

**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: (800) 541-7846  
WWW.GUARDIANANYTIME.COM

Provider: KEN B HANDY  
Date: 06/15/23  
Payee: UT BCDO SPECIALTY DENTAL SER  
Check No.: 188496610  
Payment Amount: \$143.00



1 OF 4  
ENV 33282

ALL FOR AADC 840  
33282 0.9555 AB 0.504  
UT BCDO SPECIALTY DENTAL SERVI  
7138 S HIGHLAND DR STE 216  
SALT LAKE CITY, UT 84121-3785

### 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: 37251F16500				Patient Account No.: 121580902				Plan Number: 00566337		
Patient Name: EMILIA LARSON				Employee Name: BENJAMIN LARSON				Relationship: DAUGHTER		
Planholder: LIME TECH										
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	06/09/23	39.00	35.00	35.00		100%	35.00
2	D0220/Periapical 1st		FM	06/09/23	22.00	20.00	20.00		100%	20.00
3	D0230/Periapical Add		FM	06/09/23	19.00	15.00	15.00		100%	15.00
4	D0272/Bitewing - 2		FM	06/09/23	36.00	32.00	0.00		100%	0.00
5	D1120/Child Cleaning		FM	06/09/23	52.00	48.00	48.00		100%	48.00
6	D1206/Fluoride Varn		FM	06/09/23	36.00	25.00	25.00		100%	25.00
TOTALS					204.00	175.00	143.00		0.00	143.00

### BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$143.00
HIGHER ALLOWABLE.....	\$143.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 143.00
PATIENT'S RESPONSIBILITY.....	\$32.00

### Remarks for claim # 37251F16500:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

4. The dental plan covers bitewing radiographic images only once in any 12 consecutive month period, up to a maximum of four films or a set of 7-8 vertical films, in one visit.

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

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

CHECK NO: 188496610  
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 UT BCDO SPECIALTY DENTAL SERVI  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*John A. Anderson*  
**VOID**

11 188496610 11 10119004451

4035511



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**Remarks for claim # 37251F16500:**

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim: 213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)  
California Department of Insurance  
Claims Services Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013  
<http://www.Insurance.ca.gov/01-consumers/>  
Guardian has established a process for provider dispute resolution. Please contact our Member Services Department at (800) 541-7846 for more information.  
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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