

CCPOA BENEFIT TRUST FUND
2515 VENTURE OAKS WAY STE 200
SACRAMENTO, CA 95833-4235

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

CHECK NUMBER

1343702990/1867253

ISSUE DATE

07/09/2025

AMOUNT

\$\$\$\$984.60

PAY ***Nine Hundred Eighty Four Dollars and Sixty Cents***

PAY
TO THE
ORDER OF

SHEYNIE VO DENTAL CORPORATION
PO BOX 920050
DALLAS, TX 75392-0050

VOID AFTER 90 DAYS

Claim#: TS0141


Authorized Signature

⑈ 1343702990⑈ ⑆ 101219017⑆ ⑈ 5008023204⑈

WARNING - DO NOT CASH CHECK WITHOUT NOTING
SECURITY WATERMARK ON BACK OF CHECK

ENDORSE CHECK HERE

X

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

07/22/2025 736100 001 962005
CREDIT TO WITHIN NAMED PAYEE
PAY TO THE ORDER OF ACCT 36337014
ABS OF END GUAR - BMO HARRIS >071000288<

This document contains the following security features: A
Void Pattern on the face, a blue ink check face, a
yellow and blue check face with gradient colors,
an official watermark on the back and a pattern on the
check face and back. All must be present for validating
this negotiable document.



[CC]



CCPOA BENEFIT TRUST FUND
2515 VENTURE OAKS WAY STE 200
SACRAMENTO CA 95833-4235
916-779-6300

Explanation Of Dental Benefits

Forwarding Service Requested



*****5-DIGIT 75392

1047 J AV D.593

SHEYNIE VO DENTAL CORPORATION

PO BOX 920050

DALLAS TX 75392-0050

Issue Date:	07/09/2025
Total Payment:	\$984.60

Please refer to the final page of the EOBs for specific comments relating to these claims.

RIGHT TO APPEAL FOR PARTICIPANT: If your claim is denied, in whole or in part, you have the right to appeal the denial. Please refer to (Section 10.2 of the Program Document).

NEW CCPOA BENEFIT TRUST FUND PARTICIPANT BENEFIT IDENTIFICATION NUMBER HIGHLIGHTED BELOW.

Going forward this unique ID number will be used with all your Trust benefits, including Dental, Legal, Gold Shield, Piggyback, Life Insurance, Vault Accident and Sickness and any other plans provided by the Trust Fund.

PARTICIPANT	PARTICIPANT ID	PATIENT	RELATION	PROVIDER NAME	PROVIDER NUMBER	CLAIM NUMBER
JACOB S HAYDEN	BTF0079263	FRANCES E NOEL	WIFE	AMIR ARAD DDS	472207415	TS0141

DATE OF SERVICE	ADA CODE	BENEFIT DESCRIPTION	TOOTH / SURFACE	AMOUNT BILLED	AMOUNT EXCLUDED	AMOUNT ALLOWED	LESS DEDUCT / COPAY APPLIED	%	AMOUNT COVERED	OTHER INSURANCE PAYMENT	PLAN BENEFIT	PATIENT LIABILITY	COMMENTS
06/03/2025	D3348	ENDODONTICS	14	2279.00	\$0.00	\$1,027.00	\$0.00	90	\$924.30	\$0.00	\$924.30	\$102.70	229
06/03/2025	D9310	EXAM		256.00	\$0.00	\$67.00	\$0.00	90	\$60.30	\$0.00	\$60.30	\$6.70	229
TOTALS:				\$2,535.00	\$0.00	\$1,094.00	\$0.00		\$984.60	\$0.00	\$984.60	\$109.40	

Comment/Denial:

229 - ***THIS AMOUNT REFLECTS THE FIRST DENTAL HEALTH EPO DISCOUNT***

242 - PATIENT IS ONLY RESPONSIBLE FOR EPO/PPO DISCOUNTED FEE ON ALL DENIED PROCEDURES

