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# Claim D251976058680

PROCESSED

US

Patient and Payment Information | [Supporting Information \(0\)](#) | [Reconsideration History \(0\)](#)

Claim/Reference Number: D251976058680

Claim Status: PROCESSED

## Claim Information

Claim/Reference Number: D251976058680

Patient Name: Nilda Merrill | [View Coverage](#)

Service Providers: Smith , Justin

Network Indicator: In-Network

Date Processed: 07/22/2025

## Payment Information ⓘ

Claim Amount Paid: \$406 . 20

## Payment Details

Payee's Name	Payee's Address	Payment Amount	Payment Status	Payment Issued
TRAN AND LEE DENTAL CORPORATION	PO BOX 920050 DALLAS , TX 75392-0000	\$406 . 20	Paid	07/23/2025

## 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
07/14/2025-07/14/2025	D0120 - Periodic	--	\$95 . 00	\$95 . 00	\$0 . 00	\$0 . 00	\$28 . 00	0%= \$0 . 00
Totals			\$3,773 . 00	\$3,114 . 00	\$0 . 00	\$659 . 00	\$1,212 . 00	\$406 . 20

Dates Of Service	CDT Codes* / Type of Service	Tooth Number	Amount Charged	Amount Not Allowed	Deductible Applied	Covered Balance	Contracted Amount	Plan Coinsurance Paid
	Oral Exam							
07/14/2025-07/14/2025	D0220 - Root Xray	--	\$62.00	\$48.00	\$0.00	\$14.00	\$14.00	100%=\$14.00
07/14/2025-07/14/2025	D0230 - Additional Root X-ray	--	\$35.00	\$26.00	\$0.00	\$9.00	\$9.00	100%=\$9.00
07/14/2025-07/14/2025	D0274 - 4 Bitewing X-Rays	--	\$180.00	\$180.00	\$0.00	\$0.00	\$38.00	0%=\$0.00
07/14/2025-07/14/2025	D0350 - Oral/Facial Imaging	--	\$90.00	\$90.00	\$0.00	\$0.00	\$29.00	0%=\$0.00
07/14/2025-07/14/2025	D0350 - Oral/Facial Imaging	--	\$90.00	\$90.00	\$0.00	\$0.00	\$29.00	0%=\$0.00
07/14/2025-07/14/2025	D0350 - Oral/Facial Imaging	--	\$90.00	\$90.00	\$0.00	\$0.00	\$29.00	0%=\$0.00
07/14/2025-07/14/2025	D0350 - Oral/Facial Imaging	--	\$90.00	\$90.00	\$0.00	\$0.00	\$29.00	0%=\$0.00
07/14/2025-07/14/2025	D0230 - Additional Root X-ray	--	\$4.00	\$0.00	\$0.00	\$4.00	\$4.00	100%=\$4.00
07/14/2025-07/14/2025	D2950 - Core Build-Up	19	\$380.00	\$272.00	\$0.00	\$108.00	\$108.00	60%=\$64.80
07/14/2025-07/14/2025	D2740 - Porcelain /Ceramic Crown	19	\$2,253.00	\$1,729.00	\$0.00	\$524.00	\$639.00	60%=\$314.40
07/14/2025-07/14/2025	D0367 - Cone Beam CT Scan - Both Jaws	--	\$404.00	\$404.00	\$0.00	\$0.00	\$256.00	0%=\$0.00
<b>Totals</b>			\$3,773.00	\$3,114.00	\$0.00	\$659.00	\$1,212.00	\$406.20

Explanation of Remark Codes

- NT\$90.00, \$404.00 Your plan does not provide benefits for this service .
- NS  
\$90.00, \$90.00, \$90.00 BENEFITS ARE NOT PROVIDED FOR DUPLICATE CLAIM SUBMISSIONS . ACCORDING TO OUR RECORDS , A DETERMINATION FOR RENDERED .
- LD\$1,729.00 The allowance is based on the full metal procedure according to the alternate benefit provision of your dental plan .
- I4\$48.00, \$26.00, \$272.00 Your plan maximum has progressed since you received preventive care in the prior plan year .
- FE\$180.00 Maximum benefits have been received for bitewings .
- FB\$95.00 Maximum benefits have been received for exams .

This information reflects our data when the claim was processed . It may not reflect the final patient coinsurance due to other pending claims processing a

Additional Remarks

THANK YOU FOR USING A CIGNA DENTAL HEALTHCARE PROFESSIONAL . THE AMOUNT ELIGIBLE FOR COVERAGE IS DETERMINED BY THE CIGNA DENTAL NE  
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

Remittance Tracking Number	Tax Identification Number	Payment Date	Generated Date	Processed Date	Deposit Amount	Product Type	Report Category	Number of Pages
181144324	861910868	07/23/2025	07/23/2025	07/23/2025	\$1,194.40	DPPO & Indemnity	EXPLANATION OF PAYMENT (DDA)	11

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