

Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance
Company of America

Electronic Service Requested

190129

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

Provider: JED C NORDFELT, DMD
Date: 06/16/23
Payee: JED C NORDFELT, DMD
Check No.: 188544637
Payment Amount: \$485.00

1 OF 3 F
ENV 25760

25760 0.7648 AB 0.504
ALL FOR AADC 840
JED C NORDFELT, DMD
BURG CHILDRENS DENTISTRY AND O
1580 E 3900 S STE 110
SALT LAKE CITY, UT 84124-1510

418

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: 39407F16600				Patient Account No.: 121761085				Plan Number: 00024854		
Patient Name: LUCY ALDER				Employee Name: ERIC ALDER				Relationship: DAUGHTER		
Planholder: REBUY 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	27.00	27.00		100%	27.00
2	D1120/Child Cleaning		FM	06/14/23	52.00	39.00	39.00		100%	39.00
3	D1206/Fluoride Varn		FM	06/14/23	36.00	16.00	16.00		100%	16.00
4	D0220/Periapical 1st		FM	06/14/23	22.00	10.00	10.00		100%	10.00
5	D0230/Periapical Add		FM	06/14/23	19.00	7.00	7.00		100%	7.00
6	D1351/Tooth Sealant		02	06/14/23	37.00	26.00	26.00		100%	26.00
7	D1351/Tooth Sealant		15	06/14/23	37.00	26.00	26.00		100%	26.00
8	D1351/Tooth Sealant		04	06/14/23	37.00	26.00	0.00		100%	0.00
TOTALS					279.00	177.00	151.00		0.00	151.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$151.00
HIGHER ALLOWABLE.....	\$151.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 151.00
PATIENT'S RESPONSIBILITY.....	\$26.00

Remarks for claim # 39407F16600:

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED
8. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

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

CHECK NO: 188544637
CHECK DATE: 06/16/23

51-44
119

AMOUNT
****\$485.00

Void unless presented
within 180 days

PAY Four Hundred Eighty Five Dollars

TO THE JED C NORDFELT, DMD
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

John A. Anderson
VOID

11 188544637 11 10119004451

4035511



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Provider: JED C NORDFELT, DMD
Date: 06/16/23
Payee: JED C NORDFELT, DMD
Check No.: 188544637
Payment Amount: \$485.00

Remarks for claim # 39407F16600:

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim: 213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)

California Department of Insurance
Claims Services Bureau

300 S. Spring Street, South Tower
Los Angeles, CA 90013

<http://www.Insurance.ca.gov/01-consumers/>

Guardian has established a process for provider dispute resolution. Please contact our Member Services Department at (800) 541-7846 for more information.

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: 39407F16601				Patient Account No.: 121761085				Plan Number: 00024854		
Patient Name: LUCY ALDER				Employee Name: ERIC ALDER				Relationship: DAUGHTER		
Planholder: REBUY 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		05	06/14/23	37.00	26.00	0.00		100%	0.00
2	D1351/Tooth Sealant		13	06/14/23	37.00	26.00	0.00		100%	0.00
3	D1351/Tooth Sealant		20	06/14/23	37.00	26.00	0.00		100%	0.00
4	D1351/Tooth Sealant		21	06/14/23	37.00	26.00	0.00		100%	0.00
5	D1351/Tooth Sealant		28	06/14/23	37.00	26.00	0.00		100%	0.00
6	D1351/Tooth Sealant		29	06/14/23	37.00	26.00	0.00		100%	0.00
TOTALS					222.00	156.00	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.....	\$156.00

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 # 39407F16601:

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED

1. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
2. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
3. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
4. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
5. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
6. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/23.

You have reached \$151.00 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/23.

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim: 213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)

California Department of Insurance
Claims Services Bureau

300 S. Spring Street, South Tower
Los Angeles, CA 90013

<http://www.Insurance.ca.gov/01-consumers/>

Guardian has established a process for provider dispute resolution. Please contact our Member Services Department at (800) 541-7846 for more information.

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

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

Provider: JED C NORDFELT, DMD
Date: 06/16/23
Payee: JED C NORDFELT, DMD
Check No.: 188544637
Payment Amount: \$485.00

Remarks for claim # 39407F16601:

Claim Number: 39408F16600				Patient Account No.:121761086				Plan Number:00024854		
Patient Name: MAE ALDER				Employee Name: ERIC ALDER				Relationship: DAUGHTER		
Planholder: REBUY 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	27.00	27.00		100%	27.00
2	D0220/Periapical 1st		FM	06/14/23	22.00	10.00	10.00		100%	10.00
3	D0230/Periapical Add		FM	06/14/23	19.00	7.00	7.00		100%	7.00
4	D1120/Child Cleaning		FM	06/14/23	52.00	39.00	39.00		100%	39.00
5	D1206/Fluoride Varn		FM	06/14/23	36.00	16.00	16.00		100%	16.00
6	D1351/Tooth Sealant		04	06/14/23	37.00	26.00	0.00		100%	0.00
7	D1351/Tooth Sealant		05	06/14/23	37.00	26.00	0.00		100%	0.00
8	D1351/Tooth Sealant		12	06/14/23	37.00	26.00	0.00		100%	0.00
TOTALS					279.00	177.00	99.00		0.00	99.00

BENEFIT SUMMARY	
TOTAL BENEFIT PAYABLE.....	\$99.00
HIGHER ALLOWABLE.....	\$99.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 99.00
PATIENT'S RESPONSIBILITY.....	\$78.00

Remarks for claim # 39408F16600:

AN AETNA DENTAL ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED

6. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

7. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

8. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim: 213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)

California Department of Insurance
Claims Services Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90013
<http://www.Insurance.ca.gov/01-consumers/>

Guardian has established a process for provider dispute resolution. Please contact our Member Services Department at (800) 541-7846 for more information.

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: 39408F16601				Patient Account No.:121761086				Plan Number:00024854		
Patient Name: MAE ALDER				Employee Name: ERIC ALDER				Relationship: DAUGHTER		
Planholder: REBUY 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		13	06/14/23	37.00	26.00	0.00		100%	0.00
2	D1351/Tooth Sealant		20	06/14/23	37.00	26.00	0.00		100%	0.00
3	D1351/Tooth Sealant		21	06/14/23	37.00	26.00	0.00		100%	0.00
4	D1351/Tooth Sealant		28	06/14/23	37.00	26.00	0.00		100%	0.00
5	D1351/Tooth Sealant		29	06/14/23	37.00	26.00	0.00		100%	0.00

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Provider: JED C NORDFELT, DMD
Date: 06/16/23
Payee: JED C NORDFELT, DMD
Check No.: 188544637
Payment Amount: \$485.00

Claim Number: 39408F16601 **Patient Account No.:** 121761086 **Plan Number:** 00024854
Patient Name: MAE ALDER **Employee Name:** ERIC ALDER **Relationship:** DAUGHTER
Planholder: REBUY 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
TOTALS					185.00	130.00	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.....	\$130.00

PROVIDER NOTIFICATION

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Remarks for claim # 39408F16601:

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4. The dental plan covers sealants only when performed on unrestored permanent molar teeth.
5. The dental plan covers sealants only when performed on unrestored permanent molar teeth.

You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/23.

You have reached \$99.00 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/23.

If you have any questions or comments concerning this claim, please contact us at (800) 541-7846

In compliance with the California Department of Insurance regulation, we are supplying insured/dentist with the name, address, telephone number and website of the California Department of Insurance, if the insured/dentist wishes to contact them concerning this claim: 213-897-8921 or 1-800-927-HELP(4357) or TDD: 1-800-482-4TDD(4833)

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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: 39409F16600 **Patient Account No.:** 121761087 **Plan Number:** 00024854
Patient Name: OWEN ALDER **Employee Name:** ERIC ALDER **Relationship:** SON
Planholder: REBUY 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	D0330/Panoramic		FM	06/14/23	82.00	49.00	49.00		100%	49.00
2	D0120/Periodic Eval		FM	06/14/23	39.00	27.00	27.00		100%	27.00
3	D1120/Child Cleaning		FM	06/14/23	52.00	39.00	39.00		100%	39.00
4	D1206/Fluoride Varn		FM	06/14/23	36.00	16.00	16.00		100%	16.00
5	D1351/Tooth Sealant		03	06/14/23	37.00	26.00	26.00		100%	26.00
6	D1351/Tooth Sealant		14	06/14/23	37.00	26.00	26.00		100%	26.00
7	D1351/Tooth Sealant		19	06/14/23	37.00	26.00	26.00		100%	26.00
8	D1351/Tooth Sealant		30	06/14/23	37.00	26.00	26.00		100%	26.00



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Provider: JED C NORDFELT, DMD
Date: 06/16/23
Payee: JED C NORDFELT, DMD
Check No.: 188544637
Payment Amount: \$485.00

Claim Number: 39409F16600
Patient Name: OWEN ALDER
Planholder: REBUY INC
Patient Account No.: 121761087
Employee Name: ERIC ALDER
Plan Number: 00024854
Relationship: SON

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
TOTALS					357.00	235.00	235.00		0.00	235.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$235.00
HIGHER ALLOWABLE.....	\$235.00
PAID BY OTHER INSURANCE....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 235.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 39409F16600:

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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!