



Guarantor: Andhavarapu, Sravani  
 16880 Madison Cir  
 Clive, IA 50325

Insurance Name(s): DELTA PPO

Account: 6583941

Office: 1459 - Des Moines, IA (Merle Hay)

Range: 01/01/2020 - 02/16/2021

## Account Detail for Account # 6583941

Billing Date / DOS	Patient	Service Details				Insurance Payments & Discounts				Patient Portion			Remaining Balance
		Tooth	Proc Code	Procedure Description	Fee	Primary Insurance Payments	In-Network Discounts	Not Applicable	Not Applicable	Insurer(s) Balance	Personal Pymnts	Adjust.	
01/21/20	Sravani		ADVP	ADVANCE PAYMENT	0.00	0.00	0.00			0.00	0.00	0.00	0.00
01/21/20	Sravani		4910	Perio Maintenance	149.00	25.03 D	67.71			0.00	56.26	0.00	0.00
01/21/20	Sravani		1208	Fluoride	40.00	0.00	16.47			0.00	23.53	0.00	0.00
01/21/20	Sravani		1330	Oral Hygiene Instructions	0.00	0.00	0.00			0.00	0.00	0.00	0.00
01/21/20	Sravani		4000	Perio Charting	0.00	0.00	0.00			0.00	0.00	0.00	0.00
01/21/20	Sravani	UR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
01/21/20	Sravani	LR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
01/21/20	Sravani		9630G	Flu 1.1 Neutral Sod Gel	30.00	0.00 N	0.00			0.00	30.00	0.00	0.00
01/21/20	Sravani	UL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
01/21/20	Sravani	LL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
06/22/20	Sravani	UL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
06/22/20	Sravani		1208	Fluoride	40.00	0.00	16.47			0.00	23.53	0.00	0.00
06/22/20	Sravani		4910	Perio Maintenance	153.00	65.03	71.71			0.00	16.26	0.00	0.00
06/22/20	Sravani	UR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
06/22/20	Sravani		ADVP	ADVANCE PAYMENT	0.00	0.00	0.00			0.00	0.00	0.00	0.00
06/22/20	Sravani	LL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
06/22/20	Sravani		9630G	Flu 1.1 Neutral Sod Gel	32.00	0.00 N	0.00			0.00	32.00	0.00	0.00
06/22/20	Sravani	LR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
06/22/20	Sravani		1330	Oral Hygiene Instructions	0.00	0.00	0.00			0.00	0.00	0.00	0.00
09/22/20	Sravani		4910	Perio Maintenance	153.00	0.00 F	71.71			0.00	81.29	0.00	0.00
09/22/20	Sravani	LL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
09/22/20	Sravani		1330	Oral Hygiene Instructions	0.00	0.00	0.00			0.00	0.00	0.00	0.00
09/22/20	Sravani		120	Exam Periodic	56.00	30.00	26.00			0.00	0.00	0.00	0.00
09/22/20	Sravani	UL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
09/22/20	Sravani	LR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
09/22/20	Sravani		1208	Fluoride	40.00	0.00 N	16.47			0.00	23.53	0.00	0.00
09/22/20	Sravani	UR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
02/16/21	Sravani		ADVP	ADVANCE PAYMENT	0.00	0.00	0.00			0.00	47.61	0.00	-47.61
02/16/21	Sravani		4910	Perio Maintenance	156.00	0.00	0.00			0.00	156.00	0.00	0.00
02/16/21	Sravani		9630G	Flu 1.1 Neutral Sod Gel	32.00	0.00	3.00			0.00	0.00	0.00	29.00



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Billing Date / DOS	Patient	Tooth	Service Details		Fee	Insurance Payments & Discounts				Patient Portion			Remaining Balance
			Proc Code	Procedure Description		Primary Insurance Payments	In-Network Discounts	Not Applicable	Not Applicable	Insurer(s) Balance	Personal Pymnts	Adjust.	
02/16/21	Sravani		1208	Fluoride	40.00	0.00	0.00			0.00	21.39	0.00	18.61
02/16/21	Sravani	LL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
02/16/21	Sravani		274	Xray Bitewings 4 Films	72.00	39.23 +	32.77			0.00	0.00	0.00	0.00
02/16/21	Sravani	UL	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
02/16/21	Sravani		120	Exam Periodic	57.00	30.00 +	27.00			0.00	0.00	0.00	0.00
02/16/21	Sravani	LR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
02/16/21	Sravani	UR	4921	Gingival Irrigat Per Quad	17.00	0.00	17.00			0.00	0.00	0.00	0.00
02/16/21	Sravani		1330	Oral Hygiene Instructions	0.00	0.00	0.00			0.00	0.00	0.00	0.00
<b>Summary</b>					<b>1,322.00</b>	<b>189.29</b>	<b>621.31</b>			<b>0.00</b>	<b>511.40</b>	<b>0.00</b>	<b>0.00</b>

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Total Payments for All Insurers: 189.29

## Payment Summary for Account # 6583941

Date Posted	Insurer Name	Payment Type	Claim Work Date	Insurance Payments	Personal Payments	Check/Card Number
1/21/2020	Personal	Mastercard			201.53	Card # ...1201
1/30/2020	Delta Dental	Insurance Check	1/21/2020	25.03		920012900108
6/22/2020	Personal	Mastercard			113.79	Card # ...1201
7/13/2020	Delta Dental	Insurance Check	6/22/2020	65.03		920070100099
10/9/2020	Delta Dental	Insurance Check	9/22/2020	30.00		920100700088
2/16/2021	Personal	Mastercard			47.61	Card # ...7056
<b>Total Insurer Payments:</b>				<b>120.06</b>	<b>Personal Payments:</b>	<b>362.93</b>

## Pending Payments for Account # 6583941

DOS	Insurer Name	Primary Insurance Pending Payments	Secondary Insurance Pending Payments	Personal Pending Payments
2/16/2021		39.23		
2/16/2021		30.00		
<b>Total Payments Pending</b>		<b>Primary: 69.23</b>	<b>Secondary:</b>	<b>Personal:</b>