27.00

1 OF 5 F

Guardian PO BOX 981572 EL PASO, TX 79998-1572

Electronic Service Requested

ALL FOR AADC 840

28391 1.1458 AB 0.504

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UT BCDO SPECIALTY DENTAL SERVI 3401 N CENTER ST STE 250 LEHI, UT 84043-7501

TOTALS

GROUP PLAN ADMINISTRATORS If you have any

(800) 541-7846

questions contact: WWW.GUARDIANANYTIME.COM

DAVID HADLEY **Provider:**

06/20/2023 Date:

UT BCDO SPECIALTY DENTAL SER Payee:

27.00

Check No.: 188602495 Payment Amount: \$27.00

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 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. Patient Account No ·121825911

Pati	ent Name: LANAYA R	me: LANAYA ROPER			Employee Name: BLAKE ROPER			Relationship: DAUGHTER		
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	D1252/Pagin Pagt		02	06/14/23	36.00	27.00	27.00		100%	27.00

36.00

BENEFIT SUMMARY

0.00

TOTAL BENEFIT PAYABLE	\$27.00
HIGHER ALLOWABLE	\$27.00
PAID BY OTHER INSURANCE	\$0.00
ADJUSTMENTS	\$0.00
TOTAL BENEFIT PAID	\$ 27.00
PATIENT'S RESPONSIBILITY	\$0.00

Remarks for claim # 33202F17100:

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. \$500.00 remains in your account

Comments:

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

CHECK NO: 188602495 **CHECK DATE: 06/21/23**

51-44 **AMOUNT** ******\$27.00**

Void unless presented

within 180 days

PAY Twenty Seven Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI ORDER OF

BANK OF AMERICA 150 WINDSOR STREET, HARTFORD, CT 06120