

**The Lincoln National Life Insurance Company**

8801 Indian Hills Drive  
Omaha, NE 68114

Phone: 440-835-3511  
Fax: 440-835-5656  
Payer ID: CX061

**EXPLANATION OF BENEFITS**

This document is not a bill. Please retain a copy of this document for your own records.

For questions, concerns, or change of address, please direct your calls to the phone number listed to the left.

**Payment Made To:**

DENTISTS OF MONTGOMERY PC  
PACIFIC DENTAL SERVICES ATTN ROC  
PO BOX 920050  
DALLAS, TX 75392

**Payment Information**

**Method:** Automated Clearing House  
**Check/EFT Number:** 1201297970  
**Amount:** 396.81  
**Date:** 07-31-2025

**Taxpayer ID:** 822990081

**Claim Number:** 2025209100284  
**Claim Date:** 07-24-2025

**Patient ID:** 00001D043699  
**Insured ID:** 00001D043699

**Patient Account Number:** 0  
**Patient:** Erik BEATY  
**Insured:** Cristina A Negron Morales

Service Dates		Procedure	Billed	Allowed	Remarks	Provider	Copay	Deduct.	Co-Insur.	Other	Not	Other Adjustment		Benefit
From	To	Code	Amount	Amount		Discount				Insurance	Covered	Amount	Reason	Amount
07-24-2025	07-24-2025	AD D3330	1787.00	651.52					325.76			1135.48	45	325.76
07-24-2025	07-24-2025	AD D3911	418.00	418.00					418.00					0.00
07-24-2025	07-24-2025	AD D3331	1018.00	180.08					180.08			837.92	45	0.00
07-24-2025	07-24-2025	AD D0460	100.00	100.00					100.00					0.00
07-24-2025	07-24-2025	AD D9310	262.00	88.81					17.76			173.19	45	71.05

General Claim Adjustments

Total Billed Amount:	3585.00	Patient Responsibility:	1041.60	Total Benefit Amount:	396.81
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**Adjustment Reason Codes**

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)