

## RECEIPT

**Ganesh Jayam (#2000899952)**
**Guarantor:** Ganesh Jayam

**Address:** 711 Avenue C suite 1  
 Bayonne, NJ 07002

**Home:**  
**Mobile:** (551) 339-1651

CURRENT ACCOUNT BALANCE	
<b>FAMILY:</b>	\$226.90
<b>PATIENT:</b>	\$226.90
<b>INSURANCE:</b>	\$325.00

<b>NEXT RECALL:</b>	N/A
<b>NEXT APPOINTMENT:</b>	N/A

Below is an estimate of the net charges to you after your insurance benefit. The process with the insurance carriers can be complicated and Great Expressions Dental Centers does its best to estimate your total charge. We will not know the final amount you are responsible for until we receive the final explanation of benefits (EOB) from your carrier.

Posted	Code	Description	Tooth Surface	Amount	Estimated	
					PT	INS
<b>Ganesh Jayam</b>						
12/29/2023	000140	Emergency Exam, Problem Focused		\$120.00	\$120.00	\$0.00
12/29/2023	000140	Transfer to insurance		\$0.00	\$-120.00	\$120.00
12/29/2023	000210	Intraoral - Complete Series (Includ		\$205.00	\$205.00	\$0.00
12/29/2023	000210	Transfer to insurance		\$0.00	\$-205.00	\$205.00
12/29/2023	004355	Full Mouth Debridement To Enable Co		\$285.00	\$285.00	\$0.00
12/29/2023		Visa			\$-58.10	\$0.00
<b>Totals:</b>				<b>\$551.90</b>	<b>\$226.90</b>	<b>\$325.00</b>

<b>Previous Balance:</b>	\$0.00
<b>New Charges:</b>	\$285.00
<b>Patient Payments:</b>	\$-58.10
<b>Insurance Payments:</b>	\$0.00
<b>Current Balance:</b>	<b>\$226.90</b>

Customer Copy

**GREAT EXPRESSIONS #425**

711 AVENUE C  
BAYONNE, NJ 07002

Transaction Type: **Credit Card Sale**  
Approved Amount: **58.10**  
Customer Name: **JAYAM/GANESH**  
Card Number: **xxxx-xxxx-xxxx-2833**  
Card Type: **Visa**  
Date: **12/29/2023 1:23:07 PM CST**  
Approval Code: **09231D**  
Transaction ID: **1918760008**

Thank You