

If you have any questions contact: **800-541-7846**
WWW.GUARDIANANYTIME.COM
Provider: DINA ADAMI
Date: 07/24/2025
Payee: DEAN LAMBRIDIS DDS
Check No.: 305313683
Payment Amount: \$328.00

DEAN LAMBRIDIS DDS
17000 RED HILL AVE
IRVINE CA 92614

Your name, DEAN LAMBRIDIS DDS, and Tax ID have been verified by the IRS.

Expedite cash flow with e-payments. Sign up today!
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
<https://enrollments.echohealthinc.com/EFTERADirect/Guardian>
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: 203355339 **EPC Draft #:** 1200687996 **Payment Week:** 29 **Payment Date:** 07/24/2025 Page 1 of 1

Claim Number: 48892H20400				Patient Account No.: A13410300120				Plan Number: 00404556		
Patient Name: GIORA MOR				Employee Name: GIORA MOR				Relationship: MEMBER		
Planholder: ADP TOTALSOURCE INC										
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	D3320/Root Canal		05	07/21/25	2,019.00	646.00	646.00	0.00	50%	323.00
2	D3911/Barrier		05	07/21/25	456.00	0.00	0.00	0.00	50%	0.00
3	D3331/Root Obstructn		05	07/21/25	1,064.00	0.00	0.00	0.00	50%	0.00
4	D0220/Periapical 1st		FM	07/21/25	5.00	5.00	5.00	0.00	100%	5.00
5	D0460/Pulp Tests		FM	07/21/25	96.00	46.00	0.00	0.00	100%	0.00
6	D9310/Consultation		FM	07/21/25	256.00	101.00	0.00	0.00	80%	0.00
TOTALS					3,896.00	798.00	651.00	0.00		328.00

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$328.00
HIGHER ALLOWABLE.....	\$651.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$328.00
PATIENT'S RESPONSIBILITY.....	\$470.00

Remarks for claim # 48892H20400

A PREMIER ACCESS PARTICIPATING DENTIST HAS BEEN UTILIZED.

- Subsequent restorative procedure(s) performed on this tooth may be reviewed for dental necessity and/or prognosis.
 - NO EXPLANATION RECORD FOUND2. The dental plan contract considers this procedure to be part of the Root Canal; therefore, separate benefits are not available.
 - The dental plan contract considers this procedure to be part of the Root Canal; therefore, separate benefits are not available.
 - The dental plan does not cover this procedure.
 - 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 used \$0.00 of your personal Maximum Rollover Account. \$400.00 remains in your account
- You have reached \$563.50 of your individual maximum of \$2,000.00 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!