

Claim 20242746096354

Patient date of birth
[REDACTED]

Relationship to policy holder/subscriber

Self (Subscriber)

Coverage

Policy holder/subscriber name
[REDACTED]Subscriber ID
[REDACTED]Employer or group name
[REDACTED]Policy holder/subscriber date of birth
[REDACTED]Plan or group number
[REDACTED]

Provider

Billing provider ID
[REDACTED]Rendering provider ID
[REDACTED]

Provider status

Non-Participating

Billing provider name

Premier Dental Studio and Pediatrics PLLC

Rendering provider name

Adeena ArainLicense number
[REDACTED]

Claim payment

Deposit reference number

202410060069259

Payment status

Cleared

Paid to

Practice Location

Amount

\$232.00

Payment status updated

10/14/2024

Payee address

**6940 Katy Gaston Rd Ste 200,
Katy, TX 77494-6480**

Date payment sent

10/09/2024

Procedures

Explanation code	Date of service	Procedure	Tooth	Surface	Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	Delta Dental pays	Patient pays
-	09/30/2024	D0120	-	-	\$72.00	\$72.00	\$72.00	\$0.00	100%	\$72.00	\$0.00
-	09/30/2024	D0274	-	-	\$80.00	\$80.00	\$80.00	\$0.00	100%	\$80.00	\$0.00
-	09/30/2024	D0220	-	-	\$44.00	\$44.00	\$44.00	\$0.00	100%	\$44.00	\$0.00

-	09/30/2024	D0220	-	-	\$44.00	\$44.00	\$44.00	\$0.00	100%	\$44.00	\$0.00
-	09/30/2024	D0230	-	-	\$39.00	\$39.00	\$36.00	\$0.00	100%	\$36.00	\$3.00
					Submitted fee	Accepted fee	Maximum contract allowance	Total claim deductible	Contract benefit	Delta Dental pays	Patient pays
Claim total					\$235.00	\$235.00	\$232.00	\$0.00	-	\$232.00	\$3.00

This information is based on our records, claims/encounters processed as of the day you accessed the system. This is not an authorization, nor a guarantee of eligibility, benefits, or payment.