

SINGLE FAMILY LEDGER

North Point Dental Associates

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Date: 03/13/2023

Chart Number: 025765

Guar Name: Saravana Ganesh
855 Jenifer Lane
High Point, NC 27265

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
		Balance Forward		0.00		0.00
06/26/2022		VISA/MC Payment -Thank You	Saravana		-285.00	-285.00
* 06/27/2022		Intraoral-complete series (FMX)	Saravana	167.00		-118.00
* 06/27/2022		Comp oral eval-new/estab pat	Saravana	118.00		0.00
* 06/27/2022		Perio scale&root pln-4+per quad	Saravana	160.00		160.00
07/11/2022	LR	Perio scale&root pln-1-3th,quad	Saravana	102.00		262.00
07/11/2022	UR	Hyg Cancel Less 24 hr notice	Saravana	0.00		262.00
* 07/19/2022		Participating Insurance Adj.	Saravana		-72.00	190.00
* 07/27/2022		Participating Insurance Adj.	Saravana		-78.00	112.00
* 07/27/2022		Dental Ins Payment - Metlife	Saravana		-135.00	-23.00
* 07/27/2022		Dental Ins Payment - Metlife	Saravana		-169.60	-192.60
* 07/27/2022		Perio scale&root pln-1-3th,quad	Saravana	102.00		-90.60
* 08/10/2022	LL	Perio scale&root pln-4+per quad	Saravana	160.00		69.40
* 08/10/2022	UL	Dental Ins Payment - Metlife	Saravana		-209.60	-140.20
* 08/30/2022		Periodontal maintenance	Saravana	97.00		-43.20
* 11/15/2022		Periodic oral evaluation	Saravana	32.00		-11.20
* 11/15/2022		Dental Ins Payment - Metlife	Saravana		-109.60	-120.80
* 12/06/2022						0.00

TOTAL FAMILY BALANCE AS OF 03/13/2023:	-120.80
YTD Finance Charges:	0.00
YTD Late Charges:	0.00
YTD Family Payments:	0.00
YTD Insurance Payments:	0.00

PATIENT BALANCES AS OF 03/13/2023	0.00
Saravana	-120.80

Tax 2022 - Paid \$ 285.00
Dental.

Tax
Dental 2022

Sapna R. Thakkar, Dentist

Name Saravana Ganesh
 Birthdate 02/08/1974
 Chart Number 025765

:: TREATMENT CASE

Treatment Plan

DATE	VISIT	TOOTH	SURF	CODE	PROV	DESCRIPTION	FEE	PATIENT	PRIMARY
11/15/2022	0	2		D2740	DR17	Crown-porcelain/ceramic substr	818.00	449.90	368.10
11/15/2022	0	2		D2950	DR17	Crown buildup, includ any pins	143.00	71.50	71.50
Visit 0 Totals:							961.00	521.40	439.60

:: INSURANCE PROVIDER(S) ::	
Primary	Secondary
Metlife	

:: TOTALS ::			
Fee	Patient	Primary	
961.00	521.40	439.60	

:: FINANCIAL SUMMARY ::				
Treatment Plan Total				961.00
Estimated Deductible to be Applied				0.00
Estimated Insurance Payment				439.60
Estimated Patient's Portion				521.40
Fee Expiration Date				01/01/2023
:: DENTAL INSURANCE BENEFITS ::				
	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual plan benefits	2000.00	0.00	0.00	0.00
Paid Benefits YTD	379.00	0.00	0.00	0.00
Pending Insurance Estimate YTD	0.00	0.00	0.00	0.00
Estimated Benefits Remaining YTD	1621.00	0.00	1621.00	0.00
Benefits Expire	12/31/2022		NA	
Deductible Owed YTD				
Standard	0.00	0.00	0.00	0.00
Preventative	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00

www.northpointsmiles.com

6425 Old Plank Rd Ste 102
 High Point, NC 27285
 PHONE: (336)886-1747

Alternate Cases:

Case notes:

Insurance estimates are provided as a courtesy. In the event that the insurance does not pay the estimated portion, the patient will be responsible for any remaining balance.

Signature: _____ Date: _____

REPORT
 DATE:
 11/15/2022