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# Claim E251996046370

PROCESSED

US

Patient and Payment Information | [Supporting Information \(0\)](#) | [Reconsideration History \(0\)](#)

Claim/Reference Number: E251996046370

Claim Status: PROCESSED

### Claim Information

Claim/Reference Number: E251996046370

Patient Name: Wyatt German | [View Coverage](#)

Service Providers: De Mattos , Melissa

Network Indicator: In-Network

Date Processed: 07/19/2025

### Payment Information

Claim Amount Paid: \$273 . 50

### Payment Details

Payee's Name	Payee's Address	Payment Amount	Payment Status	Payment Issued
TIGARD TRIANGLE SMILES PC	PO BOX 920050 DALLAS , TX 75392-0000	\$689 . 50	Paid	07/21/2025

### Procedures

Dates Of Service	CDT Codes* / Type of Service	Tooth Number	Amount Charged	Amount Not Allowed	Deductible Applied	Covered Balance	Contracted Amount	Plan Coinsurance Paid
07/16/2025-07/16/2025	D2950 - Core	19	\$380 . 00	\$380 . 00	\$0 . 00	\$0 . 00	\$137 . 00	0%= \$0 . 00
Totals			\$2 , 143 . 00	\$1 , 596 . 00	\$0 . 00	\$547 . 00	\$888 . 00	\$273 . 50

Dates Of Service	CDT Codes* / Type of Service	Tooth Number	Amount Charged	Amount Not Allowed	Deductible Applied	Covered Balance	Contracted Amount	Plan Coinsurance Paid
	Build-Up							
07/16/2025-07/16/2025	D2740 - Porcelain /Ceramic Crown	19	\$1,763.00	\$1,216.00	\$0.00	\$547.00	\$751.00	50%=\$273.50
Totals			\$2,143.00	\$1,596.00	\$0.00	\$547.00	\$888.00	\$273.50

Explanation of Remark Codes

**PB**\$380.00 Benefits are not provided for this service as it is considered to be a part of , and inclusive to , the primary service performed .

**LD**\$1,216.00 The allowance is based on the full metal procedure according to the alternate benefit provision of your dental plan .

This information reflects our data when the claim was processed . It may not reflect the final patient coinsurance due to other pending claims processing a

Additional Remarks



THANK YOU FOR USING A CIGNA DENTAL HEALTHCARE PROFESSIONAL . THE AMOUNT ELIGIBLE FOR COVERAGE IS DETERMINED BY THE CIGNA DENTAL NE CUSTOMER'S BENEFIT PLAN . THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND THE NEGOTIATED AMOUNT IS NOT THE PATIENT'S RESPONSIBILITY .

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Claim Payment Reports

All

Remittance Tracking Number	Tax Identification Number	Payment Date	Generated Date	Processed Date	Deposit Amount	Product Type	Report Category	Number of Pages
181042988	455401206	07/21/2025	07/21/2025	07/21/2025	\$2,052.10	DPPO & Indemnity	EXPLANATION OF PAYMENT (DDA)	9

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