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Claim D251926022090

 PROCESSED[USEFUL LINKS](#) ▼ |  |  ▼[Patient and Payment Information](#) | [Supporting Information \(0\)](#) | [Reconsideration History \(0\)](#)**Claim/Reference Number:** D251926022090**Claim Status:**  PROCESSED

Claim Information

Claim/Reference Number: D251926022090**Patient Name:** Richard Price | [View Coverage](#)**Service Providers:** Riemer, Isabela**Network Indicator:** In-Network**Date Processed:** 07/17/2025

Payment Information

Claim Amount Paid: \$674.00

Payment Details

Payee's Name	Payee's Address	Payment Amount	Payment Status	Payment Issued	Payment Method
WASHINGTON DENTAL CORP	PO BOX 920050 DALLAS, TX 75392-0000	\$1,192.10	Paid	07/19/2025	EFT

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	Patient Coinsurance	Remark Codes
07/09/2025-07/09/2025	D2950 - Core Build-Up	31	\$380.00	\$265.00	\$0.00	\$115.00	\$115.00	50%=\$57.50	\$57.50	
07/09/2025-07/09/2025	D2950 - Core Build-Up	30	\$380.00	\$265.00	\$0.00	\$115.00	\$115.00	50%=\$57.50	\$57.50	
07/09/2025-07/09/2025	D2740 - Porcelain /Ceramic Crown	31	\$1,959.00	\$1,400.00	\$0.00	\$559.00	\$682.00	50%=\$279.50	\$279.50	LD
07/09/2025-07/09/2025	D2740 - Porcelain /Ceramic Crown	30	\$1,959.00	\$1,400.00	\$0.00	\$559.00	\$682.00	50%=\$279.50	\$279.50	LD
Totals			\$4,678.00	\$3,330.00	\$0.00	\$1,348.00	\$1,594.00	\$674.00	\$674.00	

Explanation of Remark Codes

LD \$1,400.00, \$1,400.00 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 activities.


Additional Remarks

THANK YOU FOR USING A CIGNA DENTAL HEALTHCARE PROFESSIONAL . THE AMOUNT ELIGIBLE FOR COVERAGE IS DETERMINED BY THE CIGNA DENTAL NEGOTIATED AMOUNT AND THE 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 Report Categories

Remittance Tracking Number	Tax Identification Number	Payment Date	Generated Date	Processed Date	Deposit Amount	Product Type	Report Category	Number of Pages	Unread or Read
181001183	463111392	07/19/2025	07/19/2025	07/19/2025	\$2,499.30	DPPO & Indemnity	EXPLANATION OF PAYMENT (DDA)	10	 view PDF

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