



PCK10ATEOR138P1121202411190007082-MTV
D H LEE DMD PA
531 S BICKETT BLVD
LOUISBURG, NC 27549

PROVIDER ID: PL4320452644
FEDERAL TAX ID: XXXXX7636
REMITTANCE ID: 202411210001693
CHECK NUMBER: 1002613234
BANK CODE: 1L

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	CO-INSURANCE	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
<div>BILLING NPI NUMBER: 1134661747 PROVIDER NAME: DONGHOON LEE PATIENT NAME: ENGLISH, TERESA C SUBSCRIBER NAME: ENGLISH, TERESA C PLAN TYPE: DMDR - DENTAL MEDICARE</div> <div>RENDERING NPI NUMBER: 1174797013 MEMBER ID: 115374628 01 PATIENT DOB: 09/02/1961 RELATIONSHIP CODE: EMPLOYEE</div> <div>CLAIM NUMBER: 202410316487693 PATIENT ACCOUNT: GROUP: 675717</div>											
10/31/2024	D2740	1,100.00	0.00	0.00	0.00	0.00	0.00	1,100.00	8	FNT/150	0.00
10/31/2024	D2740	1,100.00	0.00	0.00	0.00	0.00	0.00	1,100.00	9	FNT/150	0.00
10/31/2024	D2752	1,100.00	831.80	0.00	0.00	0.00	264.36	3.84	8	6TZ/131	831.80
10/31/2024	D2752	1,100.00	831.80	0.00	0.00	0.00	264.36	3.84	9	6TZ/131	831.80
CLAIM TOTALS		2,200.00	1,663.60	0.00	0.00	0.00	528.72	7.68			1,663.60
ESTIMATED MEMBER RESPONSIBILITY 7.68										TOTAL PAID 1,663.60	
REMITTANCE TOTALS											
SERVICING PROVIDER NAME/ID: DONGHOON LEE/XXXXX2063506											
TOTALS		2,200.00	1,663.60	0.00	0.00	0.00	528.72	7.68			1,663.60
ESTIMATED MEMBER RESPONSIBILITY 7.68										TOTAL PAID 1,663.60	
ROLLUP TOTALS FOR REMITTANCE											
TOTALS		2,200.00	1,663.60	0.00	0.00	0.00	528.72	7.68			1,663.60
ESTIMATED MEMBER RESPONSIBILITY 7.68										TOTAL PAID 1,663.60	

HUMANA CODES/DESCRIPTIONS

- FNTBENEFITS ARE BASED ON THE ALTERNATE SERVICE PROVISION OF THE PLAN. BENEFITS MAY BE APPLIED TO THE TREATMENT PLAN CHOSEN BY THE PATIENT/PROVIDER.
- 6TZPROCESSED ACCORDING TO UNITED CONCORDIA DENTAL'S NEGOTIATED RATE.

ANSI (HIPAA) CODES/DESCRIPTIONS

- 150PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 131CLAIM SPECIFIC NEGOTIATED DISCOUNT.

HUMANADENTAL INSURANCE COMPANY
P.O. BOX 14611
LEXINGTON, KY 40512-4611



PCK69ATEOR138P1118202403500000369-MTV
D H LEE DMD PA
531 S BICKETT BLVD
LOUISBURG, NC 27549

PROVIDER ID: PL4320452644
FEDERAL TAX ID: XXXXX7636
REMITTANCE ID: 202411180002061
CHECK NUMBER: 0100840269
BANK CODE: 1K

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	CO-INSURANCE	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
BILLING NPI NUMBER: 1134661747 PROVIDER NAME: DONGHOON LEE PATIENT NAME: ALSTON, LAURA D SUBSCRIBER NAME: ALSTON, LAURA D PLAN TYPE: DMDR - DENTAL MEDICARE											
RENDERING NPI NUMBER: 1174797013 MEMBER ID: 113657906 01 PATIENT DOB: 05/28/1954 RELATIONSHIP CODE: EMPLOYEE											
CLAIM NUMBER: 202411146903202 PATIENT ACCOUNT: GROUP: 675717											
11/14/2024	D1110	88.00	63.77	0.00	0.00	0.00	24.23	0.00		6TZ/131	63.77
11/14/2024	D0120	44.00	32.77	0.00	0.00	0.00	11.23	0.00		6TZ/131	32.77
11/14/2024	D0274	50.00	39.16	0.00	0.00	0.00	10.84	0.00		6TZ/131	39.16
CLAIM TOTALS		182.00	135.70	0.00	0.00	0.00	46.30	0.00			135.70
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 135.70
REMITTANCE TOTALS											
SERVICING PROVIDER NAME/ID: DONGHOON LEE/XXXXX2063506											
TOTALS		182.00	135.70	0.00	0.00	0.00	46.30	0.00			135.70
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 135.70
ROLLUP TOTALS FOR REMITTANCE											
TOTALS		182.00	135.70	0.00	0.00	0.00	46.30	0.00			135.70
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 135.70

HUMANA CODES/DESCRIPTIONS
6TZ PROCESSED ACCORDING TO UNITED CONCORDIA DENTAL'S NEGOTIATED RATE.

ANSI (HIPAA) CODES/DESCRIPTIONS
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.

SERVICE CODES/TREATMENT TYPES/DESCRIPTIONS
D0120 EX PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT
D0274 BX BITEWINGS - FOUR RADIOGRAPHIC IMAGES
PO PROPHYLAXIS-ADULT

HUMANADENTAL INSURANCE COMPANY
P.O. BOX 14611
LEXINGTON, KY 40512-4611



PCK10ATEOR137P1107202412470009093-MTV
D H LEE DMD PA
531 S BICKETT BLVD
LOUISBURG, NC 27549

PROVIDER ID: PL4320452644
FEDERAL TAX ID: XXXXX7636
REMITTANCE ID: 202411070002271
CHECK NUMBER: 1002604055
BANK CODE: 1L

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE	SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	CO-INSURANCE	PROVIDER DISCOUNT	EXCLUDED AMOUNT	TOOTH NUMBER	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
BILLING NPI NUMBER: 1134661747 PROVIDER NAME: DONGHOON LEE PATIENT NAME: FOSTER, VIRGIE M SUBSCRIBER NAME: FOSTER, VIRGIE M PLAN TYPE: DMDR - DENTAL MEDICARE RENDERING NPI NUMBER: 1174797013 MEMBER ID: 122837057 01 PATIENT DOB: 11/26/1938 RELATIONSHIP CODE: EMPLOYEE CLAIM NUMBER: 202411016319449 PATIENT ACCOUNT: GROUP: 675717											
10/31/2024	D0330	125.00	76.42	0.00	0.00	0.00	48.58	0.00		6TZ/131	76.42
CLAIM TOTALS		125.00	76.42	0.00	0.00	0.00	48.58	0.00			76.42
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 76.42
REMITTANCE TOTALS											
SERVICING PROVIDER NAME/ID: DONGHOON LEE/XXXXX2063506											
TOTALS		125.00	76.42	0.00	0.00	0.00	48.58	0.00			76.42
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 76.42
ROLLUP TOTALS FOR REMITTANCE											
TOTALS		125.00	76.42	0.00	0.00	0.00	48.58	0.00			76.42
ESTIMATED MEMBER RESPONSIBILITY 0.00											TOTAL PAID 76.42

HUMANA CODES/DESCRIPTIONS
6TZ PROCESSED ACCORDING TO UNITED CONCORDIA DENTAL'S NEGOTIATED RATE.

ANSI (HIPAA) CODES/DESCRIPTIONS
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.

SERVICE CODES/TREATMENT TYPES/DESCRIPTIONS
D0330 FX PANORAMIC RADIOGRAPHIC IMAGE

SPECIAL MESSAGES
THE ESTIMATED MEMBER'S RESPONSIBILITY AMOUNT IS BASED UPON INFORMATION AVAILABLE AT THE TIME A CLAIM IS PROCESSED. THIS AMOUNT REPRESENTS ANY APPLICABLE DEDUCTIBLES, CO-INSURANCE, COPAYMENTS AND NON-COVERED SERVICES. IT INCLUDES ANY AMOUNTS THAT THE MEMBER MAY HAVE PREVIOUSLY PAID TO THE PROVIDER OF SERVICE. THE AMOUNT IS NOT REFLECTED IF THE CLAIM REPRESENTS A PREADMISSION PENALTY OR AN ADJUDICATED CLAIM. ANY AMOUNTS DENIED FOR ADDITIONAL INFORMATION MAY BE RE-EVALUATED.