

Electronic Service Requested

28391 1.1458 AB 0.504
ALL FOR AADC 840
UT BCD0 SPECIALTY DENTAL SERVI 468
3401 N CENTER ST STE 250
LEHI, UT 84043-7501

If you have any
questions contact:

Provider:

Date:

Payee:

Check No.:

Payment Amount: \$

GROUP PLAN ADMINISTRATORS

(800) 541-7846

WWW.GUARDIANANYTIME.COM

DAVID HADLEY

06/16/2023

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: 39852F16700				Patient Account No.: 121825909				Plan Number: 00518516		
Patient Name: BRYCE ROPER				Employee Name: BLAKE ROPER				Relationship: SON		
Planholder: ONBOARDIQ, INC.										
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	D1351/Tooth Sealant		02	06/15/23	37.00	27.00	0.00		100%	0.00
2	D1351/Tooth Sealant		15	06/15/23	37.00	27.00	0.00		100%	0.00
3	D1351/Tooth Sealant		18	06/15/23	37.00	27.00	0.00		100%	0.00
4	D1351/Tooth Sealant		31	06/15/23	37.00	27.00	0.00		100%	0.00
TOTALS					148.00	108.00	0.00		0.00	0.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$0.00
HIGHER ALLOWABLE.....	\$0.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 0.00
PATIENT'S RESPONSIBILITY.....	\$108.00

PROVIDER NOTIFICATION

BENEFITS ARE NOT PAYABLE AT THIS TIME FOR THE REASON(S) STATED. WE ARE SENDING YOU A COPY OF THE "EXPLANATION OF BENEFITS" FORM FOR INFORMATIONAL PURPOSES ONLY.

Remarks for claim # 39852F16700:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

1. The dental plan covers sealants only when performed on a covered patient under the age of 16.
 2. The dental plan covers sealants only when performed on a covered patient under the age of 16.
 3. The dental plan covers sealants only when performed on a covered patient under the age of 16.
 4. The dental plan covers sealants only when performed on a covered patient under the age of 16.
- You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/23.
You have reached \$98.00 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/23.
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

Claim Number: 39853F16700				Patient Account No.: 121825910				Plan Number: 00518516		
Patient Name: TREYTON ROPER				Employee Name: BLAKE ROPER				Relationship: SON		
Planholder: ONBOARDIQ, INC.										
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	D4355/FM Debridement		FM	06/14/23	128.00	66.00	0.00		90%	0.00
TOTALS					128.00	66.00	0.00		0.00	0.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$0.00
HIGHER ALLOWABLE.....	\$0.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 0.00
PATIENT'S RESPONSIBILITY.....	\$66.00

PROVIDER NOTIFICATION

BENEFITS ARE NOT PAYABLE AT THIS TIME FOR THE REASON(S) STATED. WE ARE SENDING YOU A COPY OF THE "EXPLANATION OF BENEFITS" FORM FOR INFORMATIONAL PURPOSES ONLY.

Remarks for claim # 39853F16700:



Guardian PO BOX 981572
EL PASO TX 79998-1572

**The Guardian Life Insurance
Company of America**

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

Provider: DAVID HADLEY
Date: 06/16/2023
Payee:
Check No.:
Payment Amount: \$

Remarks for claim # 39853F16700:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

1. Full mouth debridement is a covered benefit if rendered by itself, in conjunction with, or within 36 months of a limited oral evaluation, nutritional and tobacco counseling, oral hygiene instructions, radiographic images, adjunctive pre-diagnostic tests, palliative treatment or after hours office visits. Full mouth debridement will not be covered if any other preventive, diagnostic, or periodontal service has been performed within the previous 36 months. You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/23. You have reached \$80.00 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/23. Benefits are based on the use of a Preferred Contracted Dentist.

Comments:

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Log on to www.GuardianAnytime.com for instant access to clinical policy guidelines and benefits information for Guardian members. Verify eligibility, view benefits, check claim status and more!