1 OF 2

## **Electronic Service Requested**

ALL FOR AADC 840

31353 0.5738 AB 0.504

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JEFFREY T WELCH, DMD BURG CHILDRENS DENTISTRY AND O 275 W 200 N STE 175 LINDON, UT 84042-5018

If you have any (800) 541-7846

questions contact: WWW.GUARDIANANYTIME.COM

JEFFREY T WELCH, DMD **Provider:** 06/01/23 Date:

JEFFREY T WELCH, DMD Payee:

Check No.: 188230053 Payment Amount: \$52.00

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# PROVIDER EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Important! Please examine this statement for accuracy. Save this statement for tax purposes. Patient Account No.: 121136461

	ient Name: SPENCER A pholder: PROSCI, IN		SON	<b>Employee Name:</b> S		COTT ANDERSON		Relationship: SON		ON
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	D2392/Pst Composite2	D2150	S	05/30/23	152.00	96.00	65.00		80%	52.00
	•	•		TOTALS	152.00	96.00	65.00		13.00	52.00

#### BENEFIT SUMMARY

Plan Number: 00037079

TOTAL BENEFIT PAYABLE	\$52.00
HIGHER ALLOWABLE	\$65.00
PAID BY OTHER INSURANCE	\$0.00
ADJUSTMENTS	\$0.00
TOTAL BENEFIT PAID	\$ 52.00
PATIENT'S RESPONSIBILITY	\$44.00

## Remarks for claim # 32752F15100:

Claim Number: 32752F15100

A STRATOSE TDA PARTICIPATING DENTIST HAS BEEN UTILIZED.

1. The dental plan covers resin-based composites only on anterior teeth. If more than one type of treatment is appropriate, your dental plan covers the least expensive treatment which meets accepted standards of dental practice. An alternate benefit of Amalgam 2 Surf has been considered. Benefits are based on the use of a Preferred Contracted Dentist.

You have used \$0.00 of your personal Maximum Rollover Account. \$600.00 remains in your account

### **Comments:**

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The Guardian Life Insurance 10 Hudson Yards **Company of America** New York, NY 10001 CHECK NO: 188230053 **CHECK DATE: 06/01/23** 

51-44 **AMOUNT** \*\*\*\*\$**52.00** 

Void unless presented

within 180 days

**PAY Fifty Two Dollars** 

TO THE JEFFREY T WELCH, DMD ORDER OF

BANK OF AMERICA 150 WINDSOR STREET, HARTFORD, CT 06120



If you have any questions contact:

(800) 541-7846 **WWW.GUARDIANANYTIME.COM** 

JEFFREY T WELCH, DMD **Provider:** 

Date: 06/01/23 Payee: JEFFREY T WELCH, DMD

Check No.: 188230053 **Payment Amount:** \$52.00

## **Comments:**

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**S Guardian PO BOX 981572** EL PASO TX 79998-1572

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