



SHAH AND HUYNH DENTAL CORP  
PROVIDER ID NO: 831689751

CHECK/EFT DT: 08/16/24  
CHECK/EFT: 0014843777

PLEASE GO TO URL: [enrollsafe.payeehub.org](http://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 ANTHEM ONLINE TOOL, OR SENT IN ANY OTHER MEDIUM INCLUDING MAIL, EMAIL, FAX, OR OTHER ELECTRONIC TRANSMISSION.

PPO PB CLASS

[illegible]

TOTAL APPROVED AMOUNT	1,356.56
TOTAL INTEREST	0.00
TOTAL NET AMOUNT DUE: PPO PB CLASS	1,356.56
GROSS APPROVED CLAIM AMOUNT	1,356.56
TOTAL INTEREST	0.00
NET AMOUNT DUE	1,356.56

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