

Electronic Service Requested

MIXED AADC 630  
6766 3.3477 MB 0.558  
ST LOUIS PEDIATRIC DENTISTRY L  
2325 DOUGHERTY FERRY RD STE 200  
SAINT LOUIS, MO 63122-3356 109

If you have any  
questions contact:

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

Provider: ALLISON W BUFORD  
Date: 07/07/2023  
Payee: ST LOUIS PEDIATRIC DENTISTRY L  
Check No.: 188944856  
Payment Amount: \$220.00

**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](http://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: 06363F18800				Patient Account No.:171389				Plan Number:00543484		
Patient Name: NOAH SIMPSON				Employee Name: DANIEL SIMPSON				Relationship: SON		
Planholder: SERVICE TITAN										
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	D2391/Pst Composite1		19	07/05/23	260.00	110.00	110.00		80%	88.00
2	D9230/Analgesia/N20		FM	07/05/23	125.00	59.00	0.00		80%	0.00
3	D2392/Pst Composite2		K	07/05/23	330.00	165.00	165.00		80%	132.00
TOTALS					715.00	334.00	275.00		55.00	220.00

**BENEFIT SUMMARY**

TOTAL BENEFIT PAYABLE.....	\$220.00
HIGHER ALLOWABLE.....	\$275.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$ 220.00
PATIENT'S RESPONSIBILITY.....	\$114.00

**Remarks for claim # 06363F18800:**

REIMBURSEMENT HAS BEEN DETERMINED USING A DENTALGUARD PREFERRED FEE SCHEDULE.

2. The dental plan covers this procedure only when performed in conjunction with eligible surgical procedures or eligible surgical extractions performed on the same day.

If your dentist is located in Iowa, Maryland, Missouri, Rhode Island, South Dakota or Wyoming - state regulations allow participating dentists to charge fees that may be different than the contracted fees for services that are not

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

CHECK NO: 188944856  
CHECK DATE: 07/10/23

PAY Two Hundred Twenty Dollars

TO THE ST LOUIS PEDIATRIC DENTISTRY L  
ORDER OF

BANK OF AMERICA  
150 WINDSOR STREET, HARTFORD, CT 06120

51-44  
119

AMOUNT
****\$220.00

Void unless presented  
within 180 days

*Diana Anna Williams*  
**VOID**



**Guardian** PO BOX 981572  
EL PASO TX 79998-1572

The Guardian Life Insurance  
Company of America

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paid under the member's dental policy, unless the payment was applied to a deductible. Please disregard the patient responsibility amount shown above on this explanation of benefits statement. Members should contact their dentist to determine the actual patient financial responsibility.  
You have used \$0.00 of your personal Maximum Rollover Account. \$1,200.00 remains in your account

**Comments:**

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