

Renaissance Dental  
PO Box 1598  
Indianapolis, IN 46206

UMB Bank, N.A.  
St. Joseph, MO 64507  
36-1901/1012

CHECK NUMBER

1343994526

ISSUE DATE

07/14/2025

AMOUNT

\$486.40

PAY \*\*\*Four Hundred Eighty Six Dollars and Forty Cents\*\*\*

PAY TO THE ORDER OF SHADOW MOUNTAIN DENTAL GROUP

VOID AFTER 120 DAYS



Authorized Signature

⑈1343994526⑈ ⑆101219017⑆ ⑈5008023204⑈

ENDORSE CHECK HERE

X

DO NOT WRITE/SIGN/STAMP BELOW THIS LINE  
DEPOSITORY BANK ENDORSEMENT

07/25/2025 742004 020 962005  
CREDIT TO WITHIN NAMED PAYEE  
PAY TO THE ORDER OF ACCT 748041761  
ABS OF END GUAR - BMO HARRIS >071000288<

RENAISSANCE DENTAL  
EXPLANATION OF BENEFITS

For questions or to check eligibility, visit  
RenProvider.com

PATIENT NAME: Adam Osvaldo Garcia  
RELATIONSHIP: CHILD  
SUBSCRIBER NAME: Osvaldo Garcia  
SUBSCRIBER ID: 239442  
  
PLAN: Renaissance America  
CLIENT ID: 135467;Strong S  
SUB CLIENT ID: CP0000666169

BUSINESS/DENTIST: SHADOW MOUNTAIN DENTAL GROUP  
LICENSE NO.: S2181/NV  
CHECK NUMBER: 883508  
ISSUE DATE: 07/07/2025  
RECEIPT DATE: 07/07/2025  
CLAIM NUMBER: C2507071099481  
PRODUCT: Group Dental  
NETWORK: Careington

Pay to Code:  
C = Custodial Parent  
S = Subscriber  
P = Provider  
A = Alternate Provider

You can quickly view eligibility and coverage details for all Renaissance group members at RenProvider.com

| AREA/TOOTH<br>CODE/SURFACE | DATE OF<br>SERVICE | PROCEDURE | REMARK<br>CODE | COVERED<br>CODE | SUBMITTED<br>AMOUNT | MAXIMUM<br>APPROVED<br>FEE | CONTRACT<br>DENTIST ADJUS. | ALLOWED<br>AMOUNT | DEDUCTIBLE/<br>PATIENT<br>CO-PAY/OFFICE<br>VISTS | CO-PAY% | PAYMENT  | PATIENT<br>PAYMENT | PAY<br>TO |
|----------------------------|--------------------|-----------|----------------|-----------------|---------------------|----------------------------|----------------------------|-------------------|--|---------|----------|--------------------|-----------|
|                            | 07/03/2025         | D0350     | EL03400        | D0350           | \$408.00            | \$40.00                    | \$368.00                   | \$40.00           | \$0.00   | 80%     | \$0.00   | \$408.00           | P         |
|                            | 07/03/2025         | D0350     |                | D0350           | \$102.00            | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00   | \$0.00             | P         |
|                            | 07/03/2025         | D0350     |                | D0350           | \$102.00            | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00   | \$0.00             | P         |
|                            | 07/03/2025         | D0350     |                | D0350           | \$102.00            | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00   | \$0.00             | P         |
|                            | 07/03/2025         | D0350     |                | D0350           | \$102.00            | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00   | \$0.00             | P         |
|                            | 07/03/2025         | D0367     | EL00034        | D0367           | \$404.00            | \$323.20                   | \$80.80                    | \$323.20          | \$0.00   | 80%     | \$0.00   | \$404.00           | P         |
|                            | 07/03/2025         | D1110     |                | D1110           | \$131.00            | \$61.00                    | \$70.00                    | \$61.00           | \$0.00   | 100%    | \$61.00  | \$0.00             | P         |
| TOTAL                      |                    |           |                |                 | \$1,419.00          | \$542.20                   | \$876.80                   | \$542.20          | \$0.00   |         | \$161.80 | \$829.20           |           |

GENERAL MAXIMUM USED TO DATE \$161.80

Interest Amount: \$0.00

EOB-REN  
EOB-100A-REN

DENTAL PROVIDER EOB Jul-25

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Life and Health Insurmac  
Company in New York, Binghamton, NY. Both companies may be reached at PO Box 1596, Indianapolis, IN 46206.

[CC]



J205 [21,710] 4 of 4

Remark Code/Description

C2507011096977 AP14935 Procedure submitted was processed with no additional information needed.  
C2507011096977 AP15014 The patient's benefit period maximum has been reached.  
C2507011096977 AP15002 This service has been paid or processed on a previous claim.  
C2507011096977 EL00061 This procedure is not a covered benefit under the dental plan.  
C2507071099481 PP02101 Supplemental films taken with a full mouth series are part of the full mouth series.  
C2507071099481 EL03400 Diagnostic photographs and cephalometric films, unless done for orthodontics, are not benefits.  
C2507071099481 EL00034 Specialized techniques are not covered services.

RENAISSANCE  
RE: DENTAL BENEFIT "EOP"  
P.O. BOX 1596, INDIANAPOLIS, IN 46202

For questions or to check eligibility, visit [RenProvider.com](http://RenProvider.com)

PAYMENT FOR THESE SERVICES IS DETERMINED IN ACCORDANCE WITH THE  
SPECIFIC TERMS OF THE MEMBER'S DENTAL PLAN AND/OR RENAISSANCE'S  
AGREEMENTS WITH CONTRACTING DENTIST.

ANTI-FRAUD TOLL-FREE HOTLINE: 888-358-9484  
INSURANCE FRAUD SIGNIFICANTLY INCREASES THE COST OF  
HEALTH CARE. IF YOU ARE AWARE OF ANY FALSE INFORMATION SUBMITTED TO  
RENAISSANCE, YOU CAN HELP US LOWER THESE COSTS BY CALLING OUR TOLL-  
FREE HOTLINE. YOU DO NOT NEED TO IDENTIFY YOURSELF.

EOB-REN  
EOB-100A-REN

DENTAL PROVIDER EOB Jul-25

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RENAISSANCE DENTAL  
EXPLANATION OF BENEFITS

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|----------------------------|--------------------|-----------|----------------|-----------------|---------------------|----------------------------|----------------------------|-------------------|--|---------|---------|--------------------|-----------|
|                            | 07/03/2025         | D0120     |                | D0120           | \$88.00             | \$32.00                    | \$56.00                    | \$32.00           | \$0.00   | 100%    | \$32.00 | \$0.00             | P         |
|                            | 07/03/2025         | D0220     | PP02101        | D0350           | \$388.00            | \$86.00                    | \$302.00                   | \$86.00           | \$0.00   | 80%     | \$68.80 | \$17.20            | P         |
|                            | 07/03/2025         | D0220     |                | D0350           | \$58.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0230     |                | D0350           | \$32.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0230     |                | D0350           | \$32.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0230     |                | D0350           | \$32.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0230     |                | D0350           | \$32.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0230     |                | D0350           | \$32.00             | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |
|                            | 07/03/2025         | D0274     |                | D0350           | \$170.00            | \$0.00                     | \$0.00                     | \$0.00            | \$0.00   | 0%      | \$0.00  | \$0.00             | P         |

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DENTAL PROVIDER EOB Jul-25

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RENAISSANCE DENTAL  
EXPLANATION OF BENEFITS

For questions or to check eligibility, visit  
RenProvider.com

PATIENT NAME: Shawn Antonio

RELATIONSHIP: SELF

SUBSCRIBER NAME: Shawn Antonio

SUBSCRIBER ID: 147679

PLAN: Renaissance America

CLIENT ID: 6651;Las Vegas

SUB CLIENT ID: CP0000353073

BUSINESS/DENTIST: SHADOW MOUNTAIN DENTAL GROUP

LICENSE NO.: S2181/NV

CHECK NUMBER: 883508

ISSUE DATE: 07/07/2025

RECEIPT DATE: 07/01/2025

CLAIM NUMBER: C2507011096977

PRODUCT: Group Dental

NETWORK: Nevada Elite Out of Network

Pay to Code:

C = Custodial Parent

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|----------------------------|--------------------|-----------|----------------|-----------------|---------------------|----------------------------|----------------------------|-------------------|--|---------|----------|--------------------|-----------|
|                            | 04/11/2025         | D9610     | EL00061        | D9610           | \$210.00            | \$210.00                   | \$0.00                     | \$210.00          | \$0.00   | 50%     | \$0.00   | \$210.00           | P         |
| TOTAL                      |                    |           |                |                 | \$3,628.00          | \$3,628.00                 | \$2,422.00                 | \$1,206.00        | \$0.00   |         | \$324.60 | \$3,041.40         |           |

GENERAL MAXIMUM USED TO DATE \$1500.00

Interest Amount: \$0.00

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DENTAL PROVIDER EOB Jul-25

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RENAISSANCE DENTAL  
EXPLANATION OF BENEFITS

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RenProvider.com

PATIENT NAME: Shawn Antonio  
RELATIONSHIP: SELF  
SUBSCRIBER NAME: Shawn Antonio  
SUBSCRIBER ID: 147679

BUSINESS/DENTIST: SHADOW MOUNTAIN DENTAL GROUP  
LICENSE NO.: S2181/NV  
CHECK NUMBER: 883508  
ISSUE DATE: 07/07/2025  
RECEIPT DATE: 07/01/2025  
CLAIM NUMBER: C2507011096977  
PRODUCT: Group Dental  
NETWORK: Nevada Elite Out of Network

PLAN: Renaissance America  
CLIENT ID: 6651;Las Vegas  
SUB CLIENT ID: CP0000353073

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|----------------------------|--------------------|-----------|--------------------|-----------------|---------------------|----------------------------|----------------------------|-------------------|--|---------|---------|--------------------|-----------|
| 3                          | 04/11/2025         | D7250     | AP14935            | D7250           | \$530.00            | \$530.00                   | \$425.00                   | \$105.00          | \$0.00   | 80%     | \$84.00 | \$446.00           | P         |
| 15                         | 04/11/2025         | D7250     | AP14935            | D7250           | \$530.00            | \$530.00                   | \$425.00                   | \$105.00          | \$0.00   | 80%     | \$84.00 | \$446.00           | P         |
| 18                         | 04/11/2025         | D7250     | AP15014<br>AP14935 | D7250           | \$530.00            | \$530.00                   | \$425.00                   | \$105.00          | \$0.00   | 80%     | \$66.20 | \$463.80           | P         |
| 13                         | 04/11/2025         | D7210     | AP14935            | D7210           | \$494.00            | \$494.00                   | \$381.00                   | \$113.00          | \$0.00   | 80%     | \$90.40 | \$403.60           | P         |
|                            | 04/11/2025         | D9310     | AP15002            | D9310           | \$262.00            | \$262.00                   | \$190.00                   | \$72.00           | \$0.00   | 80%     | \$0.00  | \$0.00             | P         |
|                            | 04/11/2025         | D9222     | AP15014            | D9222           | \$268.00            | \$268.00                   | \$0.00                     | \$268.00          | \$0.00   | 50%     | \$0.00  | \$268.00           | P         |
|                            | 04/11/2025         | D9223     | AP15014            | D9223           | \$268.00            | \$268.00                   | \$192.00                   | \$76.00           | \$0.00   | 50%     | \$0.00  | \$268.00           | P         |
|                            | 04/11/2025         | D9223     | AP15014            | D9223           | \$268.00            | \$268.00                   | \$192.00                   | \$76.00           | \$0.00   | 50%     | \$0.00  | \$268.00           | P         |
|                            | 04/11/2025         | D9223     | AP15014            | D9223           | \$268.00            | \$268.00                   | \$192.00                   | \$76.00           | \$0.00   | 50%     | \$0.00  | \$268.00           | P         |

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EOB-100A-REN

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DENTAL PROVIDER EOB Jul-25





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Renaissance.

PO BOX 1596  
Indianapolis IN 46206

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8616 27790

J205 [21,710] 1 of 4



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07/18/2025

Forwarding Service Requested

For questions or to check eligibility, visit  
[RenProvider.com](http://RenProvider.com)



\*\*\*\*\*5-DIGIT 75392 99  
21710 1 AV 0.593  
SHADOW MOUNTAIN DENTAL GROUP  
PO BOX 920050  
DALLAS TX 75392-0050

THIS IS NOT A BILL. This is an Explanation of Benefits. The estimated Renaissance payment reflects the maximum available as of the date this explanation of benefits notice was received, but this payment has not been reserved, nor is it included in the maximum used to date shown above. Renaissance will make a final determination of eligibility, allowable benefits, approved amounts and maximum available when the services listed on this explanation are submitted for payment. Payment for these services is determined in accordance with the specific terms of the member's dental plan.

