

Electronic Service Requested

31427 1.1458 AB 0.504 ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI 505
3401 N CENTER ST STE 250
LEHI, UT 84043-7501

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

Provider: DAVID HADLEY
Date: 05/25/23
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188092989
Payment Amount: \$134.40

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: 36162F14400				Patient Account No.: 120898061				Plan Number: 00034945		
Patient Name: BOSTON BELL				Employee Name: TYLER BELL				Relationship: SON		
Planholder: PCF INSURANCE SERVICES, LLC										
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	D9230/Analgesia/N20		FM	05/22/23	30.00	28.00	0.00		80%	0.00
2	D2392/Pst Composite2		03	05/22/23	152.00	109.00	109.00	50.00	80%	47.20
3	D2392/Pst Composite2		14	05/22/23	152.00	109.00	109.00		80%	87.20
TOTALS					334.00	246.00	218.00	50.00	33.60	134.40

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$134.40
HIGHER ALLOWABLE.....	\$218.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 134.40
PATIENT'S RESPONSIBILITY.....	\$111.60

Remarks for claim # 36162F14400:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

1. The dental plan covers this procedure only when performed in conjunction with eligible surgical procedures or eligible surgical extractions performed on the same day.

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim:

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

CHECK NO: 188092989
CHECK DATE: 05/25/23

PAY One Hundred Thirty Four & 40/100 Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$134.40

Void unless presented
within 180 days

John A. Williams
VOID

Guardian PO BOX 981572
EL PASO TX 79998-1572

The Guardian Life Insurance
Company of America

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Remarks for claim # 36162F14400:

213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)

California Department of Insurance

Claims Services Bureau

300 S. Spring Street, South Tower

Los Angeles, CA 90013

<http://www.Insurance.ca.gov/01-consumers/>

Guardian has established a process for provider dispute resolution. Please contact our

Member Services Department at (800) 541-7846 for more information.

Benefits are based on the use of a Preferred Contracted Dentist.

Comments:

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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!