

Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance
Company of America

Electronic Service Requested

230124

If you have any
questions contact:

GROUP PLAN ADMINISTRATORS
(800) 541-7846
WWW.GUARDIANANYTIME.COM



1 OF 2
ENV 27945

27945 0.5738 AB 0.504
ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI
7138 S HIGHLAND DR STE 216
SALT LAKE CITY, UT 84121-3785

Provider: KEN B HANDY
Date: 06/20/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188603454
Payment Amount: \$450.00

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.

Claim Number: 26843F17100				Patient Account No.: 121787139				Plan Number: 00543844		
Patient Name: KALI R SHAH				Employee Name: EVAN SHAH				Relationship: DAUGHTER		
Planholder: VEEVA SYSTEMS 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	D0120/Periodic Eval		FM	06/14/23	39.00	35.00	35.00		100%	35.00
2	D0240/Occlusal Image		FM	06/14/23	27.00	22.00	22.00		100%	22.00
3	D0240/Occlusal Image		FM	06/14/23	27.00	22.00	22.00		100%	22.00
4	D0272/Bitewing - 2		FM	06/14/23	36.00	32.00	32.00		100%	32.00
5	D1120/Child Cleaning		FM	06/14/23	52.00	48.00	48.00		100%	48.00
TOTALS					181.00	159.00	159.00		0.00	159.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$159.00
HIGHER ALLOWABLE.....	\$159.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 159.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 26843F17100:

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: 188603454
CHECK DATE: 06/21/23

51-44
119

AMOUNT
****\$450.00

Void unless presented
within 180 days

PAY Four Hundred Fifty Dollars

TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

John A. Anderson
VOID

11 188603454 11 10119004451

4 2 2 3 6 11



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Date: 06/20/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188603454
Payment Amount: \$450.00



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ENV 27945

Claim Number: 26801F17100				Patient Account No.: 121787140				Plan Number: 00543844		
Patient Name: BODHI K SHAH				Employee Name: EVAN SHAH				Relationship: SON		
Planholder: VEEVA SYSTEMS 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	D0120/Periodic Eval		FM	06/14/23	39.00	35.00	35.00		100%	35.00
2	D0240/Occlusal Image		FM	06/14/23	27.00	22.00	22.00		100%	22.00
3	D0240/Occlusal Image		FM	06/14/23	27.00	22.00	22.00		100%	22.00
4	D0272/Bitewing - 2		FM	06/14/23	36.00	32.00	32.00		100%	32.00
5	D1120/Child Cleaning		FM	06/14/23	52.00	48.00	48.00		100%	48.00
6	D1351/Tooth Sealant		03	06/14/23	37.00	33.00	33.00		100%	33.00
7	D1351/Tooth Sealant		14	06/14/23	37.00	33.00	33.00		100%	33.00
8	D1351/Tooth Sealant		19	06/14/23	37.00	33.00	33.00		100%	33.00
TOTALS					292.00	258.00	258.00		0.00	258.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$258.00
HIGHER ALLOWABLE.....	\$258.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 258.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 26801F17100:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
ONE CHECK HAS BEEN ISSUED FOR MULTIPLE EXPLANATIONS OF BENEFITS.
Benefits are based on the use of a Preferred Contracted Dentist.

Claim Number: 26801F17101				Patient Account No.: 121787140				Plan Number: 00543844		
Patient Name: BODHI K SHAH				Employee Name: EVAN SHAH				Relationship: SON		
Planholder: VEEVA SYSTEMS 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		30	06/14/23	37.00	33.00	33.00		100%	33.00
TOTALS					37.00	33.00	33.00		0.00	33.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$33.00
HIGHER ALLOWABLE.....	\$33.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 33.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 26801F17101:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
ONE CHECK HAS BEEN ISSUED FOR MULTIPLE EXPLANATIONS OF BENEFITS.
Benefits are based on the use of a Preferred Contracted Dentist.

Comments:

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