

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
<div>BILLING NPI NUMBER: 1134661747 PROVIDER NAME: DONGHOON LEE PATIENT NAME: ALSTON, LAURA D SUBSCRIBER NAME: ALSTON, LAURA D PLAN TYPE: DMDR - DENTAL MEDICARE</div> <div>RENDERING NPI NUMBER: 1174797013 MEMBER ID: 113657906 01 PATIENT DOB: 05/28/1954 RELATIONSHIP CODE: EMPLOYEE</div> <div>CLAIM NUMBER: 202411146903202 PATIENT ACCOUNT: GROUP: 675717</div>											
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