

Electronic Service Requested

2230 2.0203 AB 0.504 ALL FOR AADC 840
 1275 E FORT UNION BLVD STE 100
 MIDVALE, UT 84047-1890

If you have any questions contact: (800) 541-7846
 WWW.GUARDIANANYTIME.COM
 Provider: DON REES BOREN
 Date: 06/20/23
 Payee: UT BCDO SPECIALTY DENTAL SER
 Check No.: 188552686
 Payment Amount: \$118.00

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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: 39911F16700				Patient Account No.: 121826579				Plan Number: 00022777		
Patient Name: EMEREE WEST				Employee Name: AMBERLEE COX				Relationship: DAUGHTER		
Planholder: AVTECH CAPITAL 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	06/15/23	39.00	27.00	27.00		100%	27.00
2	D0240/Occlusal Image		FM	06/15/23	27.00	14.00	14.00		100%	14.00
3	D0240/Occlusal Image		FM	06/15/23	27.00	14.00	14.00		100%	14.00
4	D0272/Bitewing - 2		FM	06/15/23	36.00	24.00	24.00		100%	24.00
5	D1120/Child Cleaning		FM	06/15/23	52.00	39.00	39.00		100%	39.00
TOTALS					181.00	118.00	118.00		0.00	118.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$118.00
HIGHER ALLOWABLE.....	\$118.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 118.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 39911F16700:

AN AETNA DENTAL ACCESS 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. \$250.00 remains in your account

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

CHECK NO: 188552686
CHECK DATE: 06/20/23

51-44 119	AMOUNT ****\$118.00
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Void unless presented
 within 180 days

PAY One Hundred Eighteen Dollars

TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI

BANK OF AMERICA
 150 WINDSOR STREET, HARTFORD, CT 06120

John A. Williams
VOID

Guardian PO BOX 981572
EL PASO TX 79998-1572

The Guardian Life Insurance
Company of America

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Comments:

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