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August 10, 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 CDT Date	Description	Area or Tooth #	Billed Amount	Tax	Paid CA	ARCs 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 EACH ADDITIONAL FILM	_ 0	\$32.00	\$0.00	\$11.51	14

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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

Toll-Free: 1-800-494-6262 · http://www.mcna.net

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