

Forwarding Service Requested

1475 4.0654 MB 2.025 MIXED ADC 840
1475 4.0654 MB 2.025
UT BCDO SPECIALITY DENTAL SERV
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890 89

If you have any
questions contact:

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

Provider: DARIN R KNUDSON
Date: 06/14/2023
Payee: UT BCDO SPECIALITY DENTAL SERV
Check No.: 188495176
Payment Amount: \$421.00

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: 40692F16500				Patient Account No.: 121701705				Plan Number: 00513419		
Patient Name: DANIEL YOUNG				Employee Name: TYLER YOUNG				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	D1351/Tooth Sealant		03	06/13/23	37.00	34.00	34.00		100%	34.00
2	D1351/Tooth Sealant		14	06/13/23	37.00	34.00	34.00		100%	34.00
3	D1351/Tooth Sealant		19	06/13/23	37.00	34.00	34.00		100%	34.00
4	D1351/Tooth Sealant		30	06/13/23	37.00	34.00	34.00		100%	34.00
5	D2392/Pst Composite2		B	06/13/23	152.00	149.00	149.00		100%	149.00
6	D7140/Extraction		S	06/13/23	119.00	106.00	106.00		100%	106.00
7	D9230/Analgesia/N20		FM	06/13/23	30.00	30.00	30.00		100%	30.00
TOTALS					449.00	421.00	421.00		0.00	421.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$421.00
HIGHER ALLOWABLE.....	\$421.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 421.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 40692F16500:

DISCOUNT THROUGH MAXIMUMCARE NETWORK POWERED BY CAREINGTON & DENTEMAX
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: 188495176
CHECK DATE: 06/15/23

PAY Four Hundred Twenty One Dollars

TO THE ORDER OF UT BCDO SPECIALITY DENTAL SERV

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

51-44
119

AMOUNT
****\$421.00

Void unless presented
within 180 days

Darin R Knudson
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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