

Date Entered: 8/9/2017

Status: Proposed

Modified By: BAB On: 8/17/2017

Planned Services Information

<u>Services</u>	<u>Appt Date</u>	<u>Tth</u>	<u>Surf</u>	<u>Status</u>	<u>Prov</u>	<u>Planned Date</u>	<u>Completed Date</u>	<u>Fee</u>	<u>Est Ins.</u>	<u>Pat.</u>
D1110 PROPHYLAXIS-ADULT	Appt 1			Proposed	DFD	08/09/2017		\$100.00	\$0.00	\$100.00
D0120 PERIODIC ORAL EVALUATI				Proposed	GGY	08/09/2017		\$50.00	\$0.00	\$50.00
02750 Crown, porc & high noble		4		Proposed	GGY	08/09/2017		\$747.00	\$0.00	\$747.00
00210 FMX				Proposed	GGY	08/09/2017		\$0.00	\$0.00	\$0.00

Total Proposed/Posted to Walkout: \$897.00

Total Accepted: \$0.00

Total Completed: \$0.00

Total Referred: \$0.00

Total Estimated Insurance: \$0.00

Total Discount: \$0.00

Total Patient Portion: \$897.00

Total Plan: \$897.00

Plan Notes: Root Canal

Signature _____