



Delta Dental of California
560 Mission Street, Suite 1300
San Francisco, CA 94105

Wells Fargo
420 Montgomery Street,
San Francisco, CA 94104

66-156
531

No. 594931

DATE 10-17-24

Pay: Thirty-Seven Dollars And Fifty Cents***

\$ *****37.50
VOID AFTER 365 DAYS

To
The
Order
Of

BRENTWOOD SMILES DENTISTRY
PO BOX 920050
DALLAS, TX 75392

⑈594931⑈ ⑆053101561⑆ 4759622103⑈

ENDORSE HERE
X

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ORIGINAL
DOCUMENT



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True Watermark True watermark visible when held to light

* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



Delta Dental of California
560 Mission Street, Suite 1300
San Francisco, CA 94105

REMITTANCE ADVICE

No. **594931**

Date: 10-17-24

Payee Name: BRENTWOOD SMILES DENTISTRY

Vendor No.: 1201372

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET AMOUNT
20242423002512	14-Oct-24	REFUND	0.00	37.50
TOTAL			0.00	37.50



© 2024 Delta Dental

August 30, 2024

Brentwood Smiles Dentistry
PO Box 920050
Dallas TX 75392-0050

Re: Patient's Name: Alessandra Montes
Patient's Date of Birth: 01-17-2009

DCN: 202405086539079
Group Number: 71482-00001

Dear Dr. Brentwood Smiles Dentistry:

Enclosed is a check in the amount of \$37.50. This check is a reimbursement of funds sent to us on check number 1000568756 in the amount of \$37.50.

The reason this check has been sent is described below:

- ☒ All specified negative balances are fully recouped.
- ☐ Part of negative balance has been recouped.
- ☐ Refund check reason is undisclosed.
- ☐ Refund resolved with previous refund check. Check # in the amount of \$.
- ☐ Member sent refund check in error; payment belongs to the provider office.
- ☐ Delta Dental is primary for service (s) rendered.
- ☐ Refund belongs to another Delta Dental or insurance company.
- ☐ The patient and/or claim is unable to be found in our system.
- ☐ Overpayment: refund check exceeded amount owed.
- ☐ Overpayment: services previously denied due to maximum benefits reached.

Sincerely,

W Wakefield
Recovery Department

P.O. Box 1810
Alpharetta, GA 30009
Telephone: 800-422-4234

DeltaCare[®] USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

DCN: 202423002512 08:00:00 DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER SCAN: 04.20240829.00294443.0048



PATIENT SERVICES ACCOUNT

1000568756

PATIENT SERVICES ACCOUNT
17000 RED HILL AVE
IRVINE, CA 92614

BMO Bank N.A.
Chicago, IL 60603
1 (888) 340-2265

CHECK VOID AFTER 120 DAYS 90-4284/1222
8/8/2024

PAY TO THE
ORDER OF

DELTACARE

\$*37.50

Thirty-Seven Dollars And Fifty Cents----- US Dollars

DELTACARE
PO BOX 1810
ALPHARETTA, GA 30023

[Signature]
[Signature]

Details in back
Security features included.

⑈1000568756⑈ ⑆122242843⑆ 748043312⑈

ENDORSE HERE

SCAN: 04.20240829.00294443.0048

CHECK HERE IF MOBILE DEPOSIT



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DCN: 20242423002512 08:00:00

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• Redmark does not use a certification mark of "Check
Pro" or "Checkmark" for security.

Subscriber Name: MONTES,GREGORY	Patient Name: ALESSANDRA MONTES	Relationship: DEP
ID Number 101000008768684	Date of birth: 01/17/2009	Group # 71482-00001

Claims Department:

This letter is intended to have orthodontic installments stopped for the above patient.

Patient was last seen on 01/30/2024.

Please update the members history with the refund attached

Regards,

MARIA M/REFUNDS CREDITS

Regional Billing Office

Pacific Dental Services

EH

Irvine, California 92614
Phone: 714.845.8223

EH

