

Guardian PO BOX 981572
EL PASO, TX 79998-1572

The Guardian Life Insurance
Company of America

Electronic Service Requested

230124

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

Provider: JED C NORDFELT, DMD
Date: 06/20/23
Payee: JED C NORDFELT, DMD
Check No.: 188554163
Payment Amount: \$372.00



1 OF 2
ENV 27787

27787 0.5738 AB 0.504 ALL FOR AADC 840
JED C NORDFELT, DMD
275 W 200 N STE 175
LINDON, UT 84042-5018 480

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: 37330F16700				Patient Account No.: 121806539				Plan Number: 00400822		
Patient Name: LUNA BRETON				Employee Name: CERI RUTTER				Relationship: DAUGHTER		
Planholder: G&A PARTNERS										
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	39.00	39.00		100%	39.00
2	D0220/Periapical 1st		FM	06/15/23	22.00	22.00	22.00		100%	22.00
3	D0230/Periapical Add		FM	06/15/23	19.00	19.00	19.00		100%	19.00
4	D0272/Bitewing - 2		FM	06/15/23	36.00	36.00	36.00		100%	36.00
5	D1120/Child Cleaning		FM	06/15/23	52.00	52.00	52.00		100%	52.00
6	D1206/Fluoride Varn		FM	06/15/23	36.00	36.00	36.00		100%	36.00
TOTALS					204.00	204.00	204.00		0.00	204.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$204.00
HIGHER ALLOWABLE.....	\$204.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 204.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 37330F16700:

Benefits are based on the use of a Non-Contracted Dentist

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

CHECK NO: 188554163
CHECK DATE: 06/20/23

51-44
119

AMOUNT
****\$372.00

Void unless presented
within 180 days

PAY Three Hundred Seventy Two Dollars

TO THE JED C NORDFELT, DMD
ORDER OF

BANK OF AMERICA
150 WINDSOR STREET, HARTFORD, CT 06120

John A. Anderson
VOID

11 188554163 11 10119004451

4035511



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EL PASO TX 79998-1572

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Provider: JED C NORDFELT, DMD
Date: 06/20/23
Payee: JED C NORDFELT, DMD
Check No.: 188554163
Payment Amount: \$372.00

Claim Number: 37331F16700 **Patient Account No.:** 121806540 **Plan Number:** 00400822
Patient Name: BEAR BRETON **Employee Name:** CERI RUTTER **Relationship:** SON
Planholder: G&A PARTNERS

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	39.00	39.00		100%	39.00
2	D0220/Periapical 1st		FM	06/15/23	22.00	22.00	22.00		100%	22.00
3	D0230/Periapical Add		FM	06/15/23	19.00	19.00	19.00		100%	19.00
4	D1120/Child Cleaning		FM	06/15/23	52.00	52.00	52.00		100%	52.00
5	D1206/Fluoride Varn		FM	06/15/23	36.00	36.00	36.00		100%	36.00
TOTALS					168.00	168.00	168.00		0.00	168.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$168.00
HIGHER ALLOWABLE.....	\$168.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 168.00
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 37331F16700:

Benefits are based on the use of a Non-Contracted Dentist

Comments:

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