources/enrollment-services for more information. Enrollment for this service is offered to you at no additional cost and is available online or by calling 1.866.777.0713 and selecting Option 1.

PROVIDER EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Important! Please examine this statement for accuracy. Save this statement for tax purposes.

Claim Number: 39978F16600 **Patient Account No.:** 121765128 **Plan Number:** 00513419
Patient Name: KADEN J HOLFORD **Employee Name:** JOHN D HOLFORD **Relationship:** SON
Planholder: COLLECTIVE HEALTH INC

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	D0140/Limited Eval		FM	06/14/23	55.00	55.00	55.00		100%	55.00
2	D0270/Bitewing - 1		FM	06/14/23	22.00	22.00	22.00		100%	22.00
				TOTALS	77.00	77.00	77.00		0.00	77.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	**$77.00**
HIGHER ALLOWABLE.....	**$77.00**
PAID BY OTHER INSURANCE.....	**$0.00**
ADJUSTMENTS.....	**$0.00**
TOTAL BENEFIT PAID.....	**$ 77.00**
PATIENT'S RESPONSIBILITY.....	**$0.00**

Remarks for claim # 39978F16600:
Benefits are based on the use of a Non-Contracted Dentist

Comments:

Log on to www.GuardianAnytime.com for instant access to clinical policy guidelines and benefits information for Guardian members. Verify eligibility, view benefits, check claim status and more!

The Guardian Life Insurance Company of America 10 Hudson Yards New York, NY 10001

CHECK NO: 188549785
CHECK DATE: 06/16/23

51-44
119

AMOUNT
****$77.00

Void unless presented within 180 days

PAY Seventy Seven Dollars

TO THE ORDER OF **DANIEL C LINFORD, DDS**

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

VOID

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