

Guardian PO BOX 981572
EL PASO, TX 79998-1572



Electronic Service Requested

202303033000

Payee Name: CHILDREN'S DENTAL AT PRESTON
Payee Bank: 064000020
ACH Amount: 24295
ACH Bank ID: M0000011



ENV 19688 1 OF 1

19688 0.0124



CHILDREN'S DENTAL AT PRESTON T
5708 COLLEYVILLE BLVD STE A
COLLEYVILLE, TX 76034-6065

ACH Transaction

VOID

Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance
Company of America

Electronic Service Requested

034300
COPY

If you have any
questions contact:

(800) 541-7846
WWW.GUARDIANANYTIME.COM



1 OF 2
ENV 8700

8700 0.0248



CHILDREN'S DENTAL AT PRESTON T
5708 COLLEYVILLE BLVD STE A
COLLEYVILLE, TX 76034-6065

Provider: JANENE SPERANDEO
Date: 02/27/23
Payee: CHILDREN'S DENTAL AT PRESTON
Check No.: 186250290
Payment Amount: \$242.95

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: 18472E05500				Patient Account No.: 15320				Plan Number: 00580287		
Patient Name: HARPER L NEWTON				Employee Name: MICHELLE N BERMAN				Relationship: DAUGHTER		
Planholder: GDH CONSULTING, 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	D1110/Adult Cleaning		FM	02/21/23	138.00	69.00	69.00		100%	69.00
2	D0120/Periodic Eval		FM	02/21/23	75.00	34.00	34.00		100%	34.00
3	D1206/Fluoride Varn		FM	02/21/23	67.00	56.95	0.00		100%	0.00
TOTALS					280.00	159.95	103.00		0.00	103.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$103.00
HIGHER ALLOWABLE.....	\$103.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 103.00
PATIENT'S RESPONSIBILITY.....	\$56.95

Remarks for claim # 18472E05500:

DISCOUNT THROUGH MAXIMUMCARE NETWORK POWERED BY CAREINGTON & DENTEMAX

3. The dental plan covers fluoride treatment only for covered patients under the age of 14.

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

You have used \$0.00 of your personal Maximum Rollover Account. \$500.00 remains in your account

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

EFT NO: 186250290

DATE: 02/27/23

51-44
119

AMOUNT
****\$242.95

Void unless presented
within 180 days

PAY Two Hundred Forty Two & 95/100 Dollars

TO THE ORDER OF CHILDREN'S DENTAL AT PRESTON T
PAYMENT MADE
ELECTRONICALLY

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

NON-NEGOTIABLE
NON-NEGOTIABLE



Guardian PO BOX 981572
EL PASO TX 79998-1572

The Guardian Life Insurance
Company of America

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

Provider: JANENE SPERANDEO
Date: 02/27/23
Payee: CHILDREN'S DENTAL AT PRESTON
Check No.: 186250290
Payment Amount: \$242.95



2 OF 2

ENV 8700

Claim Number: 18473E05500				Patient Account No.: 15321				Plan Number: 00580287		
Patient Name: WILLA K NEWTON				Employee Name: MICHELLE N BERMAN				Relationship: DAUGHTER		
Planholder: GDH CONSULTING, 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	D0120/Periodic Eval		FM	02/21/23	75.00	34.00	34.00		100%	34.00
2	D1120/Child Cleaning		FM	02/21/23	96.00	49.00	49.00		100%	49.00
3	D1206/Fluoride Varn		FM	02/21/23	67.00	56.95	56.95		100%	56.95
TOTALS					238.00	139.95	139.95		0.00	139.95

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$139.95
HIGHER ALLOWABLE.....	\$139.95
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 139.95
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 18473E05500:

DISCOUNT THROUGH MAXIMUMCARE NETWORK POWERED BY CAREINGTON & DENTEMAX
Benefits are based on the use of a Preferred Contracted Dentist.
You have used \$0.00 of your personal Maximum Rollover Account. \$350.00 remains in your account

Comments:

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

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!