

Electronic Service Requested

21846 0.7648 AB 0.504
ALL FOR AADC 840
385
DANIEL C LINFORD, DDS
BURG CHILDRENS DENTISTRY AND O
6973 S 4800 W STE C
WEST JORDAN, UT 84084-7927

If you have any
questions contact:

GROUP PLAN ADMINISTRATORS
(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

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:

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!

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

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

PAY Seventy Seven Dollars

TO THE DANIEL C LINFORD, DDS
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44 119	AMOUNT ****\$77.00
--------------	-----------------------

Void unless presented
within 180 days

John A. Williams
VOID