

**EXPLANATION OF PAYMENT**

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
1-877-391-5921

Payment Date: 4/24/2018
Payment #: 0903674615
Payment Amt: \$21,364.94

PAY TO:
RESTORATIVE PEDIATRICS
7330 SAN PEDRO AVE
STE 810
SAN ANTONIO, TX 78216

Payee ID: 147785
IRS#: 742948798

Insured Name:	AGUILAR, MARTY	Mbr No:	623834203	MRN:	P01000038803	Claim/Ctrl No:	R107TXE66575
Patient Name:	AGUILAR, MARTY	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53N-298094
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	ANGUIANO, GENEVIEVE	Mbr No:	704995933	MRN:	P01000037564	Claim/Ctrl No:	R106TXE95163
Patient Name:	ANGUIANO, GENEVIEVE	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3S5-297948
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	BARRETTIII, GARLAND	Mbr No:	703434609	MRN:	P01000039109	Claim/Ctrl No:	R107TXE66566
Patient Name:	BARRETTIII, GARLAND	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53Z-298086
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
0200	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$350.00	\$132.44	\$0.00 \$0.00	\$217.56 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$132.44 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
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Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	BELL, CHRISTOPHER	Mbr No:	530713396	MRN:	RPCCP10024-0	Claim/Ctrl No:	R106TXE67058
Patient Name:	BELL, CHRISTOPHER	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2M-RP2267-19
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	32.00	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$258.88 \$0.00
Sub-total					\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$258.88 \$0.00

Insured Name:	BELL, CHRISTOPHER	Mbr No:	530713396	MRN:	RPCCP10024-0	Claim/Ctrl No:	R107TXE66560
Patient Name:	BELL, CHRISTOPHER	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9L-RP2267-20
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	32.00	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$258.88 \$0.00
Sub-total					\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$258.88 \$0.00

Insured Name:	BLANCO, ALEXANDER	Mbr No:	703952090	MRN:	P01000037155	Claim/Ctrl No:	R106TXE95161
Patient Name:	BLANCO, ALEXANDER	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3RT-297955
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	BRIGGS, CHASE	Mbr No:	624910190	MRN:	P01000039157	Claim/Ctrl No:	R107TXE66562
Patient Name:	BRIGGS, CHASE	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y542-298083
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	CHAVIRA GARCIA, ROLANDO	Mbr No:	521525001	MRN:	RPCCP14011-0	Claim/Ctrl No:	R107TXE66563
Patient Name:	CHAVIRA GARCIA, ROLANDO	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9N-RP2275-11
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

Insured Name:	CHIQUILLO, EMILIANO	Mbr No:	709249198	MRN:	P01000039387	Claim/Ctrl No:	R107TXE66582
Patient Name:	CHIQUILLO, EMILIANO	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y544-298077
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92523	GN	1.00	\$315.00	\$140.00	\$0.00 \$0.00	\$175.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$140.00 \$0.00
Sub-total					\$315.00	\$140.00	\$0.00 \$0.00	\$175.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$140.00 \$0.00

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Insured Name:	COLON, ELSON	Mbr No:	704118892	MRN:	P01000037602	Claim/Ctrl No:	R107TXE66635
Patient Name:	COLON, ELSON	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53J-298096
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	CORONA, JAKE	Mbr No:	531189674	MRN:	P01000038889	Claim/Ctrl No:	R107TXE66650
Patient Name:	CORONA, JAKE	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53R-298090
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	DUGAN, ADELYNE	Mbr No:	718053553	MRN:	000000063264	Claim/Ctrl No:	R103TX633586
Patient Name:	DUGAN, ADELYNE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6FQTJ4W-RP2215-20
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	3/22/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0200	3/22/2018	T1000	TE UA	40.00	\$560.00	\$354.80	\$0.00 \$0.00	\$205.20 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$354.80 \$0.00
0300	3/23/2018	T1000	TD UA	92.00	\$1,288.00	\$1,169.32	\$0.00 \$0.00	\$118.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$1,169.32 \$0.00
0400	3/24/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0500	3/24/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0600	3/25/2018	T1000	TD UA	28.00	\$392.00	\$355.88	\$0.00 \$0.00	\$36.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$355.88 \$0.00
0700	3/26/2018	T1000	TE UA	45.00	\$630.00	\$399.15	\$0.00 \$0.00	\$230.85 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$399.15 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0800	3/26/2018	T1000	TD UA	22.00	\$308.00	\$279.62	\$0.00 \$0.00	\$28.38 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$279.62 \$0.00
Sub-total					\$5,194.00	\$4,204.69	\$0.00 \$0.00	\$989.31 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$4,204.69 \$0.00

Insured Name:	DUGAN, ADELYNE	Mbr No:	718053553	MRN:	RPCCP1054	Claim/Ctrl No:	R106TXE67042
Patient Name:	DUGAN, ADELYNE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66VNJ-RP2285-06
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-Bexar			

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	T1000	TE UA	56.00	\$784.00	\$496.72	\$0.00 \$0.00	\$287.28 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$496.72 \$0.00
0200	4/13/2018	T1000	TD UA	56.00	\$784.00	\$711.76	\$0.00 \$0.00	\$72.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$711.76 \$0.00
0300	4/14/2018	T1000	TE UA	52.00	\$728.00	\$461.24	\$0.00 \$0.00	\$266.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$461.24 \$0.00
0400	4/15/2018	T1000	TD UA	52.00	\$728.00	\$660.92	\$0.00 \$0.00	\$67.08 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$660.92 \$0.00
Sub-total					\$3,024.00	\$2,330.64	\$0.00 \$0.00	\$693.36 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$2,330.64 \$0.00

Insured Name:	DUGAN, ADELYNE	Mbr No:	718053553	MRN:	RPCCP1054	Claim/Ctrl No:	R106TXE67101
Patient Name:	DUGAN, ADELYNE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66SQF-RP2285-05
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-Bexar			

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/10/2018	T1000	TD UA	45.00	\$630.00	\$571.95	\$0.00 \$0.00	\$58.05 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$571.95 \$0.00
Sub-total					\$630.00	\$571.95	\$0.00 \$0.00	\$58.05 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$571.95 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	ESQUIVEL, CATALINA	Mbr No:	711572991	MRN:	P01000037576	Claim/Ctrl No:	R106TXE95162
Patient Name:	ESQUIVEL, CATALINA	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3RV-297947
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$315.00	\$94.60	\$0.00 \$0.00	\$220.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$315.00	\$94.60	\$0.00 \$0.00	\$220.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	FLOTA, JOSE	Mbr No:	517937759	MRN:	RPCCP10010-0	Claim/Ctrl No:	R106TXE64673
Patient Name:	FLOTA, JOSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	RP2247-37
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/15/2018	H2015	U3 UA	12.00	\$168.00	\$102.48	\$0.00 \$0.00	\$65.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$102.48 \$0.00
Sub-total					\$168.00	\$102.48	\$0.00 \$0.00	\$65.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$102.48 \$0.00

Insured Name:	FLOTA, JOSE	Mbr No:	517937759	MRN:	RPCCP10010-0	Claim/Ctrl No:	R106TXE67100
Patient Name:	FLOTA, JOSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2N-RP2247-36
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

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0100	4/13/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0200	4/14/2018	T1000	TE UA	28.00	\$392.00	\$248.36	\$0.00 \$0.00	\$143.64 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$248.36 \$0.00
0300	4/15/2018	T1000	TE UA	28.00	\$392.00	\$248.36	\$0.00 \$0.00	\$143.64 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$248.36 \$0.00
Sub-total					\$1,456.00	\$922.48	\$0.00 \$0.00	\$533.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$922.48 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	FLOTA, JOSE	Mbr No:	517937759	MRN:	RPCCP10010-0	Claim/Ctrl No:	R107TXE64589
Patient Name:	FLOTA, JOSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	RP2247-38
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	H2015	U3 UA	60.00	\$840.00	\$512.40	\$0.00 \$0.00	\$327.60 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$512.40 \$0.00
Sub-total					\$840.00	\$512.40	\$0.00 \$0.00	\$327.60 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$512.40 \$0.00

Insured Name:	GARCIA, MATEO	Mbr No:	624490893	MRN:	P01000039142	Claim/Ctrl No:	R107TXE66558
Patient Name:	GARCIA, MATEO	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53W-298085
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	GARZA, JEYLIN	Mbr No:	617834611	MRN:	RPCCP15007-0	Claim/Ctrl No:	R106TXE67039
Patient Name:	GARZA, JEYLIN	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2R-RP2255-21
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TD	40.00	\$560.00	\$442.00	\$0.00 \$0.00	\$118.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$442.00 \$0.00
0200	4/14/2018	T1000	TD	32.00	\$448.00	\$353.60	\$0.00 \$0.00	\$94.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$353.60 \$0.00
Sub-total					\$1,008.00	\$795.60	\$0.00 \$0.00	\$212.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$795.60 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date: 4/24/2018
Payment #: 0903674615
Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	GOMEZ, CHRISTIAN	Mbr No:	518052265	MRN:	RPCCP13001-0	Claim/Ctrl No:	R106TXE67057
Patient Name:	GOMEZ, CHRISTIAN	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2P-RP2281-13
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-MRSA Wes

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	96.00	\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$851.52 \$0.00
0200	4/14/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
0300	4/15/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
Sub-total					\$3,136.00	\$1,986.88	\$0.00 \$0.00	\$1,149.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,986.88 \$0.00

Insured Name:	GOMEZ, CHRISTIAN	Mbr No:	518052265	MRN:	RPCCP13001-0	Claim/Ctrl No:	R107TXE66645
Patient Name:	GOMEZ, CHRISTIAN	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9Q-RP2281-14
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-MRSA Wes

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE UA	96.00	\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$851.52 \$0.00
Sub-total					\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$851.52 \$0.00

Insured Name:	HERNANDEZ, RORIROSE	Mbr No:	717727688	MRN:	P01000037387	Claim/Ctrl No:	R106TXE95156
Patient Name:	HERNANDEZ, RORIROSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6D3S3-297952
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	97110	GP U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	HERNANDEZ, RORIOSE	Mbr No:	717727688	MRN:	P01000037387	Claim/Ctrl No:	R106TXE95172
Patient Name:	HERNANDEZ, RORIOSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6D3RW-297951
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Insured Name:	HERNANDEZ, RORIOSE	Mbr No:	717727688	MRN:	P01000037387	Claim/Ctrl No:	R107TXE66569
Patient Name:	HERNANDEZ, RORIOSE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8Y53K-298098
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Insured Name:	HERNANDEZ-MORA, LUIS	Mbr No:	611692660	MRN:	P01000039235	Claim/Ctrl No:	R106TXE95157
Patient Name:	HERNANDEZ-MORA, LUIS	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3S2-297943
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	HIM, JEREMIAH	Mbr No:	625204206	MRN:	P01000037479	Claim/Ctrl No:	R106TXE95158
Patient Name:	HIM, JEREMIAH	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6D2YX-297950
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	97110	GP U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.61 \$0.00
Sub-total					\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.61 \$0.00

Insured Name:	HIM, JEREMIAH	Mbr No:	625204206	MRN:	P01000037479	Claim/Ctrl No:	R106TXE95166
Patient Name:	HIM, JEREMIAH	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6D2YW-297949
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	97530	GO U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00	35	\$0.00 \$0.00
Sub-total					\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00		\$0.00 \$0.00

Insured Name:	HIM, JEREMIAH	Mbr No:	625204206	MRN:	P01000037479	Claim/Ctrl No:	R107TXE66557
Patient Name:	HIM, JEREMIAH	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8Y4R4-298097
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Insured Name:	HIM, JEREMIAH	Mbr No:	625204206	MRN:	P01000037479	Claim/Ctrl No:	R108TXEB2486
Patient Name:	HIM, JEREMIAH	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6HCH6R5-298236
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/17/2018	97110	GP U5	1.00	\$43.75	\$23.65	\$0.00 \$0.00	\$20.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$23.65 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0200	4/17/2018	97110	GP U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00	35	\$0.00 \$0.00
Sub-total					\$218.75	\$118.26	\$0.00 \$0.00	\$20.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00		\$23.65 \$0.00

Insured Name:	HINOJOSA PADIL, JOSIE	Mbr No:	704139779	MRN:	P01000038770	Claim/Ctrl No:	R106TXE95165
Patient Name:	HINOJOSA PADIL, JOSIE	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3RY-297946
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	IBARRAJR, MIGUEL	Mbr No:	526914469	MRN:	RPCCP09040-0	Claim/Ctrl No:	R106TXE67098
Patient Name:	IBARRAJR, MIGUEL	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2Q-RP2257-25
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	62.00	\$868.00	\$549.94	\$0.00 \$0.00	\$318.06 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$549.94 \$0.00
0200	4/14/2018	T1000	TE UA	24.00	\$336.00	\$212.88	\$0.00 \$0.00	\$123.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$212.88 \$0.00
0300	4/15/2018	T1000	TE UA	8.00	\$112.00	\$70.96	\$0.00 \$0.00	\$41.04 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$1,316.00	\$833.78	\$0.00 \$0.00	\$482.22 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$833.78 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	IBARRAJR, MIGUEL	Mbr No:	526914469	MRN:	RPCCP09040-0	Claim/Ctrl No:	R107TXE66634
Patient Name:	IBARRAJR, MIGUEL	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9R-RP2257-26
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE UA	70.00	\$980.00	\$620.90	\$0.00 \$0.00	\$359.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$620.90 \$0.00
Sub-total					\$980.00	\$620.90	\$0.00 \$0.00	\$359.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$620.90 \$0.00

Insured Name:	JASSO, ISAAC	Mbr No:	722660235	MRN:	P01000039057	Claim/Ctrl No:	R107TXE66644
Patient Name:	JASSO, ISAAC	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53V-298087
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97110	GP U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.61 \$0.00
Sub-total					\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.61 \$0.00

Insured Name:	LOPEZJR, MIGUEL	Mbr No:	701875672	MRN:	P01000038849	Claim/Ctrl No:	R107TXE66641
Patient Name:	LOPEZJR, MIGUEL	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53L-298092
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	MARTINEZ, SERGIO	Mbr No:	612167787	MRN:	P01000036313	Claim/Ctrl No:	R107TXE66564
Patient Name:	MARTINEZ, SERGIO	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53M-298100
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	MASIS, LIAM	Mbr No:	624556366	MRN:	RPCCP13012-0	Claim/Ctrl No:	R106TXE67103
Patient Name:	MASIS, LIAM	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2S-RP2263-21
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	36.00	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$291.24 \$0.00
Sub-total					\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$291.24 \$0.00

Insured Name:	MASIS, LIAM	Mbr No:	624556366	MRN:	RPCCP13012-0	Claim/Ctrl No:	R107TXE66565
Patient Name:	MASIS, LIAM	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9S-RP2263-22
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	36.00	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$291.24 \$0.00
Sub-total					\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$291.24 \$0.00

Insured Name:	MATA, ALIFONSO	Mbr No:	523640627	MRN:	RPCCP09028-0	Claim/Ctrl No:	R106TXE67041
Patient Name:	MATA, ALIFONSO	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2H-RP2238-45
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-MRSA Wes

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	90.00	\$1,260.00	\$798.30	\$0.00 \$0.00	\$461.70 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$798.30 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0200	4/14/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
0300	4/15/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
Sub-total					\$3,052.00	\$1,933.66	\$0.00 \$0.00	\$1,118.34 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,933.66 \$0.00

Insured Name:	MORENO, AUBREE	Mbr No:	530129543	MRN:	RPCCP10003-0	Claim/Ctrl No:	R106TXE67102
Patient Name:	MORENO, AUBREE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2J-RP2232-37
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-Bexar			

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	64.00	\$896.00	\$517.76	\$0.00 \$0.00	\$378.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$517.76 \$0.00
0200	4/14/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
0300	4/15/2018	T1000	TE	24.00	\$336.00	\$194.16	\$0.00 \$0.00	\$141.84 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$194.16 \$0.00
Sub-total					\$1,792.00	\$1,035.52	\$0.00 \$0.00	\$756.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,035.52 \$0.00

Insured Name:	MORENO, AUBREE	Mbr No:	530129543	MRN:	RPCCP10003-0	Claim/Ctrl No:	R107TXE66587
Patient Name:	MORENO, AUBREE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9K-RP2305-00
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-Bexar			

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	56.00	\$784.00	\$453.04	\$0.00 \$0.00	\$330.96 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$453.04 \$0.00
Sub-total					\$784.00	\$453.04	\$0.00 \$0.00	\$330.96 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$453.04 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date: 4/24/2018
Payment #: 0903674615
Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	MOUTONIII, BILLY	Mbr No:	627187457	MRN:	P01000039172	Claim/Ctrl No:	R107TXE66647
Patient Name:	MOUTONIII, BILLY	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8Y4R5-298082
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	MYRES, JOSHUA	Mbr No:	529330291	MRN:	000000063295	Claim/Ctrl No:	R103TX632788
Patient Name:	MYRES, JOSHUA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6G5J53F-RP2250-18
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/1/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0200	4/1/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
Sub-total					\$1,344.00	\$1,035.84	\$0.00 \$0.00	\$308.16 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,035.84 \$0.00

Insured Name:	MYRES, JOSHUA	Mbr No:	529330291	MRN:	RPCCP1021-02	Claim/Ctrl No:	R106TXE67044
Patient Name:	MYRES, JOSHUA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H66R2K-RP2250-27
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0200	4/14/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0300	4/14/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0400	4/15/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0500	4/15/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
Sub-total					\$3,360.00	\$2,681.76	\$0.00 \$0.00	\$678.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$2,681.76 \$0.00

Insured Name:	PADILLA, VICTOR	Mbr No:	616271722	MRN:	P01000037314	Claim/Ctrl No:	R106TXE95155
Patient Name:	PADILLA, VICTOR	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3RX-297953
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
0200	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$350.00	\$189.20	\$0.00 \$0.00	\$160.80 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$189.20 \$0.00

Insured Name:	PADILLA, IVAN	Mbr No:	701475428	MRN:	P01000038966	Claim/Ctrl No:	R107TXE66578
Patient Name:	PADILLA, IVAN	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53Q-298088
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	RAMOS, CARMEN	Mbr No:	702878129	MRN:	P01000038844	Claim/Ctrl No:	R107TXE66559
Patient Name:	RAMOS, CARMEN	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53P-298093
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	RAMOS, MEREDITH	Mbr No:	701040996	MRN:	P01000035834	Claim/Ctrl No:	R107TXE66561
Patient Name:	RAMOS, MEREDITH	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53X-298101
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	RODRIGUEZ, ISABELLA	Mbr No:	530069853	MRN:	RPCCP09085-0	Claim/Ctrl No:	R106TXE67095
Patient Name:	RODRIGUEZ, ISABELLA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6R2L-RP2270-18
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	39.00	\$546.00	\$315.51	\$0.00 \$0.00	\$230.49 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$315.51 \$0.00
Sub-total					\$546.00	\$315.51	\$0.00 \$0.00	\$230.49 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$315.51 \$0.00

Insured Name:	RODRIGUEZ, NELDA	Mbr No:	529703122	MRN:	P01000018051	Claim/Ctrl No:	R106TXE95174
Patient Name:	RODRIGUEZ, NELDA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H6D2YV-297956
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	RODRIGUEZ, ISABELLA	Mbr No:	530069853	MRN:	RPCCP09085-0	Claim/Ctrl No:	R107TXE66555
Patient Name:	RODRIGUEZ, ISABELLA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6H8VH9P-RP2270-19
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TD	40.00	\$560.00	\$442.00	\$0.00 \$0.00	\$118.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$442.00 \$0.00
Sub-total					\$560.00	\$442.00	\$0.00 \$0.00	\$118.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$442.00 \$0.00

Insured Name:	ROGERS, PAIGE	Mbr No:	707734867	MRN:	P01000038877	Claim/Ctrl No:	R107TXE66653
Patient Name:	ROGERS, PAIGE	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53S-298091
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	ROJAS, HOMERO	Mbr No:	626483944	MRN:	P01000039053	Claim/Ctrl No:	R106TXE95167
Patient Name:	ROJAS, HOMERO	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3RZ-297945
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	97110	GP U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	SANDOVAL, JEREMIAH	Mbr No:	708582576	MRN:	P01000039207	Claim/Ctrl No:	R106TXE95179
Patient Name:	SANDOVAL, JEREMIAH	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3S4-297944
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	SANDOVAL, JEREMIAH	Mbr No:	708582576	MRN:	P01000039207	Claim/Ctrl No:	R107TXE66646
Patient Name:	SANDOVAL, JEREMIAH	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53Y-298080
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	SEGURA, EZRA	Mbr No:	624273417	MRN:	P01000037230	Claim/Ctrl No:	R106TXE95159
Patient Name:	SEGURA, EZRA	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H6D3S6-297954
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

EXPLANATION OF PAYMENT

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
(877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insured Name:	SEGURA, EZRA	Mbr No:	624273417	MRN:	P01000037230	Claim/Ctrl No:	R107TXE66556
Patient Name:	SEGURA, EZRA	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y543-298099
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	TREJO, ANDREW	Mbr No:	614399547	MRN:	P01000038960	Claim/Ctrl No:	R107TXE66651
Patient Name:	TREJO, ANDREW	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y53T-298089
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	YOUNG, LOGAN	Mbr No:	617296749	MRN:	P01000035428	Claim/Ctrl No:	R107TXE66568
Patient Name:	YOUNG, LOGAN	SvcProv No:	147785	Carrier:	MD	PatCtrl No:	6H8Y5C9-298102
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97530	GO U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.61 \$0.00
Sub-total					\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.61 \$0.00
Total					\$39,753.00	\$26,373.15	\$0.00 \$0.00	\$13,219.07 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$350.00		\$26,183.93 \$0.00

Explanation Code **Description**

35 DENY: BENEFIT MAXIMUM HAS BEEN REACHED

92 PAID IN FULL

EXPLANATION OF PAYMENT

Superior HealthPlan
 5900 E. Ben White Blvd
 Austin, TX 78741
 (877) 391-5921

Payment Date:	4/24/2018
Payment #:	0903674615
Payment Amt:	\$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

BEGINNING NEGATIVE SERVICES BALANCE:	\$0.00
BEGINNING PREPAYMENT BALANCE:	\$-4,818.99
TOTAL BEGINNING BALANCE:	\$-4,818.99
CLAIM PAID THIS RUN:	\$26,183.93
EFT/PAYMENT AMOUNT:	\$21,364.94

Payment is being made electronically; no paper check will be issued.

IMPORTANT INFORMATION**NPI is Now Required for All Providers.**

For claim inquiries: 1-877-391-5921

Send claims submissions to:
 Claims Department
 Superior HealthPlan
 P.O. Box 3003
 Farmington, MO 63640

Send appeals to:
 Appeals Department
 Superior HealthPlan
 P.O. Box 3000
 Farmington, MO 63640

Notice to providers: EOPs are now combined into one single EOP for CHIP, STAR, STAR+ and Perinate

If you would like to report provider or client fraud or abuse, please call

- Superior HealthPlan Fraud Hotline: 1-866-685-8664
- Texas Office of Inspector General (TX-OIG) Fraud Hotline: 1-800-436-6184

Due to a new federal mandate, all Texas Medicaid providers must periodically re-enroll in Texas Medicaid. For more information, please visit the provider page of the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com or call 1-800-925-9126.

In our efforts towards Going Green, an electronic copy of the provider newsletter will be posted quarterly at www.superiorhealthplan.com on the Provider Home page, or you can request a hard copy by calling 1-877-391-5921 and selecting option 3.