

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 ADJUSTMENT TO A PREVIOUSLY PROCESSED CLAIM. ANY AMOUNTS DENIED FOR ADDITIONAL INFORMATION MAY BE RE-EVALUATED.