



CLAIM SERVICES  
PO BOX 30541  
SALT LAKE CITY UT 84130-0541

PREMIER DENTAL STUDIO AND EFT  
STE 200  
6940 KATY GASTON RD  
KATY TX 77494

12-23-24

Federal ID No. 99-0902844

# Remittance Advice for Period Ending 12-23-24

UMR  
PO BOX 30541 SALT LAKE CITY UT 84130  
UNITED HEALTHCARE DENTAL PPO  
CONSOLIDATED ASSET MANAGEMENT SERVI

1-800-826-9781

PREMIER DENTAL STUDIO AND PED  
STE 200  
6940 KATY GASTON RD  
KATY TX 77494

Federal ID No. 99-0902844

Visit our website at  
[www.umar.com](http://www.umar.com)  
to obtain eligibility, benefit and  
claim information on behalf of your  
patients 24 hours/day, 7 days/week.

Dates From/To	Service Code	Charged Amount	Allowed Amount	Deductible	Copay	Coinsurance	Discount Managed Care Adjust	Ineligible	Withheld	OC	ANSI Code	Paid	Patient Responsibility
EMPLOYEE: NOST MISA													
ACCOUNT NUMBER: MRC9Y91D5													
120924 D2740		1550.00	.00	.00	.00	.00	.00	1550.00-				.00	1550.00
						MAXIMUM MET							
TOTAL		1550.00	.00	.00	.00	.00	.00	1550.00-				.00	1550.00
BENEFIT BASED ON YOUR CONNECTION DENTAL AGREEMENT													
SUB TOTAL		1550.00	.00	.00	.00	.00	.00	1550.00-				.00	1550.00
PROVIDER TOTAL		1550.00	.00	.00	.00	.00	.00	1550.00-				.00	1550.00

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362VPAY1DBW0003001-16345-01  
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KATY, TX 77494



## Notification of Non-Payment

The document you are holding is a non-payment remittance for services provided. The document is sent on behalf of UMR, who has partnered with VPay® to provide a faster, more efficient way to reimburse your business for services rendered.

<b>Claim ID:</b>	MULTIPLE CLAIMS
<b>Client Reference ID:</b>	DPW71231046763643580
<b>VP Trans ID:</b>	2738557929 UMR0001001
<b>Date:</b>	12/27/2024
<b>Amount:</b>	\$0.00

### No action is needed on your behalf.

If you have questions regarding your claim or benefit plan, please contact UMR at (800) 557-5087.

