

P083028015

Beam Insurance Administrators
PO Box 75372
Cincinnati, OH 45275

157

202411053306



Forwarding Service Requested

17690 0.3820 AB 0.590 ALL FOR AADC 773
160
PREMIER DENTAL STUDIO OF KATY
6940 KATY GASTON RD STE 200
KATY, TX 77494-6480

Customer Service: 800-648-1179

Your name, PREMIER DENTAL STUDIO OF KATY, and Tax ID have been verified by the IRS.

THIS IS NOT A BILL

Tax ID: 990902844 EPC Draft #: 0 Payment Week: 44 Payment Date: 11/04/2024 Page 1 of 2

Claim Number 2024-08-15-02959-04				Patient Account No.: 7747841187									
Patient Name: Maddason, Shannon				Rendering Provider: Adeena Arain									
Planholder: Maddason, Shannon				Planholder Relationship: Self									
Line No.	ADA Codes/Descriptions	Tooth No.	Date of Service	Submitted Charge	Discounts and Adjustments	Allowed Charge	Copay	Co-Ins	Deductible	Ineligible	Patient Total	Benefit	Remark Codes
1.00	D4346/		08/15/24	240.00	117.82	122.18	0.00	0.00	0.00	122.18	122.18	0.00	45 193 272 N180
TOTALS				240.00	117.82	122.18	0.00	0.00	0.00	122.18	122.18	0.00	

Provider Explanation of Benefits Statement Summary	Submitted Charge	Paid By Other Insurance	Adjustments	Patient Responsibility	Benefit Amount
Beam	240.00	0.00	117.82	122.18	0.00
Statement Totals	240.00	0.00	117.82	122.18	0.00

Document Total	
Net Payment Amount	\$0.00
Payment Adjustments	\$0.00
Total Payment	\$0.00

Explanations

Administered by	Code	Description
Beam	45	Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
	193	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
	272	Coverage/program guidelines were not met.
	N180	This item or service does not meet the criteria for the category under which it was billed.

Services performed by a network dentist in the DenteMax Plus Network.

1 OF 1 F

ENV 17690