

**Cypress Dental Administrators**

Payee ID: 116011

Payee Name: MODERN DENTAL AND IMPLANTS

Remittance Date: 02/25/2022

**Please address questions to:**

Cypress Dental Administrators  
7510 Shoreline Drive  
Stockton, CA 95219

Contact: Cypress Dental  
Phone: (800)350-3989  
Fax: (209)478-5614

MODERN DENTAL AND IMPLANTS  
601 W Kettleman Ln  
Lodi, CA 95240

**Current Period: 02/25/2022**  
Payee ID: 116011  
Phone: (209)366-1850  
Fax: (209)333-1879  
Tax ID: 844033236

**Remittance Summary**

<b>Fee For Service:</b>	<b>\$245.00</b>
<b>Budget Allocation:</b>	<b>\$0.00</b>
<b>Capitation:</b>	<b>\$0.00</b>
<b>Case Fees:</b>	<b>\$0.00</b>
<b>Additional Compensation:</b>	<b>\$0.00</b>
<b>Prior Period Recovery and other Payee Adjustments:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$245.00</b>

Thank you for choosing Cypress Dental!

This statement shows how Cypress Dental determined the member benefits. We are providing this data for informational purposes only. If you see an issue with the claim information or reimbursement, please note the following:

**Corrected Claims**

To make a claim correction, send the original claim, supporting documentation, and original check to:

Cypress Dental Corrected Claims  
PO Box 557  
Milwaukee, WI 53201-0557

**Appeals**

To appeal a determination on a claim, send the original claim with supporting documentation to:

Cypress Dental Appeals  
PO Box 102  
Milwaukee, WI 53201-0102

**Refunds**

To issue a refund, please send the check with the original claim information to:

Cypress Dental Refunds  
PO Box 1998  
Milwaukee, WI 53201-1998

**We are Here to Help**

For further questions, please contact us Monday - Friday, 8am - 5pm PST.

Member Services 800-350-3989  
Provider Services 800-350-3989

**Cypress Dental Administrators**

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Payee Name: MODERN DENTAL AND IMPLANTS

Remittance Date: 02/25/2022

**Fee For Service Summary**

MODERN DENTAL AND IMPLANTS  
601 W Kettleman Ln  
Lodi, CA 95240

Provider	Location	Amount Billed	Amount Payable	Patient Pay	Other Insurance	Prior Mo. Adj	Net Amount
BEN UDAS	MODERN DENTAL AND IMPLANTS	\$345.00	\$345.00	\$100.00	\$0.00	\$0.00	\$245.00
Totals:		\$345.00	\$345.00	\$100.00	\$0.00	\$0.00	\$245.00

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Remittance Date: 02/25/2022

**Services Detail**

FFS - Fee For Service      GBA - Global Budget Allocation  
 CAP - Capitation          CASE - Case Fee  
 ENC - Encounter Payment

Patient Name: MACIAS, LIZET

Provider Name: BEN UDAS

Encounter #: **20220218112019**

Subscriber/Member: 4622061643 / 04

Provider/Loc ID: 111616 / 105354

Referral #:

DOB: 12/21/1999

Plan: Cypress Dental

Referral Date:

Office Reference No: SW2IW01ME

Product: PPOD3203EEEEU130MXIX

Benefit Level: Out of Network

ITM	DOS	CODE	POS	QTY	BILLED		QTY	ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	AMOUNT		AMOUNT	AMOUNT									
1	02/16/22	D1110 00	11	1	\$84.00		1	\$84.00		100.00%	\$84.00	\$0.00	\$0.00	\$50.00	\$50.00	\$0.00	\$34.00	FFS
					<b>\$84.00</b>			<b>\$84.00</b>			<b>\$84.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$0.00</b>	<b>\$34.00</b>	

Patient Name: MACIAS, OSCAR

Provider Name: BEN UDAS

Encounter #: **20220216110997**

Subscriber/Member: 4622061643 / 03

Provider/Loc ID: 111616 / 105354

Referral #:

DOB: 02/13/1998

Plan: Cypress Dental

Referral Date:

Office Reference No: SW2GW0305

Product: PPOD3203EEEEU130MXIX

Benefit Level: Out of Network

ITM	DOS	CODE	POS	QTY	BILLED		QTY	ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	AMOUNT		AMOUNT	AMOUNT									
1	02/15/22	D0120 00	11	1	\$61.00		1	\$61.00		100.00%	\$61.00	\$0.00	\$0.00	\$50.00	\$50.00	\$0.00	\$11.00	FFS
2	02/15/22	D0274 00	11	1	\$62.00		1	\$62.00		100.00%	\$62.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62.00	FFS
3	02/15/22	D0220 00	11	1	\$32.00		1	\$32.00		100.00%	\$32.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00	FFS
4	02/15/22	D0230 00	11	1	\$22.00		1	\$22.00		100.00%	\$22.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.00	FFS
5	02/15/22	D1110 00	11	1	\$84.00		1	\$84.00		100.00%	\$84.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$84.00	FFS
					<b>\$261.00</b>			<b>\$261.00</b>			<b>\$261.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$0.00</b>	<b>\$211.00</b>	