

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

The Guardian Life Insurance  
Company of America

### Electronic Service Requested

020105

If you have any  
questions contact:

GROUP PLAN ADMINISTRATORS  
(800) 541-7846  
WWW.GUARDIANANYTIME.COM



1 OF 2

ALL FOR AADC 840  
31349 0.5738 AB 0.504



UT BCDO SPECIALTY DENTAL SERVI  
3401 N CENTER ST STE 250  
LEHI, UT 84043-7501

517

Provider: DAVID HADLEY  
Date: 05/31/2023  
Payee: UT BCDO SPECIALTY DENTAL SER  
Check No.: 188218572  
Payment Amount: \$160.00

### 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: 32884F15100				Patient Account No.: 121148667				Plan Number: 00518516		
Patient Name: LANAYA ROPER				Employee Name: BLAKE ROPER				Relationship: DAUGHTER		
Planholder: ONBOARDIQ, 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	D0120/Periodic Eval		FM	05/30/23	39.00	23.00	23.00		100%	23.00
2	D0220/Periapical 1st		FM	05/30/23	22.00	13.00	13.00		100%	13.00
3	D0230/Periapical Add		FM	05/30/23	19.00	8.00	8.00		100%	8.00
4	D0272/Bitewing - 2		FM	05/30/23	36.00	21.00	0.00		100%	0.00
5	D1120/Child Cleaning		FM	05/30/23	52.00	36.00	36.00		100%	36.00
TOTALS					168.00	101.00	80.00		0.00	80.00

### BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$80.00
HIGHER ALLOWABLE.....	\$80.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 80.00
PATIENT'S RESPONSIBILITY.....	\$21.00

### Remarks for claim # 32884F15100:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

4. The dental plan covers bitewing radiographic images only once in any 12 consecutive month period, up to a maximum of four films or a set of 7-8 vertical films, in one visit.

Benefits are based on the use of a Preferred Contracted Dentist.

You have used \$0.00 of your personal Maximum Rollover Account. \$500.00 remains in your account

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

CHECK NO: 188218572  
CHECK DATE: 06/01/23

51-44  
119

AMOUNT

\*\*\*\*\$160.00

Void unless presented  
within 180 days

PAY One Hundred Sixty Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*John Andrus*  
**VOID**

11 188 2 18 5 7 2 11 10 1 1900 4 4 5 1

4 2 2 3 6 11



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Date: 05/31/2023  
Payee: UT BCDO SPECIALTY DENTAL SER  
Check No.: 188218572  
Payment Amount: \$160.00



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ENV 31349

<b>Claim Number:</b> 32883F15100				<b>Patient Account No.:</b> 121148666				<b>Plan Number:</b> 00518516		
<b>Patient Name:</b> TREYTON ROPER				<b>Employee Name:</b> BLAKE ROPER				<b>Relationship:</b> SON		
<b>Planholder:</b> ONBOARDIQ, 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	D0120/Periodic Eval		FM	05/30/23	39.00	23.00	23.00		100%	23.00
2	D0220/Periapical 1st		FM	05/30/23	22.00	13.00	13.00		100%	13.00
3	D0230/Periapical Add		FM	05/30/23	19.00	8.00	8.00		100%	8.00
4	D1120/Child Cleaning		FM	05/30/23	52.00	36.00	36.00		100%	36.00
5	D0274/Bitewing - 4		FM	05/30/23	52.00	31.00	0.00		100%	0.00
<b>TOTALS</b>					184.00	111.00	80.00		0.00	80.00

#### BENEFIT SUMMARY

<b>TOTAL BENEFIT PAYABLE.....</b>	<b>\$80.00</b>
<b>HIGHER ALLOWABLE.....</b>	<b>\$80.00</b>
<b>PAID BY OTHER INSURANCE.....</b>	<b>\$0.00</b>
<b>ADJUSTMENTS.....</b>	<b>\$0.00</b>
<b>TOTAL BENEFIT PAID.....</b>	<b>\$ 80.00</b>
<b>PATIENT'S RESPONSIBILITY.....</b>	<b>\$31.00</b>

#### Remarks for claim # 32883F15100:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

5. The dental plan covers bitewing radiographic images only once in any 12 consecutive month period, up to a maximum of four films or a set of 7-8 vertical films, in one visit.

Benefits are based on the use of a Preferred Contracted Dentist.

#### Comments:

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