

Electronic Service Requested

28391 1.1458 AB 0.504 ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI 468
3401 N CENTER ST STE 250
LEHI, UT 84043-7501

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

Provider: DAVID HADLEY
Date: 06/21/23
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188596844
Payment Amount: \$243.00

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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: 33203F17100				Patient Account No.: 121825941				Plan Number: 00027544		
Patient Name: ANNALIESE WHITE				Employee Name: JONATHAN WHITE				Relationship: DAUGHTER		
Planholder: SAFEMOOM APPROOVALS, LLC										
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	06/14/23	39.00	23.00	23.00		100%	23.00
2	D0220/Periapical 1st		FM	06/14/23	22.00	13.00	13.00		100%	13.00
3	D0230/Periapical Add		FM	06/14/23	19.00	8.00	8.00		100%	8.00
4	D1110/Adult Cleaning		FM	06/14/23	70.00	48.00	48.00		100%	48.00
TOTALS					150.00	92.00	92.00		0.00	92.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$92.00
HIGHER ALLOWABLE.....	\$92.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 92.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 33203F17100:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
Benefits are based on the use of a Preferred Contracted Dentist.

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

CHECK NO: 188596844
CHECK DATE: 06/21/23

PAY Two Hundred Forty Three Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44 119	AMOUNT ****\$243.00
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Void unless presented
within 180 days

John Annaliese
VOID



Guardian PO BOX 981572
EL PASO TX 79998-1572

The Guardian Life Insurance
Company of America

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Date: 06/21/23
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Check No.: 188596844
Payment Amount: \$243.00

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ENV-28391

Claim Number: 33204F17100 **Patient Account No.:** 121825942 **Plan Number:** 00027544
Patient Name: MADELYN WHITE **Employee Name:** JONATHAN WHITE **Relationship:** DAUGHTER
Planholder: SAFEMOOM APPROOVALS, LLC

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	06/14/23	39.00	23.00	23.00		100%	23.00
2	D1110/Adult Cleaning		FM	06/14/23	70.00	48.00	48.00		100%	48.00
TOTALS					109.00	71.00	71.00		0.00	71.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$71.00
HIGHER ALLOWABLE.....	\$71.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 71.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 33204F17100:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
Benefits are based on the use of a Preferred Contracted Dentist.

Claim Number: 33205F17100 **Patient Account No.:** 121825943 **Plan Number:** 00027544
Patient Name: BENJAMIN WHITE **Employee Name:** JONATHAN WHITE **Relationship:** SON
Planholder: SAFEMOOM APPROOVALS, LLC

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	06/14/23	39.00	23.00	23.00		100%	23.00
2	D0220/Periapical 1st		FM	06/14/23	22.00	13.00	13.00		100%	13.00
3	D0230/Periapical Add		FM	06/14/23	19.00	8.00	8.00		100%	8.00
4	D0272/Bitewing - 2		FM	06/14/23	36.00	21.00	0.00		100%	0.00
5	D1120/Child Cleaning		FM	06/14/23	52.00	36.00	36.00		100%	36.00
TOTALS					168.00	101.00	80.00		0.00	80.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$80.00
HIGHER ALLOWABLE.....	\$80.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 80.00
PATIENT'S RESPONSIBILITY.....	\$21.00

Remarks for claim # 33205F17100:

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

Comments:

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