

Electronic Service Requested

MIXED AADC 840  
2031 1.8304 MB 0.528  
UT BCDO SPECIALTY DENTAL SERVI  
1275 E FORT UNION BLVD STE 100  
MIDVALE, UT 84047-1890 145

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

Provider: DON REES BOREN  
Date: 05/25/23  
Payee: UT BCDO SPECIALTY DENTAL SER  
Check No.: 188097412  
Payment Amount: \$144.00

**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](http://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: 40550F14400				Patient Account No.: 120933261				Plan Number: 00579314		
Patient Name: JACK VOGELSBERG				Employee Name: SHANE E VOGELSBERG				Relationship: SON		
Planholder: PLATFORM SCIENCE, 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	D0240/Occlusal Image		FM	05/23/23	27.00	14.00	14.00		100%	14.00
2	D0240/Occlusal Image		FM	05/23/23	27.00	14.00	14.00		100%	14.00
3	D0272/Bitewing - 2		FM	05/23/23	36.00	24.00	24.00		100%	24.00
4	D1120/Child Cleaning		FM	05/23/23	52.00	39.00	39.00		100%	39.00
5	D1206/Fluoride Varn		FM	05/23/23	36.00	16.00	16.00		100%	16.00
6	D0150/Comprehensive		FM	05/23/23	64.00	37.00	37.00		100%	37.00
TOTALS					242.00	144.00	144.00		0.00	144.00

**BENEFIT SUMMARY**

TOTAL BENEFIT PAYABLE.....	\$144.00
HIGHER ALLOWABLE.....	\$144.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 144.00
PATIENT'S RESPONSIBILITY.....	\$0.00

**Remarks for claim # 40550F14400:**

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED  
If you have any questions or comments concerning this claim, please contact us at (800) 541-7846  
In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California

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

CHECK NO: 188097412  
CHECK DATE: 05/25/23

**PAY One Hundred Forty Four Dollars**

**TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI**

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

51-44  
119

AMOUNT
****\$144.00

Void unless presented  
within 180 days

*John A. Anderson*  
**VOID**



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

**The Guardian Life Insurance  
Company of America**

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questions contact:** (800) 541-7846  
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Department of Insurance, if the insured/dentist wishes to contact them concerning this claim:  
213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)  
California Department of Insurance  
Claims Services Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013  
<http://www.insurance.ca.gov/01-consumers/>  
Guardian has established a process for provider dispute resolution. Please contact our  
Member Services Department at (800) 541-7846 for more information.  
Benefits are based on the use of a Preferred Contracted Dentist.

**Comments:**

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