

Forwarding Service Requested

36510 0.9656 AB 0.504
ALL FOR AADC 840
UT BCDO SPECIALITY DENTAL SERV
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890 552

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

Provider: GREGORY BIDDULPH
Date: 06/02/23
Payee: UT BCDO SPECIALITY DENTAL SER
Check No.: 188239577
Payment Amount: \$85.00

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: 35360F15200				Patient Account No.: 121169320				Plan Number: 00461498		
Patient Name: KALIE WOODWARD				Employee Name: CORINNE WOODWARD				Relationship: DAUGHTER		
Planholder: CAPITAL TITLE										
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	11.00	11.00	11.00	100%	0.00
3	D0230/Periapical Add		FM	05/30/23	19.00	9.00	9.00	9.00	100%	0.00
4	D1120/Child Cleaning		FM	05/30/23	52.00	35.00	35.00		100%	35.00
5	D0274/Bitewing - 4		FM	05/30/23	52.00	27.00	27.00		100%	27.00
TOTALS					184.00	105.00	105.00	20.00	0.00	85.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$85.00
HIGHER ALLOWABLE.....	\$105.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 85.00
PATIENT'S RESPONSIBILITY.....	\$20.00

Remarks for claim # 35360F15200:

A STRATOSE TDA PARTICIPATING DENTIST HAS BEEN UTILIZED.

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: 188239577
CHECK DATE: 06/02/23

PAY Eighty Five Dollars

TO THE UT BCDO SPECIALITY DENTAL SERV
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$85.00

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

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Comments:

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