

Forwarding Service Requested

113 7.0940 AB 2.632 ALL FOR ADC 840
113 7.0940 AB 2.632
UT BCDO SPECIALTY DENTAL SERVI
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890 3

If you have any
questions contact:

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

Provider: DON REES BOREN
Date: 05/12/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 187857316
Payment Amount: \$351.20

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: 36343F13200				Patient Account No.: 120262917				Plan Number: 00558774		
Patient Name: EDMUND GROVER				Employee Name: GEOFFREY GROVER				Relationship: SON		
Planholder: VARO MONEY, 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	D2392/Pst Composite2		T	05/09/23	152.00	100.00	100.00	50.00	90%	45.00
2	D7140/Extraction		S	05/09/23	119.00	69.00	69.00		90%	62.10
3	D1510/Space Maintain		LR	05/09/23	228.00	149.00	149.00		90%	134.10
4	D9230/Analgesia/N20		FM	05/09/23	30.00	29.00	0.00		90%	0.00
TOTALS					529.00	347.00	318.00	50.00	26.80	241.20

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$241.20
HIGHER ALLOWABLE.....	\$318.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 241.20
PATIENT'S RESPONSIBILITY.....	\$105.80

Remarks for claim # 36343F13200:

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED
4. The treatment plan does not meet the clinical criteria (which is established based on the patient's age) for coverage of general anesthesia or sedation.
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: 187857316
CHECK DATE: 05/15/23

PAY Three Hundred Fifty One & 20/100 Dollars

TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$351.20

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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Provider: DON REES BOREN
Date: 05/12/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 187857316
Payment Amount: \$351.20



Claim Number: 36347F13200 Patient Account No.: 120320346 Plan Number: 00581682
Patient Name: ANDREW CASEY Employee Name: ANDREW CASEY Relationship: SON
Planholder: GOENGINEER, 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	05/10/23	39.00	27.00	27.00		100%	27.00
2	D0240/Occlusal Image		FM	05/10/23	27.00	14.00	14.00		100%	14.00
3	D0240/Occlusal Image		FM	05/10/23	27.00	14.00	14.00		100%	14.00
4	D1120/Child Cleaning		FM	05/10/23	52.00	39.00	39.00		100%	39.00
5	D1206/Fluoride Varn		FM	05/10/23	36.00	16.00	16.00		100%	16.00
6	D0274/Bitewing - 4		FM	05/10/23	52.00	30.00	0.00		100%	0.00
TOTALS					233.00	140.00	110.00		0.00	110.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$110.00
HIGHER ALLOWABLE.....	\$110.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 110.00
PATIENT'S RESPONSIBILITY.....	\$30.00

Remarks for claim # 36347F13200:

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED

6. 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. \$700.00 remains in your account

Comments:

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