

Electronic Service Requested

28391 1.1458 AB 0.504 ALL FOR AADC 840
 468
 UT BCDO SPECIALTY DENTAL SERVI
 3401 N CENTER ST STE 250
 LEHI, UT 84043-7501

If you have any
 questions contact:

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

Provider: DAVID HADLEY
Date: 06/16/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188555601
Payment Amount: \$23.00

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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: 39854F16700				Patient Account No.: 121825955				Plan Number: 00513419		
Patient Name: JACK E MORENO				Employee Name: MORENO CHAVEZ, JERSON				Relationship: SON		
Planholder: COLLECTIVE HEALTH 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	23.00	23.00		100%	23.00
TOTALS					39.00	23.00	23.00		0.00	23.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$23.00
HIGHER ALLOWABLE.....	\$23.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 23.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 39854F16700:

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
 Benefits are based on the use of a Preferred Contracted Dentist.

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!

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

CHECK NO: 188555601
CHECK DATE: 06/20/23

PAY Twenty Three Dollars

TO THE UT BCDO SPECIALTY DENTAL SERVI
ORDER OF

BANK OF AMERICA
 150 WINDSOR STREET, HARTFORD, CT 06120

51-44
 119

AMOUNT
****\$23.00

Void unless presented
 within 180 days

John And. Williams
VOID

