

Aflac of Columbus

Payee ID: 102515

Payee Name: PREMIER DENTAL STUDIO AND PEDIATRICS PLLC

Remittance Date: 12/20/2024



Aflac of Columbus

Services Detail

Patient Name: ASHLEY TOKEN Provider Name: ADEENA ARAIN Encounter #: 20241213120006
Name/ID: PREMIER DENTAL STUDIO AND PEDIATRICS PLLC/92166 Provider NPI: 1922660737 Referral #:
DOB: 12/31/1992 Plan: American Family Life Assurance Company of Columbus Referral Date:
Office Ref#: MRCCYAWN9 Product: AFCA2255069_2 Benefit Level: In Network

ITEM	Date of Service	Code	POS	QTY	Billed Amount	Allowed Amount	Co-Ins%	Payable Amount	Deduct Amount	Coins Amount	Patient Pay	Other Insurance	Net Amount
1	12/12/2024	D0120	11	1	\$78.00	\$56.23	0.00%	\$56.23	\$0.00	\$0.00	\$0.00	\$0.00	\$56.23
2	12/12/2024	D0274	11	1	\$92.00	\$66.86	50.00%	\$66.86	\$0.00	\$33.43	\$33.43	\$0.00	\$33.43
3	12/12/2024	D1110	11	1	\$134.00	\$105.59	0.00%	\$105.59	\$0.00	\$0.00	\$0.00	\$0.00	\$105.59
4	12/12/2024	D0220	11	1	\$44.00	\$28.80	50.00%	\$28.80	\$0.00	\$14.40	\$14.40	\$0.00	\$14.40
5	12/12/2024	D0230	11	1	\$39.00	\$21.61	50.00%	\$21.61	\$0.00	\$10.81	\$10.81	\$0.00	\$10.80
					\$387.00	\$279.09		\$279.09	\$0.00	\$58.64	\$58.64	\$0.00	\$220.45

