

If you have any questions contact: 800-541-7846
WWW.GUARDIANANYTIME.COM
Provider: [REDACTED]
Date: 12/04/2024
Payee: PREMIER DENTAL STUDIO OF KATY
Check No.: [REDACTED]
Payment Amount: [REDACTED]

PREMIER DENTAL STUDIO OF KATY
6940 KATY GASTON RD STE 200
KATY TX 77494

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

Expedite cash flow with e-payments. Sign up today!
Guardian has contracted with ECHO Health Inc., a leading provider of revenue and payment cycle solutions, to deliver Electronic Funds Transfer (EFT) services! Sign-up today by going to <https://enrollments.echohealthinc.com/EFTERADirect/Guardian> for more information. Enrollment for this service is offered to you at no additional cost.

PROVIDER EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Important! Please examine this statement for accuracy. Save this statement for tax purposes.

Tax ID: [REDACTED]		EPC Draft #: [REDACTED]		Payment Week: 48		Payment Date: 12/04/2024		Page 1 of 3		
Claim Number: [REDACTED]		Patient Account No.: [REDACTED]		Plan Number: [REDACTED]		Patient Name: [REDACTED]		Employee Name: [REDACTED]		
Patient Name: [REDACTED]		Relationship: [REDACTED]								
Planholder: [REDACTED]										
Line No.	Submitted ADA Codes/Descriptions	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D8080/Comprehensive			10/01/24	425.27	425.27	425.27	0.00	50%	212.63
2	D8080/Comprehensive			11/01/24	425.27	425.27	298.97	0.00	50%	149.48
3	D8080/Comprehensive			12/01/24	425.27	425.27	0.00	0.00	50%	0.00
4	D8080/Comprehensive			12/01/24	3,827.38	3,827.38	0.00	0.00	50%	0.00
TOTALS					5,103.19	5,103.19	724.24	0.00		362.11

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$362.11
HIGHER ALLOWABLE.....	\$724.24
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$362.11
PATIENT'S RESPONSIBILITY.....	\$4,741.08

Remarks for claim # 01959G21501

A non-contracted provider has been utilized.

2. NO FURTHER ORTHODONTIC BENEFITS ARE AVAILABLE. OUR RECORDS INDICATE THE LIFETIME MAXIMUM FOR ORTHODONTICS HAS BEEN REACHED.

3. NO FURTHER ORTHODONTIC BENEFITS ARE AVAILABLE. OUR RECORDS INDICATE THE LIFETIME MAXIMUM FOR ORTHODONTICS HAS BEEN REACHED.

You have reached \$0.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/24.

You have reached \$622.00 of your individual maximum of \$2,000.00 for benefit year beginning 01/01/24.

Comments

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Log on to www.GuardianAnytime.com for instant access to benefits information for Guardian members. Verify eligibility, view benefits, check claim status and more!



Electronic Payment Clearinghouse

PO BOX 981572
EL PASO, TX 79998-1572

**The Guardian Life Insurance
Company of America**

Tran Nbr: 351034803
Card Value: 362.11
Date: 12/04/2024

PREMIER DENTAL STUDIO OF KATY
6940 KATY GASTON RD STE 200
KATY TX 77494



Virtual Card

Account Number
XXXX XXXX XXXX 8453

CVV
XXX

Good Thru
03/25



Questions Regarding This Method of Payment? Visit echovcards.com

Payment technology licensed under U.S. Patent RE43904 and U.S. Patent RE44478.

QuicRemit Payment Notification

Dear Provider:

The attached remittance includes a QuicRemit virtual card payment. This electronic payment is being provided to you courtesy of ECHO Health Inc. For your convenience, we have consolidated multiple claims into a single payment when possible. This electronic payment is a voluntary option and does not require enrollment or any bank routing information.

For assistance in processing a QuicRemit Payment see below:

- The payment has been issued on a Commercial MasterCard
- To begin, simply input the 16 digit number into your merchant terminal
- If a security code is required, the CVV code is included on the card
- If your merchant terminal requires an address, please use the following:
810 Sharon Dr
Westlake OH 44145
- Payment using this method will incur a transaction fee. Transaction Fees are based on normal MasterCard rates. Please contact QuicRemit at the number below for additional details.
- To decline this accelerated payment and elect to receive payment via check or EFT, please contact QuicRemit at the number below.
- Declining QuicRemit will prevent this accelerated payment from being offered again.

**For assistance processing this payment, please contact QuicRemit at (888) 456-0381.
Customer service hours Monday through Friday 8:00AM to 6:00PM ET.**

If you elect to accept payment by virtual card, processing fees will occur as defined in your merchant agreement with your acquiring bank. If you prefer a different form of payment, such as check or ACH, please call the customer service phone number above to identify your payment preference

IMPORTANT NOTICE REGARDING TRANSMISSIONS OF PROTECTED HEALTH INFORMATION: Protected Health Information (PHI) is individually identifiable health information within the meaning of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder. Any PHI contained in this fax is intended only for the intended recipient and is disseminated subject to the understanding that all requirements of HIPAA and other applicable laws for this disclosure have been met. If this communication contains PHI, you are receiving this information subject to the obligation to maintain it in a secure and confidential manner. Re-disclosure without additional consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties as described in state/federal law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message in error, please notify the sender.