

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

The Guardian Life Insurance  
Company of America

### Electronic Service Requested

190114

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

Provider: DANIEL C LINFORD, DDS  
Date: 06/16/23  
Payee: DANIEL C LINFORD, DDS  
Check No.: 188544863  
Payment Amount: \$130.00



ENV 21846 1 OF 3

21846 0.7648 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

### 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: 39977F16600				Patient Account No.: 121765074				Plan Number: 00028037		
Patient Name: OLIVIA SHARP				Employee Name: MARCI SHARP				Relationship: DAUGHTER		
Planholder: CARPET DIEM										
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	06/13/23	39.00	39.00	23.00		100%	23.00
2	D0240/Occlusal Image		FM	06/13/23	27.00	27.00	20.00		100%	20.00
3	D0240/Occlusal Image		FM	06/13/23	27.00	27.00	20.00		100%	20.00
4	D1120/Child Cleaning		FM	06/13/23	52.00	52.00	36.00		100%	36.00
5	D1206/Fluoride Varn		FM	06/13/23	36.00	36.00	0.00		100%	0.00
6	D0274/Bitewing - 4		FM	06/13/23	52.00	52.00	31.00		100%	31.00
TOTALS					233.00	233.00	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.....	\$103.00

### Remarks for claim # 39977F16600:

Benefits are based on the use of a Non-Contracted Dentist

5. The dental plan covers fluoride treatment only for covered patients under the age of 14.

You have used \$0.00 of your personal Maximum Rollover Account. \$350.00 remains in your account

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

CHECK NO: 188544863  
CHECK DATE: 06/16/23

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 Ann Williams*  
**VOID**

11 188544863 11 10119004451

4035511

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**Comments:**

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