

Electronic Service Requested

2230 2.0203 AB 0.504 ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890 53

If you have any
questions contact:

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

Provider: STUART M THOMAS
Date: 06/20/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188599112
Payment Amount: \$195.30

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: 35555F16400				Patient Account No.: 121644761				Plan Number: 00383968		
Patient Name: DIAZ THOMAS, MAYLI				Employee Name: MINDI THOMAS				Relationship: DAUGHTER		
Planholder: SOTERA HEALTH										
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			06/12/23	39.00	35.10	35.10		100%	35.10
2	D0240/Occlusal Image			06/12/23	54.00	48.60	48.60		100%	48.60
3	D0272/Bitewing - 2			06/12/23	36.00	32.40	32.40		100%	32.40
4	D1120/Child Cleaning			06/12/23	52.00	46.80	46.80		100%	46.80
5	D1206/Fluoride Varn			06/12/23	36.00	32.40	32.40		100%	32.40
TOTALS					217.00	195.30	195.30		0.00	195.30

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$195.30
HIGHER ALLOWABLE.....	\$195.30
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 195.30
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 35555F16400:

DISCOUNT THROUGH MAXIMUMCARE NETWORK POWERED BY CAREINGTON & DENTEMAX
Benefits are based on the use of a Preferred Contracted Dentist.

Comments:

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

CHECK NO: 188599112
CHECK DATE: 06/21/23

PAY One Hundred Ninety Five & 30/100 Dollars

TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$195.30

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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Comments:

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