

Humana Dental Insurance Co
P.O. Box 14283
Lexington, KY 40512-4283

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Humana Dental Insurance Company

BRIGHTWAY DENTAL PLLC
3501 SHEPHERD LN
RIGHTWAY FAMILY DENTISTRY
MESQUITE TX 75180

Your name, BRIGHTWAY DENTAL PLLC, and Tax ID have been verified by the IRS.

If you have any questions, please visit our
website at MyCompBenefits.com.

Tax ID: 852489907		EPC Draft #: 0		Payment Week: 18		Payment Date: 05/03/2022		Page 1 of 3				
Service Date	Code or Description	Tooth/Quad	Explanation	Billed Amount	Discount Amount	Other Plan	Other Adjustment	Patient Obligation				Net Payment Amount
								Co-Ins	Co-Pay	Deductible	Non-Cov	
Provider: PRESHANT KAUHSIK DDS				Patient Acct #: SW4IW2IF0		Group/Check Number: IND/00000000						
Network:				Member Number: L8804843		Customer Service #: (866) 537-0232						
Patient Name: CONNIE LACKEY				Claim Number: 8923533401		Administered By: Humana Dental						
01/18/22	D0274	na	IE	93.15	0.00	0.00	0.00	0.00	0.00	0.00	93.15	0.00
01/18/22	D0230	25	IE	34.50	0.00	0.00	0.00	0.00	0.00	0.00	34.50	0.00
01/18/22	D0150	na	QQ IE	125.35	0.00	0.00	0.00	0.00	0.00	0.00	125.35	0.00
01/18/22	D0220	09	IE	41.40	0.00	0.00	0.00	0.00	0.00	0.00	41.40	0.00
Total:				294.40	0.00	0.00	0.00	0.00	0.00	0.00	294.40	0.00
Provider: PRESHANT KAUHSIK DDS				Patient Acct #: SW4IW2IF1		Group/Check Number: IND/00000000						
Network:				Member Number: L8804843		Customer Service #: (866) 537-0232						
Patient Name: CONNIE LACKEY				Claim Number: 8923533501		Administered By: Humana Dental						
03/08/22	D4341	ur	IE	359.95	0.00	0.00	0.00	0.00	0.00	0.00	359.95	0.00
03/08/22	D4341	lr	IE	359.95	0.00	0.00	0.00	0.00	0.00	0.00	359.95	0.00
Total:				719.90	0.00	0.00	0.00	0.00	0.00	0.00	719.90	0.00

Statement Summary		Billed Amount	Discount Amount	Other Plan	Other Adjustment	Patient Obligation	Net Payment	Customer Service Phone
Administered By Humana Dental		\$1,014.30	\$0.00	\$0.00	\$0.00	\$1,014.30	\$0.00	See Individual Claim
Statement Totals		Billed Amount	Discount Amount	Other Plan	Other Adjustment	Patient Obligation	Net Payment	
		\$1,014.30	\$0.00	\$0.00	\$0.00	\$1,014.30	\$0.00	

Explanations

Administered by	Code	Description
Humana Dental	IE	Not eligible for benefits at the time of service.
	QQ	This is a duplicate submission.

***For faster claims processing, please submit your claims electronically using payer ID is CX021. Attachments can be sent through National Electronic Attachment, Inc. (NEA).

*** For immediate self service visit MyCompBenefits.com where our Members and Providers can review claims, check eligibility, locate a network provider or request an ID card.

*** Help stop insurance fraud. If you know or suspect illegal activity regarding your insurance claims, call 800-614-4126

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*** Effective May 23, 2007, **National Provider Identifiers** (NPIs) will be required by law on all HIPAA standard electronic transactions. Please note that an updated dental claim form is available at the ADA web site and also at www.CompBenefits.com. To prevent delays in processing, please be sure to include your Tax ID Number (TIN) and or your Social Security Number (SSN) on the claim form in addition to your NPI.

*** Providers can also use the CompBenefits IVR (Interactive Voice Response) system by calling (800) 943-6880 to check claims status and verify eligibility. All you need is the Plan Holders Certificate number, along with the date of birth and the Date of Service National Provider Identifiers

***Humana provides free access for all dental providers to ClaimConnect, an all-payer portal for easy submission and quick processing of your Humana claims. Enjoy the benefits of National Electronic Attachment (NEA) with the convenience of consolidated monthly billing for NEA through ClaimConnect. Go to Humana.com, click on the "For Providers" tab, then click on

Commercial Rights of Reconsiderations

If you believe the determination of a claim is incorrect, you may file an appeal on behalf of the covered person with authorization from the covered person. Some states may allow providers to file on their own behalf in certain circumstances. Please review the applicable state law for appeal rights. The Grievance and Appeal form (available at <http://apps.humana.com/marketing/documents.asp?file=1612299>) can be used to request an appeal. Participating providers can find the reconsideration processes in the provider manuals for physicians (dentists), hospitals and healthcare providers (available at <http://www.humana.com/publications>). The appeal will be reviewed by parties not involved in the initial determination. To request an appeal, you need to submit your request in writing within the time limits set forth in the medical or dental insurance policy if filing on behalf of the covered person. If filing on your own behalf, you need to submit your written request within the timeframe established by applicable state law. Please include a copy of the original claim, the remittance notification showing the denial, and any clinical records or other documentation that support your argument for reimbursement, and an Appointment of Representative (AOR) Form (available at <http://apps.humana.com/marketing/documents.asp?file=1387334>) or other legal documentation authorizing you to act on the covered person's behalf (if you are filing an appeal on behalf of a covered person). Please mail to the following address:
Grievance and Appeals Department
P.O. Box 14729

First payer guidelines for federal employees

Coverage for members in the Federal Employees Health Benefits Program (FEHB) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) is governed by the Office of Personnel Management (OPM). This agency requires the medical carrier to be the first payer when a member has a medical plan with dental coverage.

The OPM also states that if an enrollee has coverage under both FEHB and FEDVIP, and the provider is a participating provider of both plans, the allowable expense will be up to but won't exceed the FEDVIP plan allowance. A claim must be filed with the medical carrier prior to filing the claim with Humana.

Humana must administer claims according to specific OPM guidelines. We want to help you get your claims processed quickly; so, please follow the steps below:

1. Verify the federal member's medical coverage. If the plan has an embedded dental benefit, submit the claim to the medical carrier first.
2. Payment received from the medical carrier should be applied toward the member's copayment first. The OPM guidelines are set to ensure members receive their full benefits from all plans, both medical and dental.
3. After the adjustment is made, please attach a copy of the explanation of benefits received from the medical carrier to the claim form for the secondary insurance and send it to:

Humana
P.O. Box 14287
Lexington, KY 40512-4287

4. If you have questions, please call our customer care specialists at **1-877-692-2468** between 9 a.m. and 7 p.m. Eastern time.

The member is only financially obligated to pay the copayment defined in the Humana Federal Advantage Plan copayment table. You may need to refund some or all of the member's copayment if the combined payments from the medical carrier and Humana exceed your contracted FEDVIP plan allowance.

IMPORTANT NOTICE REGARDING TRANSMISSIONS OF PROTECTED HEALTH INFORMATION: Protected Health Information (PHI) is individually identifiable health information within the meaning of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder. Any PHI contained in this fax is intended only for the intended recipient and is disseminated subject to the understanding that all requirements of HIPAA and other applicable laws for this disclosure have been met. If this communication contains PHI, you are receiving this information subject to the obligation to maintain it in a secure and confidential manner. Re-disclosure without additional consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties as described in state/federal law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message in error,