



Boon-Chapman
PO Box 9201
Austin TX 78766-9201

20240806B09
J22E
1136 5235

J22E [2,540] 2 of 5



[CC]

Forwarding Service Requested

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

PREMIER DENTAL STUDIO AND PEDI
6940 KATY GASTON RD SUITE 200
KATY TX 77494

11

Customer Service

Questions? Contact Customer Service at
(800) 252-9653

Prepared Date: 8/2/2024

Group #: 002-949

Group Name: FORT BEND COUNTY

Insert text here

Claim#: 8577456

Patient: ISABELLA DELAROSA

Policy: DENTAL

Patient#: SW7TY3OQN

Provider: Premier Dental Studio And PEDI

Employee: RICARDO DELEONJR

Dates of Service	Serv Code	Proc Code	Charge Amount	Ineligible Amount	Reason Code	Provider Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Paid At	Normal Benefit	COB ADJ	Payment Amount
07/29-07/29/2024	414	D0120	\$78.00	\$0.00		\$0.00	\$78.00	\$0.00	\$0.00	100%	\$78.00	\$0.00	\$78.00
07/29-07/29/2024	416	D0274	\$92.00	\$0.00		\$0.00	\$92.00	\$0.00	\$0.00	100%	\$92.00	\$0.00	\$92.00
07/29-07/29/2024	418	D0220	\$44.00	\$1.54	01	\$0.00	\$42.46	\$42.46	\$0.00	80%	\$0.00	\$0.00	\$0.00
07/29-07/29/2024	418	D0230	\$39.00	\$0.79	01	\$0.00	\$38.21	\$38.21	\$0.00	80%	\$0.00	\$0.00	\$0.00
07/29-07/29/2024	406	D1110	\$134.00	\$0.00		\$0.00	\$134.00	\$0.00	\$0.00	100%	\$134.00	\$0.00	\$134.00
07/29-07/29/2024	408	D1208	\$57.00	\$5.22	01	\$0.00	\$51.78	\$0.00	\$0.00	100%	\$51.78	\$0.00	\$51.78
Column Totals			\$444.00	\$7.55		\$0.00	\$436.45	\$80.67	\$0.00		\$355.78	\$0.00	\$355.78
Patient Responsibility:			\$88.22	Other Insurance Payment:			\$0.00	Adjustments:					\$0.00

Service Code Description

414 ORAL EXAM "ROUTINE"
416 X-RAY BITE WING
418 X-RAY PERIAPICAL (PREVENTIVE)
406 CLEANING, DENTAL
408 FLUORIDE APPLICATION

Reason Code Description

01 Exceeds Maximum Eligible Charges

Payment Details

Paid To	Issue Date	Check No.	Amount
Premier Dental Studio And PEDI	08/02/24	74267	\$355.78

Cadence Bank

61-629/622

74267

Ft Bend County
Boon-Chapman Dental
P.O. Box 1202
Richmond, TX 77406

Claim #: 22462833800

Issue Date 08/02/2024

AMOUNT

*****\$355.78

VOID AFTER 180 DAYS

PAY ***** THREE HUNDRED FIFTY FIVE DOLLARS AND 78/100 *****

PAY Premier Dental Studio And Pediatrics PLL
TO THE 6940 Katy Gaston Rd Suite 200
ORDER OF Katy, TX 77494

Authorized Signature

⑈ 74267 ⑈ ⑆062206295⑆ 5500272702⑈