

Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance
Company of America

Electronic Service Requested

260115

If you have any
questions contact:

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



1 OF 2
ENV 30728

30728 0.5738 AB 0.504
ALL FOR AADC 840
UT BCDO SPECIALTY DENTAL SERVI
1275 E FORT UNION BLVD STE 100
MIDVALE, UT 84047-1890

Provider: BRADLEY J SMITH
Date: 06/22/2023
Payee: UT BCDO SPECIALTY DENTAL SER
Check No.: 188650614
Payment Amount: \$33.00

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: 41279F17300 | | | | Patient Account No.: 122037282 | | | | Plan Number: 00554828 | | |
|-------------------------------------|---------------------------------|----------|-----------|---------------------------------------|------------------|-------------------|----------------|------------------------------|------------------|----------------|
| Patient Name: ZION J ALFARO | | | | Employee Name: MILO ALFARO | | | | Relationship: SON | | |
| Planholder: THUMBTRACK, 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 | D0140/Limited Eval | | FM | 06/21/23 | 55.00 | 33.00 | 33.00 | | 100% | 33.00 |
| 2 | D0274/Bitewing - 4 | D0272 | FM | 06/21/23 | 52.00 | 27.00 | 0.00 | | 100% | 0.00 |
| TOTALS | | | | | 107.00 | 60.00 | 33.00 | | 0.00 | 33.00 |

BENEFIT SUMMARY

| | |
|--------------------------------------|-----------------|
| TOTAL BENEFIT PAYABLE..... | \$33.00 |
| HIGHER ALLOWABLE..... | \$33.00 |
| PAID BY OTHER INSURANCE..... | \$0.00 |
| ADJUSTMENTS..... | \$0.00 |
| TOTAL BENEFIT PAID..... | \$ 33.00 |
| PATIENT'S RESPONSIBILITY..... | \$27.00 |

Remarks for claim # 41279F17300:

A STRATOSE TDA PARTICIPATING DENTIST HAS BEEN UTILIZED.

- The dental plan covers a maximum of two bitewing radiographs when the patient is age four through ten since the patient age is inconsistent with the need for four bitewing radiographs.
- The dental plan covers bitewing radiographic images only once in any 12 consecutive month period, up to a maximum of four films or a set of 7-8 vertical films, in one visit.

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: 188650614
CHECK DATE: 06/23/23

51-44
119

| AMOUNT |
|-------------|
| ****\$33.00 |

Void unless presented
within 180 days

PAY Thirty Three Dollars

TO THE ORDER OF UT BCDO SPECIALTY DENTAL SERVI

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

John A. Anderson
VOID

11 1886 506 14 11 10 1 1900 44 51

4 2 2 3 6 11

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Comments:

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