



August 02, 2023

MCNA DENTAL
CLAIM #1168984193666

Facility/Office ID: 33927
Facility Name: PARK PLACE PEDIATRIC DENTISTRY AND ORTHODONTICS
Facility Address: 1621 PRECINCT LINE RD
 HURST, TX 76054
Facility Phone: (817) 281-3191

CLAIM DETAILS

Status: Posted
Submitted: 07/18/2023
Processed: 07/26/2023

PROVIDER INFORMATION

Treating Provider: ALI AL AQEELI, DDS (67662)
Treatment Location: OFFICE
Entered By: BRYANNTA BATTLE

SUBSCRIBER INFORMATION

Date of Birth: 10/31/2017
Subscriber ID: 723291765
First Name: ALEXANDER
Last Name: HICKSON
Zip Code: 76013

ADDITIONAL INFORMATION

EPSDT Procedure: No
Pre-Auth / Referral: N/A
NEA Fast-Attach #: N/A
Claim Remarks:

SERVICES PROVIDED

Procedure Date	CDT	Description	Area or Tooth #	Surface	Billed Amount	Tax	Paid Amount	CARCs	Comments
07/18/2023	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH			\$66.00	\$0.00	\$14.70	14	
07/18/2023	D1120	PROPHYLAXIS - CHILD			\$83.00	\$0.00	\$36.75	14	
07/18/2023	D0603	CARIES RISK ASSESSMENT DOCUMENTATION, WITH A FINDING OF HIGH RISK			\$5.00	\$0.00	\$0.00	14	
07/18/2023	D0272	BITEWINGS - TWO FILMS			\$60.00	\$0.00	\$23.38	14	
07/18/2023	D0230	INTRAORAL - PERIAPICAL O EACH ADDITIONAL FILM			\$32.00	\$0.00	\$11.51	14	

8/2/23, 10:13 AM	MCNA Online Portal				
07/18/2023 D0220	INTRAORAL - PERIAPICAL E	\$36.00	\$0.00	\$12.56	14
	FIRST FILM				
07/18/2023 D0120	PERIODIC ORAL	\$67.00	\$0.00	\$28.85	14
	EVALUATION –				
	ESTABLISHED PATIENT				
Total:		\$349.00	\$0.00	\$127.75	

CARC Descriptions

14: THIS PROCEDURE HAS BEEN APPROVED AND WILL BE PAID ACCORDING TO YOUR CONTRACTED RATE. THE MEMBER IS NOT RESPONSIBLE FOR ANY AMOUNT EXCEEDING THE CONTRACTED RATE.

ANCILLARY TREATMENT INFORMATION

Replacement of Prosthesis:
Date Appliance Posted: N/A
Months of Treatment Remaining: 0

If treatment is a replacement of prosthesis:
Date Prior Placement: N/A

Treatment is the result of an injury or accident:
Selection: None
Date of Accident: N/A
State of Accident: N/A

ATTACHMENTS

None

MCNA Dental
PO Box 740370
Atlanta, GA 30374-0370

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