

Forwarding Service Requested

1622 3.1682 AB 0.504
ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890 36

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

Provider: BRADLEY J SMITH
Date: 06/08/23
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188350579
Payment Amount: \$115.00

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: 42538F15800				Patient Account No.: 121424338				Plan Number: 00521467		
Patient Name: ASACIA A SALAZAR				Employee Name: ELIAS SALAZAR				Relationship: DAUGHTER		
Planholder: ARES HOLDINGS LLC DBA NEXTECH										
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	06/06/23	39.00	23.00	23.00		100%	23.00
2	D0220/Periapical 1st		FM	06/06/23	22.00	11.00	11.00		100%	11.00
3	D0230/Periapical Add		FM	06/06/23	19.00	9.00	9.00		100%	9.00
4	D0272/Bitewing - 2		FM	06/06/23	36.00	22.00	22.00		100%	22.00
5	D1120/Child Cleaning		FM	06/06/23	52.00	35.00	35.00		100%	35.00
6	D1206/Fluoride Varn		FM	06/06/23	36.00	15.00	15.00		100%	15.00
TOTALS					204.00	115.00	115.00		0.00	115.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$115.00
HIGHER ALLOWABLE.....	\$115.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 115.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 42538F15800:

A STRATOSE TDA PARTICIPATING DENTIST HAS BEEN UTILIZED.
Benefits are based on the use of a Preferred Contracted Dentist.

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

CHECK NO: 188350579
CHECK DATE: 06/08/23

PAY One Hundred Fifteen Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$115.00

Void unless presented
within 180 days

John A. Williams
VOID

Guardian PO BOX 981572
EL PASO TX 79998-1572

The Guardian Life Insurance
Company of America



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

Provider: BRADLEY J SMITH
Date: 06/08/23
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188350579
Payment Amount: \$115.00



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!

