

**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:

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



**Provider:** JED C NORDFELT, DMD  
**Date:** 06/20/2023  
**Payee:** JED C NORDFELT, DMD  
**Check No.:** 188594135  
**Payment Amount:** \$43.00

28000 0.3820 AB 0.504  
ALL FOR AADC 840  
JED C NORDFELT, DMD  
BURG CHILDRENS DENTISTRY AND O  
1580 E 3900 S STE 110  
SALT LAKE CITY, UT 84124-1510

481

### 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.*

<b>Claim Number:</b> 34585F17100				<b>Patient Account No.:</b> 121761073				<b>Plan Number:</b> 00543484		
<b>Patient Name:</b> CHARLES G DAUWALDER				<b>Employee Name:</b> CHARLES DAUWALDER				<b>Relationship:</b> SON		
<b>Planholder:</b> SERVICE TITAN										
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	D0140/Limited Eval		FM	06/14/23	55.00	33.00	33.00		100%	33.00
2	D0220/Periapical 1st		FM	06/14/23	22.00	10.00	10.00		100%	10.00
<b>TOTALS</b>					77.00	43.00	43.00		0.00	43.00

### BENEFIT SUMMARY

<b>TOTAL BENEFIT PAYABLE.....</b>	<b>\$43.00</b>
<b>HIGHER ALLOWABLE.....</b>	<b>\$43.00</b>
<b>PAID BY OTHER INSURANCE.....</b>	<b>\$0.00</b>
<b>ADJUSTMENTS.....</b>	<b>\$0.00</b>
<b>TOTAL BENEFIT PAID.....</b>	<b>\$ 43.00</b>
<b>PATIENT'S RESPONSIBILITY.....</b>	<b>\$0.00</b>

### Remarks for claim # 34585F17100:

REIMBURSEMENT HAS BEEN DETERMINED USING AN AETNA FEE SCHEDULE.

You have used \$0.00 of your personal Maximum Rollover Account. \$600.00 remains in your account

### 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 benefits, check claim status and more!

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

**CHECK NO:** 188594135  
**CHECK DATE:** 06/21/23

51-44  
119

AMOUNT
****\$43.00

Void unless presented  
within 180 days

**PAY Forty Three Dollars**

**TO THE ORDER OF** JED C NORDFELT, DMD

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*John A. Anderson*  
**VOID**

11 188594135 11 10119004451

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