

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

The Guardian Life Insurance  
Company of America

### Electronic Service Requested

230124

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

Provider: DANIEL C LINFORD, DDS  
Date: 06/22/23  
Payee: DANIEL C LINFORD, DDS  
Check No.: 188639260  
Payment Amount: \$130.00



ENV 27821 1 OF 2

27821 0.5738 AB 0.504  
ALL FOR AADC 840  
DANIEL C LINFORD, DDS  
BURG CHILDRENS DENTISTRY AND O  
6973 S 4800 W STE C  
WEST JORDAN, UT 84084-7927

480

### 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: 35501F17200				Patient Account No.: 121986656				Plan Number: 00049482		
Patient Name: BRIENO NUNEZ, AITANA				Employee Name: BRIENO GONZALEZ, LORENZO				Relationship: DAUGHTER		
Planholder: PETE KING CORP										
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	D0150/Comprehensive		FM	06/20/23	64.00	64.00	36.00		100%	36.00
2	D0240/Occlusal Image		FM	06/20/23	27.00	27.00	20.00		100%	20.00
3	D0240/Occlusal Image		FM	06/20/23	27.00	27.00	20.00		100%	20.00
4	D1120/Child Cleaning		FM	06/20/23	52.00	52.00	36.00		100%	36.00
5	D1206/Fluoride Varn		FM	06/20/23	36.00	36.00	18.00		100%	18.00
TOTALS					206.00	206.00	130.00		0.00	130.00

### BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$130.00
HIGHER ALLOWABLE.....	\$130.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 130.00
PATIENT'S RESPONSIBILITY.....	\$76.00

### Remarks for claim # 35501F17200:

Benefits are based on use of non-contracted provider.

### Comments:

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Log on to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) for instant access to clinical policy guidelines and benefits information for Guardian members. Verify eligibility, view

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

CHECK NO: 188639260  
CHECK DATE: 06/22/23

51-44  
119

AMOUNT
****\$130.00

Void unless presented  
within 180 days

PAY One Hundred Thirty Dollars

TO THE DANIEL C LINFORD, DDS  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*Dana And Ulicious*  
**VOID**

11 188639260 11 10119004451

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**Comments:**  
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benefits, check claim status and more!