S0S40812 0SeS39 555 Eu (e'eS3) 4 01 4

3 of 4

SHAH AND HUYNH DENTAL COR PROVIDER ID NO: 831689751

CHECK/EFT DT: CHECK/EFT:

08/16/24 0014843777

PLEASE 60 TO URL: enrollsafe.payeehub.org FOR ENROLLING INTO ELECTRONIC FUNDS TRANSFER (EFT).

IMPORTANT NOTE: YOU ARE NOT PERMITTED TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION ABOUT INDIVIDUALS THAT YOU ARE NOT CURRENTLY TREATING. THIS APPLIES TO PROTECTED HEALTH INFORMATION ACCESSIBLE IN ANY ANTHEN ONLINE TOOL, OR SENT IN ANY OTHER MEDIUM INCLUDING MAIL, EMAIL, FAX, OR OTHER ELECTRONIC TRANSMISSION.

PPO PB CLASS

Self-Insured Schools of California Schools Helping Schools

SERVICE DATE(S)	SERVICE	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL P DIFFERENCE	ROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT		PL/ANSI DDE(S)	WHAT WE WILL PAY
INSURED'S NAME:	STARR, NICOLE			INSURE	D'S ID: SIF34	1A76381			PATIENT NAME	STARR,NIC	OLE		FOR INQL	JIRIES CALL:
PATIENT ACCOUNT#:	A45110216374			CLAIM NU	MBER: 202	206BR8923			RECEIVED DATE	07/	24/2024			(800) 322-5709
SERVICE PROVIDER NAME:	SHAH AND HUYNH I	DENTAL COR		SERVICE PROVID	DER ID: 10630	28330			EXPL CD:	:	APPEALS CODE	: ASO		
NETWORK:	OUT OF NETWORK		RE	LATIONSHIP TO INS	SURED: SUBSC	RIBER		PLAN TYPE: PP	O DRG RCVD	: N/A				1
	1				1		ŀ	1	T					
03/05/2024 03/05/2024	4 21215	11	1,072.00	1,072.00	24.25	0.00	209.55	0.00	0.00		233.80	038 1	067 2	838.20
03/05/2024 03/05/2024	4 21248	11	3,410.00	519.82	0.00	0.00	103.96	0.00	0.00		2,994.14	067 2	007 45	415.86
03/05/2024 03/05/2024	4 41870	11	1,143.00	128.13	0.00	0.00	25.63	0.00	0.00		1,040.50	067 2	007 45	102.50
1	TOTAL:	1 1	5,625.00	1,719.95	24.25	0.00	339.14	0.00	0.80		4,268.44		i	1,356.56
INTEREST		1 1			! }		ł	I	1		1		i	0.00
	TOTAL NET PAIL)												1,356.56

		TOTAL INTEREST	0.00
		TOTAL NET AMOUNT DUE: PPO PB CLASS	1,356.56
			1.757.57
		GROSS APPROVED CLAIM AMOUNT	1,356.56
		TOTAL INTEREST	0.00
		NET AMOUNT DUE	1,356.56
(PL CODES	EXPLANATION		
038	This amount was applied to the member's deductib	ble. For the quickest and easiest way	

TOTAL APPROVED AMOUNT

EXPL CODES	EXPLANATION
038	This amount was applied to the member's deductible. For the quickest and easiest way to check a member's benefits, from Availity.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
067	This amount was applied to the member's coinsurance. For the quickest and easiest way to check a member's benefits, from Availity.com use the Patient Registration tab to access Eligibility and Benefits Inquiry. The member is responsible for the unpaid amount.
007	This was processed, and as an out of network provider, the maximum amount has been paid. The remaining balance can be billed to the member.
1	DEDUCTIBLE AMOUNT

1,356.56