

**The Guardian Life Insurance
Company of America**

If you have any questions contact: **800-541-7846**
WWW.GUARDIANANYTIME.COM
Provider: ROBERT ALLAN NADEAU
Date: 07/25/2025
Payee: STILLWATER MODERN DENTISTRY PC
Check No.: 305344037
Payment Amount: \$844.12

STILLWATER MODERN DENTISTRY PC
13331 60TH ST N
OAK PARK HEIGHTS MN 55082

Your name, STILLWATER MODERN DENTISTRY PC, and Tax ID
have been verified by the IRS.

Expedite cash flow with e-payments. Sign up today!
Guardian has contracted with ECHO Health Inc., a leading provider of
revenue and payment cycle solutions, to deliver Electronic Funds Transfer
(EFT) services! Sign-up today by going to
<https://enrollments.echohealthinc.com/EFTERADirect/Guardian>
for more information. Enrollment for this service is offered to you at no
additional cost.

PROVIDER EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Important! Please examine this statement for accuracy. Save this statement for tax purposes.

Tax ID: 921950958		EPC Draft #: 1201001667		Payment Week: 29		Payment Date: 07/25/2025		Page 1 of 2		
Claim Number: 33384H20200				Patient Account No.: B01610081130				Plan Number: 00028664		
Patient Name: EVELYN LUTZ				Employee Name: BRADLEY W LUTZ				Relationship: DAUGHTER		
Planholder: COUNTY OF CHISAGO										
Line No.	Submitted ADA Codes/Descriptions	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D7240/Impaction FBI		01	07/18/25	837.00	224.00	224.00	25.00	80%	159.20
2	D7240/Impaction FBI		16	07/18/25	837.00	224.00	224.00	0.00	80%	179.20
3	D7240/Impaction FBI		17	07/18/25	837.00	224.00	224.00	0.00	80%	179.20
4	D7240/Impaction FBI		32	07/18/25	837.00	224.00	224.00	0.00	80%	179.20
5	D9222/Anesthesia 15			07/18/25	268.00	110.00	110.00	0.00	50%	55.00
6	D9223/Anesthesia +15			07/18/25	268.00	88.00	88.00	0.00	50%	44.00
7	D9612/Parenteral Drg			07/18/25	257.00	35.00	35.00	0.00	80%	28.00
8	D9310/Consultation			07/18/25	201.00	54.00	0.00	0.00	80%	0.00
TOTALS					4,342.00	1,183.00	1,129.00	25.00		823.80

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$823.80
HIGHER ALLOWABLE.....	\$1,129.00
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$823.80
PATIENT'S RESPONSIBILITY.....	\$359.20

Remarks for claim # 33384H20200

8.The dental plan covers consultations only if no other procedure is performed on the same day, except for x-rays. ONE CHECK HAS BEEN ISSUED FOR MULTIPLE EXPLANATIONS OF BENEFITS.

You have used \$0.00 of your personal Maximum Rollover Account. \$1,000.00 remains in your account

You have reached \$25.00 of your individual deductible of \$25.00 for benefit year beginning 01/01/25.

You have reached \$823.80 of your individual maximum of \$2,000.00 for benefit year beginning 01/01/25.

Claim Number: 33384H20201				Patient Account No.: B01610081130				Plan Number: 00028664		
Patient Name: EVELYN LUTZ				Employee Name: BRADLEY W LUTZ				Relationship: DAUGHTER		
Planholder: COUNTY OF CHISAGO										
Line No.	Submitted ADA Codes/Descriptions	Alt Code	Tooth No.	Date of Service	Submitted Charge	Considered Charge	Covered Charge	Deductible Amount	Coverage Percent	Benefit Amount
1	D9985/Sales Tax	MNTAX		07/18/25	20.32	20.32	20.32	0.00	100%	20.32
TOTALS					20.32	20.32	20.32	0.00		20.32

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE.....	\$20.32
HIGHER ALLOWABLE.....	\$20.32
PAID BY OTHER INSURANCE.....	\$0.00
ADJUSTMENTS.....	\$0.00
TOTAL BENEFIT PAID.....	\$20.32
PATIENT'S RESPONSIBILITY.....	\$0.00

Remarks for claim # 33384H20201

REIMBURSEMENT HAS BEEN DETERMINED USING AN AETNA FEE SCHEDULE.

1. This represents consideration of the Minnesota gross revenue tax. Reimbursement, if any, is based on the total covered charges. The patient is liable for the submitted amount of Minnesota tax.
- ONE CHECK HAS BEEN ISSUED FOR MULTIPLE EXPLANATIONS OF BENEFITS.
- You have used \$0.00 of your personal Maximum Rollover Account. \$1,000.00 remains in your account
- You have reached \$25.00 of your individual deductible of \$25.00 for benefit year beginning 01/01/25.
- You have reached \$823.80 of your individual maximum of \$2,000.00 for benefit year beginning 01/01/25.

Comments

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