UNITED CONCORDIA

PO Box 69407
HARRISBURG, PA 17106-9407

UT BCDO SPECIALTY DENTAL SERVICES, PLLC
STE 110
1580 E 3900 S
SALT LAKE CITY UT 84124

Your name, UT BCDO SPECIALTY DENTAL SERVICES, PLLC, and Tax ID have been verified by the IRS.

DATE(S) OF SVC	NUM OF SVCS	PL OF SVC	PROCEDURE CODE/ TOOTH NUMBERS/	PROVIDER CHARGE	ALLOWANCE	NON-CHARGEABLE AMOUNT	NON-CHG CODE	SUBSCRIBER LIABILITY AMOUNT	SUB LIAB CODE	OTHER INSURANCE AMOUNT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO SUBSCRIBE	MESSAGE CODE(S)
Claim Number: 23066736290			**Patient: CAYSON L DYKES**							**ID Number: 108777993001**			
										Appl/Sub Name: ANDREW J DYKES			
02-06-23	1	O	D0120	39.00	29.33	9.67	N01			27.30	2.03		G0026 G0031 J9063
02-06-23	1	O	D1120	52.00	43.91	8.09	N01			36.40	7.51		G0026 G0031 J9063
02-06-23	1	O	D1206	36.00	25.46	10.54	N01			25.20	0.26		G0026 G0031 J9063
02-06-23	1	O	D0330	82.00	68.40	13.60	N01	34.20	C1	23.20	11.00		G0026 G0031 J9063
02-06-23	1	O	D0272	36.00	26.48	9.52	N01	13.24	C1	11.96	1.28		G0026 G0031 J9063
02-06-23	1	O	D1351 03/O	37.00	34.14	2.86	N01				34.14		G0026 G0031 J9063
02-06-23	1	O	D1351 30/O	37.00	34.14	2.86	N01				34.14		G0026 G0031 J9063
			Claim Totals:			57.14		47.44		124.06	90.36	.00	
Claim Number: 23066736291			**Patient: ANDREW J DYKES**							**ID Number: 108777993001**			
										Appl/Sub Name: ANDREW J DYKES			
02-06-23	1	O	D0120	39.00	29.33	9.67	N01			27.30	2.03		G0026 G0031 J9063

EXPLANATION OF BENEFITS

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1105-P 0321

DATE(S) OF SVC	NUM OF SVCS	PL OF SVC	PROCEDURE CODE/ TOOTH NUMBERS/	PROVIDER CHARGE	ALLOWANCE	NON-CHARGEABLE AMOUNT	NON-CHG CODE	SUBSCRIBER LIABILITY AMOUNT	SUB LIAB CODE	OTHER INSURANCE AMOUNT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO SUBSCRIBE	MESSAGE CODE(S)
02-06-23	1	O	D0274	52.00				52.00	H1	17.53			L5025 G0026 G0031 J9063
02-06-23	1	O	D1110	67.00	57.08	9.92	N01			46.90	10.18		G0026 G0031 J9063
02-06-23	1	O	D1206	36.00	25.46	10.54	N01			25.20	0.26		G0026 G0031 J9063
02-06-23	1	O	D0330	82.00	68.40	13.60	N01	34.20	C1	23.20	11.00		G0026 G0031 J9063
02-06-23	1	O	D1351 31/O	37.00				37.00	H2				U9220 G0026 G0031 J9063
			Claim Totals:			43.73		123.20		140.13	23.47	.00	

MESSAGE(S):

G0026 If this dental plan is not your primary insurance and an explanation of benefits was not submitted, an estimation of payment was calculated. The payment for the reported services were made according to the program of benefits provided by the Office of Personnel Management (OPM).

G0031 This patient's plan includes Smile for Health-Wellness, a program that provides enhanced benefits for treating and maintaining gum disease for people who have diabetes. Encourage your patient to visit www.uccifedvip.com and create an account on My Dental Benefits. Then click on the WELLNESS tab to get complete instructions to register and identify themselves along with any (child) dependents on his/her plan that have this condition.

J9063 If you have any questions, call the Dental Customer Service Unit at 1-877-FYI-UCCI.

L5025 No additional payment can be made due to a payment by another insurance carrier.

U9220 No payment can be made. The reported service is only covered for patients under 19 years of age.

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EOB Totals: **Total Subscriber Payments: $.00** **Total Provider Payments: $113.83** **EFT Number: 1077533725**

EFT provider bank account info: XXXXX5246 **Funds released date: 03/28/23**

NON-CHARGEABLE AMOUNT CODES:

N01 MAC Differential

SUBSCRIBER LIABILITY CODES:

C1 Coinsurance

H1 Rejected Billable Non-Covered Service

H2 Non-Covered service billable to the allowance

You, your provider, or authorized representative acting on your behalf has the right to file an appeal within two years of receipt of this notice. To obtain information on the process to file an appeal or to request an appeal packet, please call Dental Customer Service at the toll-free number on the front of this Explanation of Benefits or the Department of Insurance Customer Assistance Office at (602)364-2499 or 1(800)325-2548. If you have any questions, call the Dental Customer Service Unit at the toll-free number on the front of this explanation of benefits.

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