



BlueCross BlueShield of Texas

P.O Box 660247
Dallas TX 75266-0247

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[-CC]

Forwarding Service Requested

Summary of All Claims Processed

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

Amount Billed	\$1,576.00
Discounts and Reductions	\$532.42
Dental Plan Responsibility	\$798.40
Patient May Owe	\$245.18

We have selected Zelis™ Payments as our ePayment vendor to assist us in expediting payment and remittance transactions, as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Virtual Payment Cards, as well as electronic remittances (835, Excel, PDF), contact a Zelis Provider Enrollment Advisor today at 1-855-496-1571 or visit <https://www.zelis.com/provider-solutions/provider-enrollment> for more information.

Amount Billed	\$597.00
Discounts and Reductions	\$185.10
Dental Plan Responsibility	\$350.10
Patient May Owe	\$61.80

Subscriber Name: JOHN TURKEY

Subscriber #: 807485141

Patient: CDE76765

Patient Account #: MRCCY94

Group Name: MAVERICK TUBE CORPORATION (BRA

Group #: 153595

Processed Date: 12/14/24

Claim #: 0020243491991373200000

Service Information			Patient Benefits Applied			Patient May Owe				
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Allowed Amount	Dental Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Patient Costs
D2392 Resin-Based Composite - Two Surfaces, Po(Tooth: 14 Surfaces: L,O)	12/12/24	334.00	102.57	231.43	196.71	0.00	0.00	34.72	0.00	34.72
D2391 Resin-Based Composite - One Surface, Pos(Tooth: 18 Surface: O)	12/12/24	263.00	82.53	180.47	153.39	0.00	0.00	27.08	0.00	27.08
CLAIM TOTALS		\$597.00	\$185.10	\$411.90	\$350.10	\$0.00	\$0.00	\$61.80	\$0.00	\$61.80

CONNECTION Dental PPO fee schedule used to process this claim.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND A "VOID" PANTOGRAPH WHICH BECOMES PROMINENT WHEN PHOTOCOPIED



BlueCross BlueShield of Texas

PO Box 660247
Dallas, TX 75266-0247UMB Bank, N.A.
St. Joseph, MO 64507
36-1901/1012

CHECK NO.: 1332025079

CHECK DATE: 12/16/2024

PAY

Seven Hundred Ninety Eight Dollars and Forty Cents

AMOUNT

***\$798.40

VOID AFTER 90 DAYS

PAY TO THE ORDER OF PREMIER DENTAL STUDIO AND

Authorized Signature

1332025079 1012190171 5008023204