

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

The Guardian Life Insurance  
Company of America

### Electronic Service Requested

160121

If you have any  
questions contact:

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



1 OF 2

ALL FOR AADC 840  
33330 0.5738 AB 0.504



DARIN R KNUDSON, DDS  
BURG CHILDRENS DENTISTRY AND O  
7138 S HIGHLAND DR STE 216  
SALT LAKE CITY, UT 84121-3785

521

**Provider:** DARIN R KNUDSON, DDS  
**Date:** 06/14/2023  
**Payee:** DARIN R KNUDSON, DDS  
**Check No.:** 188520232  
**Payment Amount:** \$143.00

### 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: 36587F16500				Patient Account No.: 121665290				Plan Number: 00519455		
Patient Name: ZIGMUND B KADING				Employee Name: SUMMER STOUT				Relationship: SON		
Planholder: ZELIS HEALTHCARE										
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	06/12/23	39.00	35.00	35.00		100%	35.00
2	D0220/Periapical 1st		FM	06/12/23	22.00	20.00	20.00		100%	20.00
3	D0230/Periapical Add		FM	06/12/23	19.00	15.00	15.00		100%	15.00
4	D1120/Child Cleaning		FM	06/12/23	52.00	48.00	48.00		100%	48.00
5	D1206/Fluoride Varn		FM	06/12/23	36.00	25.00	25.00		100%	25.00
TOTALS					168.00	143.00	143.00		0.00	143.00

### BENEFIT SUMMARY

<b>TOTAL BENEFIT PAYABLE.....</b>	<b>\$143.00</b>
<b>HIGHER ALLOWABLE.....</b>	<b>\$143.00</b>
<b>PAID BY OTHER INSURANCE.....</b>	<b>\$0.00</b>
<b>ADJUSTMENTS.....</b>	<b>\$0.00</b>
<b>TOTAL BENEFIT PAID.....</b>	<b>\$ 143.00</b>
<b>PATIENT'S RESPONSIBILITY.....</b>	<b>\$0.00</b>

### Remarks for claim # 36587F16500:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

Benefits are based on the use of a Preferred Contracted Dentist.

You have used \$0.00 of your personal Maximum Rollover Account. \$1,050.00 remains in your account

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

**CHECK NO:** 188520232  
**CHECK DATE:** 06/15/23

51-44  
119

**AMOUNT**  
\*\*\*\*\$143.00

Void unless presented  
within 180 days

**PAY One Hundred Forty Three Dollars**

**TO THE DARIN R KNUDSON, DDS**  
**ORDER OF**

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*Darin R Knudson*  
**VOID**

11 18852023211 10119004451

4223611

ENV 33330

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**Comments:**

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