

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

Provider: JEFFREY S BURG, DDS  
Date: 06/20/23  
Payee: JEFFREY S BURG, DDS  
Check No.: 188580000  
Payment Amount: \$126.00



1 OF 2  
ENV 27754

27754 0.5738 AB 0.504  
ALL FOR AADC 840  
JEFFREY S BURG, DDS  
BURG CHILDRENS DENTISTRY & ORT  
4775 W DAYBREAK PKWY STE 103  
SOUTH JORDAN, UT 84009-5139

480

### 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: 38553F16700				Patient Account No.: 121817160				Plan Number: 00567716		
Patient Name: KEATON HALL				Employee Name: JEFFREY HALL				Relationship: SON		
Planholder: FIRST ELECTRONIC BANK										
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	D0150/Comprehensive		FM	06/14/23	64.00	34.00	34.00		100%	34.00
2	D0220/Periapical 1st		FM	06/14/23	22.00	11.00	11.00		100%	11.00
3	D0230/Periapical Add		FM	06/14/23	19.00	9.00	9.00		100%	9.00
4	D0272/Bitewing - 2		FM	06/14/23	36.00	22.00	22.00		100%	22.00
5	D1120/Child Cleaning		FM	06/14/23	52.00	35.00	35.00		100%	35.00
6	D1206/Fluoride Varn		FM	06/14/23	36.00	15.00	15.00		100%	15.00
TOTALS					229.00	126.00	126.00		0.00	126.00

### BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$126.00
HIGHER ALLOWABLE.....	\$126.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 126.00
PATIENT'S RESPONSIBILITY.....	\$0.00

### Remarks for claim # 38553F16700:

A STRATOSE TDA PARTICIPATING DENTIST HAS BEEN UTILIZED.

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

You have used \$0.00 of your personal Maximum Rollover Account. \$1,500.00 remains in your account

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

CHECK NO: 188580000  
CHECK DATE: 06/20/23

51-44  
119

AMOUNT
****\$126.00

Void unless presented  
within 180 days

PAY One Hundred Twenty Six Dollars

TO THE JEFFREY S BURG, DDS  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

*John A. Williams*  
**VOID**

11 188580000 10 119004451

4035511

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**Comments:**

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