

Encounter 0220707D003335

Claim Status: Processed

Patient Information		Provider Information		Claim Information	
Jackson Bennett		Jennifer Chou (1063626521)		Colonial Life & Accident Insurance Company	
1280 County Road 2314		Smiley Tooth Llp (1740685957)		Benefit Level: In Network	
Pittsburg, Tx 75686		804 Gilmer St Ste B		Client Claim ID: 20220707D003335	
5396419		Sulphur Springs, Tx 75482		Date Received: 07/07/2022	
		Payee Name: Smiley Tooth Llp		Date Entered: 07/07/2022	
				Date Paid: 07/08/2022	

Service(s) Detail

D0120 - Periodic Oral Evaluation - Established Patient

Quantity	1	Deductible	\$0.00	Coinsurance Computed	\$0.00	Billed Amount	\$52.00
Service Date	07/05/2022	COB Collected	\$0.00	Payable	\$33.84	Allowed Amount	\$33.84
Auth Number		Copay Computed	\$0.00	Over Maximum	\$0.00	Paid Amount	\$33.84

D0220 - Intraoral - Periapical First Radiographic Image (A)

Quantity	1	Deductible	\$0.00	Coinsurance Computed	\$0.00	Billed Amount	\$25.00
Service Date	07/05/2022	COB Collected	\$0.00	Payable	\$18.59	Allowed Amount	\$18.59
Auth Number		Copay Computed	\$0.00	Over Maximum	\$0.00	Paid Amount	\$18.59

D0230 - Intraoral - Periapical Each Additional Image (J)

Quantity	1	Deductible	\$0.00	Coinsurance Computed	\$0.00	Billed Amount	\$21.00
Service Date	07/05/2022	COB Collected	\$0.00	Payable	\$15.10	Allowed Amount	\$15.10
Auth Number		Copay Computed	\$0.00	Over Maximum	\$0.00	Paid Amount	\$15.10

D0230 - Intraoral - Periapical Each Additional Image (K)

Quantity	1	Deductible	\$0.00	Coinsurance Computed	\$0.00	Billed Amount	\$21.00
Service Date	07/05/2022	COB Collected	\$0.00	Payable	\$15.10	Allowed Amount	\$15.10
Auth Number		Copay Computed	\$0.00	Over Maximum	\$0.00	Paid Amount	\$15.10

D1120 - Prophylaxis - Child

Quantity	1	Deductible	\$0.00	Coinsurance Computed	\$0.00	Billed Amount	\$77.00
Service Date	07/05/2022	COB Collected	\$0.00	Payable	\$46.05	Allowed Amount	\$46.05
Auth Number		Copay Computed	\$0.00	Over Maximum	\$0.00	Paid Amount	\$46.05

Notes

Additional Notes: E221880003723
Payment Notes: Check #: 710410660, Date Paid: 20220708

Payment Information

Check Number	710410660	Pay Member	No
Check Amount	\$237.25	Total Billed Amount	\$196.00
Check Status	Paid	Original Paid Amount	\$128.68
Check Date	07/08/2022	Net Paid Amount	\$128.68
Check Cleared		EFT Flag / Acct	No