



41 Front St #310, Celebration, FL
34747, United States

RP Name : John Samuel
Statement No. : 1000678 -8956
Amount Due : **\$1436.00**

Scan & Pay

<https://patientportal-cs4.carestack.com/?dn=identify&ln=9048&pt=2204319>

Addressee:

ADAM MATHEW
123 Main St
Aleberta, USA 56007

Please make check payable and remit to:

PERSONAHEALTH
123 Main St.
Aleberta, USA 56007

Have questions about your bill? Call us (651) 287-2800 8:00am - 5:00pm Mon - Fri

STATEMENT

Statement No. : 1000678 - 8956
RP Name : John Samuel
Statement Period : 04/25/2023 - 04/25/2023
Statement Date : 04/25/2023
Due Date : 05/25/2023

Total Insurance Bal : \$75.00
Total Patient Bal. : \$1536.00
Unapplied Credits + Trans. Charge : - \$100.00
Amount Due : = \$1436.00

Notes: Thank you for choosing us for your dental care! For your convenience, you can now settle your balance securely through our online patient portal or by calling our office directly.

Patient : **John Doe (100567)**

Current Balance Summary - 04/25/2023 - 04/25/2023

Date	Description	UCR Fee	Charge	Payments / Adj.		Patient Bal.
				Insurance	Patient	
Previous Patient Balance						\$400.00
06/15/2023	D7210 - Surg Removal Erupted Tooth (DOS:05/22/2024)	\$200.00	\$180.00			\$180.00
07/10/2023	D6010 - Surgical Placement Implant - Endosteal (DOS:05/22/2024)	\$120.00	\$110.00			\$110.00
08/20/2023	D7140 - Extraction, erupted tooth or exposed root	\$250.00	\$225.00			\$225.00
09/05/2023	D2950 - Core Buildup Including Pins when require (DOS:05/21/2024)	\$300.00	\$270.00			\$270.00
09/05/2023	D2950 - Core Buildup Including Pins when require (DOS:05/21/2024)	\$300.00	\$270.00			\$270.00
04/05/2023	Fee Updated D9222 - deep sedation/general Anesthesia - first 15 min (DOS: 03/22/2023)	\$150.00	\$135.00			\$135.00
10/11/2023	Patient payment-THIRD PARTY FINANCING: (8/23/2024) credited for D6010 - Surgical Placement Implant - Endosteal (DOS:06/07/2024)		\$54.00		\$54.00	\$108.00
Total						\$1536.00

Change of Address			
Name (Last, First, Middle Initial)			
Address			
City	State	Zip	
Telephone			

If Paying by Credit Card, Fill Out Below			
Check Card Using for Payment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
CARD NUMBER			EXPIRY DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Print Name			CVV CODE
SIGNATURE			Amount

Primary Insurance Updates			
Primary Insured Name			
Primary Insurance Name		Effective Date	
Primary Insurance Street Address			
City	State	Zip	Telephone
Employer Name		Group Number	
Subscriber ID		Policyholder's Date of Birth	

Secondary Insurance Updates			
Secondary Insured Name			
Secondary Insurance Name		Effective Date	
Secondary Insurance Street Address			
City	State	Zip	Telephone
Employer Name		Group Number	
Subscriber ID		Policyholder's Date of Birth	

Location Summary

Location Name	Total Patient Balance	Unapplied Credits	Amount Due
Dental Depot of Little Elm	1040.00	\$100.00	\$1140.00
Houston Dental Depot	\$824.00	\$0.00	\$824.00
Total	\$1864.00	\$100.00	\$1964.00

Aging Summary

	0-30	30 - 60	60 - 90	90 - 120	120+	Total
Ins. Due	\$25.00	\$50.00	\$0.00	\$0.00	\$0.00	\$75.00
Pat. Due	\$864.00	\$250.00	\$350.00	\$300.00	\$100.00	\$1864.00

Payment Plan Summary

Patient Name	Plan Type	Total Plan Amount	Down Payment	Contracted Amount	Amount Remaining	Remaining No. of Payments
Mr. John Samuel	Patient	\$500.00	\$100.00	\$150.00	\$150.00	2