



Claim Search > E251546039130

Claim E251546039130



DENIED

US

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

Claim/Reference Number: E251546039130

Claim Status: DENIED

Claim Information

Claim/Reference Number: E251546039130

Patient Name: Donald Emery | [View Coverage](#)

Service Providers: Cypress Dental Group & Orthodontics PC

Network Indicator: Out-of-Network

Date Processed: 06/07/2025

Payment Information ⓘ

Claim Amount Paid: \$0.00

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
05/28/2025-05/28/2025	D0120 - Periodic Oral Exam	--	\$88.00	\$88.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0220 - Root Xray	--	\$58.00	\$58.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0230 - Additional Root X-ray	--	\$32.00	\$32.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
Totals			\$884.00	\$884.00	\$0.00	\$0.00	\$0.00	\$0.00

Dates Of Service	CDT Codes* / Type of Service	Tooth Number	Amount Charged	Amount Not Allowed	Deductible Applied	Covered Balance	Contracted Amount	Plan Coinsurance Paid
05/28/2025-05/28/2025	D0230 - Additional Root X-ray	--	\$32.00	\$32.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0230 - Additional Root X-ray	--	\$32.00	\$32.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0230 - Additional Root X-ray	--	\$32.00	\$32.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0230 - Additional Root X-ray	--	\$32.00	\$32.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0274 - 4 Bitewing X-Rays	--	\$170.00	\$170.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0350 - Oral/Facial Imaging	--	\$102.00	\$102.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0350 - Oral/Facial Imaging	--	\$102.00	\$102.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0350 - Oral/Facial Imaging	--	\$102.00	\$102.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
05/28/2025-05/28/2025	D0350 - Oral/Facial Imaging	--	\$102.00	\$102.00	\$0.00	\$0.00	\$0.00	0%=\$0.00
Totals			\$884.00	\$884.00	\$0.00	\$0.00	\$0.00	\$0.00

Explanation of Remark Codes

N0

\$88.00, \$58.00, \$32.00, \$32.00, \$32.00, \$32.00, \$32.00, \$170.00, \$102.00, \$102.00, \$102.00, \$102.00 Your Dental EPO plan this provider is Out of Network. Please visit www.cigna.com or www.mycigna.com to select a network provider.

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

Claim Payment Reports

Remittance Tracking Number	Tax Identification Number	Payment Date	Generated Date	Processed Date	Deposit Amount	Product Type	Report Category	Number of Pages
179486555	454891598	06/07/2025	06/07/2025	06/07/2025	--	DPPO & Indemnity	EXPLANATION OF BENEFIT	3

You are viewing all available reports .

You can mark your dental reports as 'read' or 'unread' by clicking on the read  or unread  icons .

To view a report you may need to download and install [Adobe Reader](#)