

**The Guardian Life Insurance
Company of America**

If you have any questions contact: **800-541-7846**
WWW.GUARDIANANYTIME.COM
Provider: DAVID MICHAEL JONES
Date: 07/29/2025
Payee: GREELEY MODERN DENTISTRY LLP
Check No.: 305430313
Payment Amount: \$1,260.30

GREELEY MODERN DENTISTRY LLP
PO BOX 920050
DALLAS TX 753920050

Your name, GREELEY MODERN DENTISTRY LLP, and Tax ID have been verified by the IRS.

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Guardian has contracted with ECHO Health Inc., a leading provider of revenue and payment cycle solutions, to deliver Electronic Funds Transfer (EFT) services! Sign-up today by going to
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for more information. Enrollment for this service is offered to you at no additional cost.

PROVIDER EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Important! Please examine this statement for accuracy. Save this statement for tax purposes.

Tax ID: 452120735		EPC Draft #: 1201433799		Payment Week: 30		Payment Date: 07/29/2025		Page 1 of 2		
Claim Number: 25663H20900				Patient Account No.: A53010181770				Plan Number: 00539099		
Patient Name: AUDREANNE WENDLING				Employee Name: LUKE WENDLING				Relationship: WIFE		
Planholder: NTGSH JV LLC										
Line No.	Submitted ADA Codes/Descriptions	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D3330/Root Canal		19	07/24/25	2,202.00	739.00	739.00	50.00	80%	551.20
2	D3911/Barrier		19	07/24/25	456.00	0.00	0.00	0.00	80%	0.00
3	D3331/Root Obstructn		19	07/24/25	1,018.00	0.00	0.00	0.00	80%	0.00
4	D0460/Pulp Tests		FM	07/24/25	96.00	21.00	0.00	0.00	100%	0.00
5	D9310/Consultation		FM	07/24/25	275.00	70.00	0.00	0.00	80%	0.00
TOTALS					4,047.00	830.00	739.00	50.00		551.20

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$551.20
HIGHER ALLOWABLE.....	\$739.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$551.20
PATIENT'S RESPONSIBILITY.....	\$278.80

Remarks for claim # 25663H20900

1. Subsequent restorative procedure(s) performed on this tooth may be reviewed for dental necessity and/or prognosis.
2. The dental plan contract considers this procedure to be part of the Root Canal; therefore, separate benefits are not available.
3. The dental plan contract considers this procedure to be part of the Root Canal; therefore, separate benefits are not available.
4. The dental plan does not cover this procedure.
5. The dental plan covers consultations only if no other procedure is performed on the same day, except for x-rays.

Benefits are based on the use of a Preferred Contracted Dentist. All states, excluding Iowa, Louisiana, Missouri, Maryland, North Dakota, Penn sylvania, Rhode Island, South Dakota or Wyoming - state regulations allow par ticipating dentists to charge fees that may be different than the contracted fees for services that are never covered under the member 's dental policy. Se rvices that are eligible for coverage even when no payment is made due to the application of a deductible, copayment, coinsurance amount, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment or any other contract limitation are still subject to the contracted fees. P lease disregard the patient responsibility amount shown above on this explana tion of benefits statement. Members should contact their dentist to determine the actual patient financial responsibility.

You have reached \$50.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/25.

You have reached \$725.20 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/25.

Claim Number: 25664H20900				Patient Account No.: A53010181780				Plan Number: 00539099		
Patient Name: AUDREANNE WENDLING				Employee Name: LUKE WENDLING				Relationship: WIFE		
Planholder: NTGSH JV LLC										
Line No.	Submitted ADA Codes/Descriptions	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D2740/Porcln Crown	D2792	19	07/24/25	1,502.00	726.00	659.00	0.00	50%	329.50
2	D2950/Core Build Up		19	07/24/25	380.00	116.00	116.00	0.00	50%	58.00
3	D2391/Pst Composite1	D2140	31	07/24/25	284.00	96.00	67.00	0.00	80%	53.60
4	D2391/Pst Composite1	D2140	18	07/24/25	284.00	96.00	67.00	0.00	80%	53.60

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5	D2391/Pst Composite1	D2140	30	07/24/25	284.00	96.00	67.00	0.00	53.60
6	D2391/Pst Composite1	D2140	14	07/24/25	284.00	96.00	67.00	0.00	53.60
7	D2391/Pst Composite1	D2140	15	07/24/25	284.00	96.00	67.00	0.00	53.60
8	D2391/Pst Composite1	D2140	03	07/24/25	284.00	96.00	67.00	0.00	53.60
TOTALS					3,586.00	1,418.00	1,177.00	0.00	709.10

BENEFIT SUMMARY	
TOTAL BENEFIT PAYABLE.....	\$709.10
HIGHER ALLOWABLE.....	\$1,177.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$709.10
PATIENT'S RESPONSIBILITY.....	\$708.90

Remarks for claim # 25664H20900
A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED

1. The dental plan contract considers the alternate benefit of noble metal toward porcelain/resin crowns, abutments, pontics and implant prosthetics submitted on molar teeth.
3. The dental plan covers resin-based composites only on anterior teeth. If more than one type of treatment is appropriate, your dental plan covers the least expensive treatment which meets accepted standards of dental practice. An alternate benefit of Amalgam 1 Surf has been considered.
4. The dental plan covers resin-based composites only on anterior teeth. If more than one type of treatment is appropriate, your dental plan covers the least expensive treatment which meets accepted standards of dental practice. An alternate benefit of Amalgam 1 Surf has been considered.
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7. The dental plan covers resin-based composites only on anterior teeth. If more than one type of treatment is appropriate, your dental plan covers the least expensive treatment which meets accepted standards of dental practice. An alternate benefit of Amalgam 1 Surf has been considered.
8. The dental plan covers resin-based composites only on anterior teeth. If more than one type of treatment is appropriate, your dental plan covers the least expensive treatment which meets accepted standards of dental practice. An alternate benefit of Amalgam 1 Surf has been considered.
- Benefits are based on the use of a Preferred Contracted Dentist.
- You have reached \$1,434.30 of your individual maximum of \$1,500.00 for benefit year beginning 01/01/25.
- You have reached \$50.00 of your individual deductible of \$50.00 for benefit year beginning 01/01/25.

Comments
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Log on to www.GuardianAnytime.com for instant access to benefits information for Guardian members. Verify eligibility, view benefits, check claim status and more!