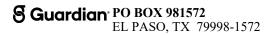
# **Company of America**



## **Electronic Service Requested**

ALL FOR AADC 840

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DANTEL C LINFORD, DDS
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If you have any (800) 541-7846

questions contact: WWW.GUARDIANANYTIME.COM

DANIEL C LINFORD, DDS **Provider:** 06/22/23 Date:

DANIEL C LINFORD, DDS Payee:

Check No.: 188639260 Payment Amount: \$130.00

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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.

Patient Account No.: 121986656 Claim Number: 35501F17200 **Plan Number:** 00049482 BRIENO GONZALEZ, LORENZO Relationship: DAUGHTER BRIENO NUNEZ, AITANA Patient Name: **Employee Name:** Planholder: PETE KING CORP

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	D0150/Comprehensive		FM	06/20/23	64.00	64.00	36.00		100%	36.00
2	D0240/Occlusal Image		FM	06/20/23	27.00	27.00	20.00		100%	20.00
3	D0240/Occlusal Image		FM	06/20/23	27.00	27.00	20.00		100%	20.00
4	D1120/Child Cleaning		FM	06/20/23	52.00	52.00	36.00		100%	36.00
5	D1206/Fluoride Varn		FM	06/20/23	36.00	36.00	18.00		100%	18.00
				TOTALS	206.00	206.00	130.00		0.00	130.00

### BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE	\$130.00
HIGHER ALLOWABLE	\$130.00
PAID BY OTHER INSURANCE	\$0.00
ADJUSTMENTS	\$0.00
TOTAL BENEFIT PAID	\$ 130.00
PATIENT'S RESPONSIBILITY	\$76.00

#### Remarks for claim # 35501F17200:

Benefits are based on use of non-contracted provider.

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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

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

CHECK NO: 188639260 **CHECK DATE: 06/22/23** 

51-44 **AMOUNT** \*\*\*\*\$130.00

Void unless presented within 180 days

**PAY One Hundred Thirty Dollars** 

TO THE DANIEL C LINFORD, DDS ORDER OF

BANK OF AMERICA 150 WINDSOR STREET, HARTFORD, CT 06120



If you have any questions contact:

(800) 541-7846

**WWW.GUARDIANANYTIME.COM** 

**Provider:** DANIEL C LINFORD, DDS

**Date:** 06/22/23

Payee: DANIEL C LINFORD, DDS

**Check No.:** 188639260 **Payment Amount:** \$130.00

### **Comments:**

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