

[Insert logo image here]

[Fund name
Address
City, State, Zip Code]

UNION HOSPITAL, INC
PO BOX 2505
INDIANAPOLIS, IN 46206-2505

Explanation of Dental Benefits

Page 1 of 1

Check Date:	05/05/2022
Check Number:	1554641
Check Amount:	\$16.80

RIGHT TO APPEAL: If your claim is denied, in whole or in part, you have the right to appeal the denial. Please refer to the Plan's appeal procedure (Article XVI of Plan Regulations)

MEMBER NAME		MEMBER ID	PATIENT			RELATION	PROVIDER NAME			PROVIDER NUMBER	CLAIM NUMBER	
JOYCE W HOGUE		XXX-XX-0312*0	JOYCE W HOGUE			M	UNION HOSPITAL, INC			350876396	HY6609	
DATE OF SERVICE	BENEFIT DESCRIPT.	TOOTH / SURFACE	AMOUNT BILLED	AMOUNT EXCLUDED	PLAN ALLOWED	LESS DEDUCT/ COPAY APPLIED	%	PLAN COVERED	COB ADJUST	PLAN BENEFIT	PATIENT LIABILITY	COMMENTS
	PHYSICIAN SV		\$84.00	\$67.20	\$16.80	\$0.00	100	\$16.80		\$16.80	\$0.00	
TOTALS			\$84.00	\$67.20	\$16.80	\$0.00		\$16.80	\$0.00	\$16.80	\$0.00	

Comment/Denial:

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FIRST FINANCIAL BANK,
N.A.
VOID AFTER 90 DAYS

71-35/749

CHECK DATE: 05/05/2022
CHECK NO: 1554641

PAY SIXTEEN AND 80/100

AMOUNT
\$16.80

TO THE ORDER OF UNION HOSPITAL, INC
PO BOX 2505
INDIANAPOLIS, IN 46206-2505

[Signature Here]

⑈01554641⑈ ⑆074900356⑆ 4832140⑈