



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Summary of Claim Payment

Please Retain for Future Reference

Printed: 04/03/2023
Page: 1 of 7

CHILDREN'S DENTAL AT PRESTON TRAIL,
PC

TIN: XXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

Notes: Enclosed is a group payment to the XXXXXX4771. Below is a itemization of the check. Please refer to the attached statements of details.

Breakdown of Payment(s) Issued:

NAME	PIN	ISSUED AMT
ADERONKE O OGUNBAMERU DDS	0004726606	\$703.00
JANENE SPERANDEO DMD	0006312482	\$1,372.00
TOTAL ISSUED AMOUNT		\$2,075.00

TOTAL TRACE AMOUNT: \$2,075.00

Aetna Life Insurance Company or an Affiliated Company
as Agent for Specified Payer(s)
P.O. BOX 981106
EL PASO TX 79998-1106
USA

ID No: XXXXXX4771
Seq No: 000000004

Trace No: 000136383
Acct: 09046

51 - 44
04-03-2023 119 CT

NON-NEGOTIABLE NON-NEGOTIABLE

VOID AFTER ONE YEAR
*****\$2,075.00

TO THE
ORDER OF
Bank of America

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

VOID VOID

766 (10-02)

Payment was made via Electronic Funds Transfer



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Explanation Of Benefits

Please Retain for Future Reference

Payment Address:

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

Provider Address:

ADERONKE O OGUNBAMERU DDS
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

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Page: 2 of 7

ADERONKE O OGUNBAMERU DDS
PIN: 0004726606
TIN: XXXXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name: AMELIA CLARK (daughter)

Claim ID: EGAC4308900 Recd: 03/29/23 Member ID: W146481957 Patient Account: 442652590

Member: COREY M CLARK

Group Name: COSTCO WHOLESALE CORPORATION

Group Number: 0701143-52-002 PP ZAK;20

Product: Aetna Dental® PPO

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D1206		01		1.0	67.00	67.00							67.00
03/28/23	D1120		01		1.0	96.00	96.00							96.00
03/28/23	D0230		01		1.0	37.00	37.00							37.00
03/28/23	D0230		01		1.0	37.00	37.00							37.00
03/28/23	D0230		01		1.0	37.00	37.00							37.00
03/28/23	D0230		01		1.0	37.00	37.00							37.00
TOTALS						311.00	311.00							311.00

ISSUED AMT: \$311.00

Remarks:

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: EGAC4308901 Recd: 03/29/23 Member ID: W146481957 Patient Account: 442652590

Member: COREY M CLARK

Group Name: COSTCO WHOLESALE CORPORATION

Group Number: 0701143-52-002 PP ZAK;20

Product: Aetna Dental® PPO

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D0230		01		1.0	37.00	37.00							37.00
03/28/23	D0220		01		1.0	42.00	42.00							42.00
03/28/23	D0120		01		1.0	75.00	75.00							75.00
TOTALS						154.00	154.00							154.00

ISSUED AMT: \$154.00

Remarks:

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094

CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$465.00

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P.O. BOX 981106
EL PASO TX 79998-1106
USA

Explanation Of Benefits

Please Retain for Future Reference

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ADERONKE O OGUNBAMERU DDS
PIN: 0004726606
TIN: XXXXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

Payment Address:
CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

Patient Name: **LENA C CLARK** (daughter)

Claim ID: **EJY1437FJ00** Recd: **03/29/23** Member ID: **W146481957** Patient Account: **442659851**

Member: **COREY M CLARK**

Group Name: **COSTCO WHOLESALE CORPORATION**

Group Number: **0701143-52-002 PP ZAK;20**

Product: **Aetna Dental® PPO**

Network ID: **00000**

Aetna Life Insurance Company

Network Status: **Out-of-Network**

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D1206		01		1.0	67.00	67.00							67.00
03/28/23	D1120		01		1.0	96.00	96.00							96.00
03/28/23	D0120		01		1.0	75.00	75.00							75.00
TOTALS						238.00	238.00							238.00

ISSUED AMT: \$238.00

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094
CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00
Claim Payment: \$238.00

Total Payment to: ADERONKE O OGUNBAMERU DDS

\$703.00



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USA

Explanation Of Benefits

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Payment Address:

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

Provider Address:

JANENE SPERANDEO DMD
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

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JANENE SPERANDEO DMD

PIN: 0006312482
TIN: XXXXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name: ARSHYAN BADRUDDIN (son)

Claim ID: ECTX449HM00 Recd: 03/31/23 Member ID: W214059427 Patient Account: 15853

Member: SOHAIL A BADRUDDIN

Group Name: FANNIE MAE

Product: Aetna Dental® PPO

Group Number: 0600288-10-019 GR ZA5-B0

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/29/23	D1206		01			67.00	61.00			6.00 1 61.00 2			67.00	0.00
03/29/23	D1110		01		1.0	138.00	120.00			18.00 1			18.00	120.00
03/29/23	D0274		01		1.0	91.00	88.00			3.00 1			3.00	88.00
03/29/23	D0230		01		1.0	37.00	33.00			4.00 1			4.00	33.00
03/29/23	D0220		01		1.0	42.00	39.00			3.00 1			3.00	39.00
03/29/23	D0120		01		1.0	75.00	70.00			5.00 1			5.00	70.00
TOTALS						450.00	411.00			100.00			100.00	350.00

ISSUED AMT: \$350.00

Remarks:

- This amount is over the recognized charge for this service. We determine the recognized charge based on the geographic area, the member's plan and we calculate it based on either:
 - The FAIR Health percentile
 - The plan's nonparticipating fee scheduleWe believe our payment to you was fair. If you have more information or questions, let us know. Use the number on this statement. [551]
- Fluoride treatment is not covered because the member has reached your plan's age limit for this service. [019]

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094

CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$100.00

Claim Payment: \$350.00

Patient Name: AYDIN BADRUDDIN (son)

Claim ID: ECTX449B400 Recd: 03/31/23 Member ID: W214059427 Patient Account: 15852

Member: SOHAIL A BADRUDDIN

Group Name: FANNIE MAE

Product: Aetna Dental® PPO

Group Number: 0600288-10-019 GR ZA5-B0

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/29/23	D1206		01		1.0	67.00	61.00			6.00 1			6.00	61.00
03/29/23	D1110		01		1.0	138.00	120.00			18.00 1			18.00	120.00

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Payment Address:

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

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JANENE SPERANDEO DMD

PIN: 0006312482
TIN: XXXXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

Patient Name: AYDIN BADRUDDIN (son)

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/29/23	D0274		01		1.0	91.00	88.00			3.00 1			3.00	88.00
03/29/23	D0230		01		1.0	37.00	33.00			4.00 1			4.00	33.00
03/29/23	D0220		01		1.0	42.00	39.00			3.00 1			3.00	39.00
03/29/23	D0120		01		1.0	75.00	70.00			5.00 1			5.00	70.00
TOTALS						450.00	411.00			39.00			39.00	411.00

ISSUED AMT: \$411.00

Remarks:

- 1 - This amount is over the recognized charge for this service. We determine the recognized charge based on the geographic area, the member's plan and we calculate it based on either:
- The FAIR Health percentile
 - The plan's nonparticipating fee schedule
- We believe our payment to you was fair. If you have more information or questions, let us know. Use the number on this statement. [551]

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094
CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$39.00

Claim Payment: \$411.00

Patient Name: JONAH X HUTCHINSON (son)

Claim ID: E7AC3J2C100 Recd: 03/30/23 Member ID: W056431964 Patient Account: 15814

Member: DAVID W HUTCHINSON

Group Name: AIRGAS, INC.

Product: Aetna Dental® PPO

Aetna Life Insurance Company

Group Number: 0720357-13-001 BA ZAG"40

Network ID: 00000

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D1206		01		1.0	42.00	42.00							42.00
03/28/23	D1120		01		1.0	66.00	66.00							66.00
03/28/23	D0272		01		1.0	42.00	42.00							42.00
03/28/23	D0120		01		1.0	50.00	50.00							50.00
TOTALS						200.00	200.00							200.00

ISSUED AMT: \$200.00

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094
CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$200.00

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CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

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JANENE SPERANDEO DMD

PIN: 0006312482
TIN: XXXXXXXX4771
Trace Number: 823093000136383
Trace Amount: \$2,075.00

Patient Name: NOAH A HUTCHINSON (son)

Claim ID: E7JM3MVT00 Recd: 03/30/23 Member ID: W056431964 Patient Account: 15815

Member: DAVID W HUTCHINSON

Group Name: AIRGAS, INC.

Group Number: 0720357-13-001 BA ZAG*40

Product: Aetna Dental® PPO

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D1206		01		1.0	42.00	42.00							42.00
03/28/23	D1110		01		1.0	91.00	91.00							91.00
03/28/23	D0274		01		1.0	64.00	64.00							64.00
03/28/23	D0120		01		1.0	50.00	50.00							50.00
TOTALS						247.00	247.00							247.00

ISSUED AMT: \$247.00

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094

CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$247.00

Patient Name: MUAZ R AHMAD (son)

Claim ID: E8PC3JX6N00 Recd: 03/30/23 Member ID: W275652424 Patient Account: 15823

Member: AHMAD RAZA

Group Name: AUTOMATIC DATA PROCESSING, INC.

Group Number: 0800201-14-001 PA ZAC)T0

Product: Aetna Dental® PPO

Network ID: 00000

Aetna Life Insurance Company

Network Status: Out-of-Network

SERVICE DATES	SERVICE CODE	ALTERNATE BENEFIT CODE	TOOTH NUM.	SURFACE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/23	D2391		T	O	1.0	255.00	255.00				50.00	41.00	91.00	164.00
TOTALS						255.00	255.00				50.00	41.00	91.00	164.00

ISSUED AMT: \$164.00

For questions regarding this claim or if you wish a review of this decision:

P.O. BOX 14094 LEXINGTON, KY 40512-4094

CALL (800) 451-7715 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$91.00

Claim Payment: \$164.00

Total Payment to: JANENE SPERANDEO DMD

\$1,372.00

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EL PASO TX 79998-1106
USA

Explanation Of Benefits

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Payment Address:

CHILDREN'S DENTAL AT PRESTON TRAIL, PC
3602 MATLOCK RD STE 208
ARLINGTON TX 76015-3600

JANENE SPERANDEO DMD

PIN: 0006312482

TIN: XXXXXXXX4771

Trace Number: 823093000136383

Trace Amount: \$2,075.00

CHANGES TO PARTICIPATING PROVIDER INFORMATION: Before submitting address and other changes, dentists should obtain instructions from aetnadental.com. After logging in, simply click on "Helpful Links" or you can call our National Dentist Line at **1-800-451-7715**. Registering on aetnadental.com will give you access to demographic change forms, electronic claim/EOB records, Dental Office Guides, and other important information.

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.

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