

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

**The Guardian Life Insurance  
Company of America**

**Electronic Service Requested**

190114

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



1 OF 2

ENV 21902

21902 0.5738 AB 0.504  
ALL FOR AADC 840  
JEFFREY T WELCH, DMD  
BURG CHILDRENS DENTISTRY AND O 385  
275 W 200 N STE 175  
LINDON, UT 84042-5018

**Claim Number:** 37856F16600  
**Employee Name:** JARED MELLOR  
**Patient Name:** KOLSEN MELLOR  
**Relationship:** SON  
**Patient Account No.:** 121748878  
**Plan Number:** 00025210  
**Planholder:** ALARM.COM, INC.  
**Provider:** JEFFREY T WELCH, DMD  
**Date:** 06/16/23

***EXPLANATION OF BENEFITS - THIS IS NOT A BILL***

*Important! Save this statement for tax purposes.*

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	D2332/Composite 3 Sr		09	06/14/23	172.00	102.00	102.00		90%	91.80
2	D2332/Composite 3 Sr		10	06/14/23	172.00	102.00	102.00		90%	91.80
<b>TOTALS</b>					344.00	204.00	204.00		20.40	183.60

**BENEFIT SUMMARY**

<b>TOTAL BENEFIT PAYABLE.....</b>	<b>\$183.60</b>
<b>HIGHER ALLOWABLE.....</b>	<b>\$204.00</b>
<b>PAID BY OTHER INSURANCE.....</b>	<b>\$0.00</b>
<b>ADJUSTMENTS.....</b>	<b>\$0.00</b>
<b>TOTAL BENEFIT PAID.....</b>	<b>\$183.60</b>
<b>PATIENT'S RESPONSIBILITY</b>	<b>\$20.40</b>

**Year to Date Information**

You have reached \$342.60 of your individual maximum of \$1,750.00 for benefit year beginning 01/01/23.

**Remarks:**

REIMBURSEMENT HAS BEEN DETERMINED USING A STRATOSE/TDA FEE SCHEDULE

You have used \$0.00 of your personal Maximum Rollover Account. \$350.00 remains in your account

**Payment Amount:** \$183.60 **Payee:** JEFFREY T WELCH, DMD 854364176

**Comments**

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2 OF 2  
ENV 21902

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

CHECK NO: 188544665  
CHECK DATE: 06/16/23

PAY One Hundred Eighty Three & 60/100 Dollars  
TO THE JEFFREY T WELCH, DMD  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

51-44 119	AMOUNT ****\$183.60
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Void unless presented  
within 180 days

*John A. Welch*  
**VOID**