

Time Insurance Company
PO Box 624
Milwaukee, WI 53201-0624



ASSURANT Health

Forwarding Service Requested

If you have questions, Customer Service is available
Monday - Friday, between the hours of
7:00 am - 5:30 pm, Central Time at
866-387-0484

21513 0.9434 AT 0.

3-DIGIT 302



SMILECENTER

59

SMILECENTER, GA 30214-2206

Date: 11/18/2010
Claim Number: 000745
Control Number:
Policy: 0060777
Insured Name: ANDERSON
Patient Acct #: UNKNOWN
Patient Name: BELCHER
Provider Name: TERRY

ENV 21513 3 OF 4

Remittance Advice

Please Retain This Statement For Tax Purposes

Service Description / Incurred Date	Billed Amount	Scheduled Benefit	Benefit Percentage	Reason Code	Amount Payable
* FILLINGS x1 Basic 11/02-11/02/2010	92.00	110.00	50%	D	55.00
CROWN Major 11/02-11/02/2010	743.00	450.00	50%	D	225.00
EXAM, X-RAYS Major 11/02-11/02/2010	156.00	100.00	50%	D	50.00
* CROWN Major 11/02-11/02/2010	727.00	375.00	50%	D	187.50
	1,718.00				0.00
					0.00
					517.50

Reason Code Description

D Benefit paid per your Dental Policy.

Messages

11/23/10

\$ Cash Back
\$ 517.50

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

Time Insurance Company
PO Box 624
Milwaukee, WI 53201-0624

Policy No: 0060777
Claim No: 000745

CHECK NO: 00066
ISSUE DATE: 11/18/2010

AMOUNT \$**517.50

TO THE ORDER OF SMILECENTER
JPMorgan Chase Bank N.A.
Syracuse, NY

VOID after 180 days

Authorized Signature: Howard C. Miller

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

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Time Insurance Company
PO Box 624
Milwaukee, WI 53201-0624



ASSURANT Health

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21513 0.9434 AT 0.354

3-DIGIT 302



SMILECENTER OF 59
565 ER AV.
FAYETTEVILLE, GA 30214-2206

Date: 11/18/2010
Claim Number: 000743
Control Number:
Policy: 0060776
Insured Name: YANJALI
Patient Acct #: UNKNOWN
Patient Name: YANJALI
Provider Name: TERRY L

Please Retain This Statement For Tax Purposes

Remittance Advice

Service Description / Incurred Date	Billed Amount	Scheduled Benefit	Benefit Percentage	Reason Code	Amount Payable
11/02-11/02/2010 Wellness	11.00	100.00	100%	D IM	100.00
11/02-11/02/2010 Major	837.00	450.00	50%	D	225.00
11/02-11/02/2010 Major	205.00	100.00	50%	D	50.00
11/02-11/02/2010 Major	673.00	375.00	50%	D	187.50
	1,726.00				0.00
					0.00
					562.50

* EXAM - X-rays
Crown Repair
New Crown

Plan Payment to Policyowner: 0.00
Total Plan Payment Amount: 562.50

Reason Code Description

- D Benefit paid per your Dental Policy.
- IM In order to be payable, 150 days or more must separate dental wellness visits.

Messages

11/23/10
\$ Cash Back
\$ 562.50

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

Time Insurance Company
PO Box 624
Milwaukee WI 53201-0624

Policy No. 0060776
Claim No. 000743

CHECK NO. 00066
ISSUE DATE 11/18/2010

AMOUNT \$**562.50

03741 TO THE ORDER OF SMILECENTER
JPMorgan Chase Bank N.A. Syracuse, NY
Void after 180 days

Authorized Signature
Howard C Miller

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