

SECURED PROPERTY TAX BILL
CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY
SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2022 TO JUNE 30, 2023

KEITH KNOX, TREASURER AND TAX COLLECTOR
FOR ASSISTANCE, CALL 1(213) 974-2111 OR 1(888) 807-2111, ON THE WEB AT propertytax.lacounty.gov

PROPERTY IDENTIFICATION

ASSESSOR'S ID.NO.: 8065 021 002 22 000

OWNER OF RECORD AS OF JANUARY 1, 2022
SAME AS BELOW

MAILING ADDRESS 000213921 02 AV 0.455

0213921-0213921 SNGL 004 1234-- 455047



TINWALA, HUZefa A AND ZEENAT H
14309 LA MESA DR
LA MIRADA CA 90638-4023



DETAIL OF TAXES DUE FOR

ASSESSOR'S ID. NO. YR SEQ CK

8065 021 002 22 000 94

Table with columns: AGENCY, AGENCY PHONE NO., RATE, AMOUNT. Includes rows for General Tax Levy, Voted Indebtedness (Metro Water, Commnty College, Unified Schools), and Direct Assessments (Lamirada St, Sewer, Water, Flood Control, etc.).

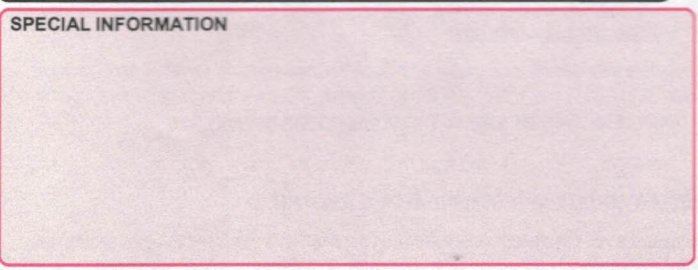
Save Money - Save Time - Pay Online
lacounty.gov

Electronic Payment Information

(Required for Online and Telephone Payments)
ID#: 19 8065 021 002 8 YEAR: 22 SEQUENCE: 000 4

Personal Identification Number (PIN)

PIN: GX3J0A



PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION

14309 LA MESA DR LA MIRADA
TRACT # 18730 LOT 266

VALUATION INFORMATION

Table with columns: ROLL YEAR 22-23, CURRENT ASSESSED VALUE, TAXABLE VALUE. Shows values for Land and Improvements.

ASSESSOR'S REGIONAL OFFICE

REGION #12 INDEX: TRA: 06904
SOUTH DISTRICT OFFICE
1401 E WILLOW STREET
SIGNAL HILL CA 90755
(562) 256-1701

TOTAL 516,349
LESS EXEMPTION: HOME 7,000

ACCT. NO.: PRINT NO.: 545533 BILL ID.:

NET TAXABLE VALUE 509,349

Payment schedule table with columns: 1ST, 2ND, 1ST + 2ND. Shows amounts of \$3,318.90, \$3,318.89, and \$6,637.79 with due dates and penalties.

ANY RETURNED PAYMENT MAY BE SUBJECT TO A FEE UP TO \$50.00. SEE REVERSE SIDE FOR MORE INFORMATION.

DETACH AND MAIL THIS STUB WITH YOUR 2ND INSTALLMENT PAYMENT
DO NOT INCLUDE CASH OR CORRESPONDENCE WITH YOUR PAYMENT
DO NOT STAPLE, TAPE OR CLIP PAYMENT STUB OR CHECK

ANNUAL 2022

TINWALA, HUZefa A AND ZEENAT H
14309 LA MESA DR
LA MIRADA CA 90638-4023

ASSESSOR'S ID. NO. YR SEQ CK PK
8065 021 002 22 000 94 2

FOR MAILING ADDRESS CHANGE

PLEASE MARK BOX BELOW AND
COMPLETE FORM ON REVERSE SIDE
OF THIS PAYMENT COUPON.

2ND INSTALLMENT DUE INDICATE AMOUNT PAID

2ND Installment Taxes due Feb. 1 and must
be received or USPS Postmarked by April 10
If received or postmarked after, include
10% penalty and \$10 cost

\$3,318.89

MAKE PAYMENT PAYABLE TO:
Please write the ASSESSOR'S ID. NO.
on the lower left corner of your payment.

74919

LOS ANGELES COUNTY TAX COLLECTOR
P.O. BOX 54018
LOS ANGELES, CA 90054-0018

23722000480650210020000331889000036607791920410

| | | | | | |
|-------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------|
| Part I Employee | | 2 Social security number (SSN) ***-**-8339 | Applicable Large Employer Member (Employer) | | 8 Employer identification number (EIN) 84-1246887 |
| 1 Name of employee (first name, middle initial, last name) HUZEFA TINWALA | | | 7 Name of employer SLALOM INC | | |
| 3 Street address (including apartment no.) 13915 SE 79TH DR | | | 9 Street address (including room or suite no.) 255 KING STREET SUITE 1800 | | 10 Contact telephone number 844-962-0173 |
| 4 City or town NEWCASTLE | 5 State or province WA | 6 Country and ZIP or foreign postal code 98059 | 11 City or town SEATTLE | 12 State or province WA | 13 Country and ZIP or foreign postal code 98104 |

| 14 Offer of Coverage (enter required code) | Employee's Age on January 1 | | | | | | | | | | | | Plan Start Month (enter 2-digit number): 01 | | |
|---------------------------------------------------------------------------|-----------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|---------------------------------------------|----|----|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C |
| 17 ZIP Code | | | | | | | | | | | | | | | |

| Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/> | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|
| (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage | | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 18 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | |
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| 30 | | | | | | | | | | | | | | | | |

Part I Employee **Applicable Large Employer Member (Employer)**

| | | | | |
|--------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| 1 Name of employee (first name, middle initial, last name) ZEENAT H TINWALA | | 2 Social security number (SSN) XXX-XX-8557 | 7 Name of employer AMAZON.COM SERVICES LLC | 8 Employer identification number (EIN) 82-0544687 |
| 3 Street address (including apartment no.) 13915 SOUTHEAST 79TH DRIVE | | | 9 Street address (including room or suite no.) PO BOX 81207 | 10 Contact telephone number (206) 266-1000 |
| 4 City or town NEWCASTLE | 5 State or province WA | 6 Country and ZIP or foreign postal code US 98059 | 11 City or town SEATTLE | 12 State or province WA |
| | | | 13 Country and ZIP or foreign postal code US 98108-1207 | |

Part II Employee Offer of Coverage Employee's Age on January 1: _____ Plan Start Month (enter 2-digit number): 01

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---------------------------------------------------------------------------------|--------------------------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | 14 Offer of Coverage (enter required code) 1A | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

| | (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage | | | | | | | | | | | | | |
|----|----------------------------------------------------------------------------|----------------------|------------------------------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|--|
| | | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| 18 | ZEENAT H TINWALA | XXX-XX-8557 | | X | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | |
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| 29 | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | |

CORRECTED (if checked)

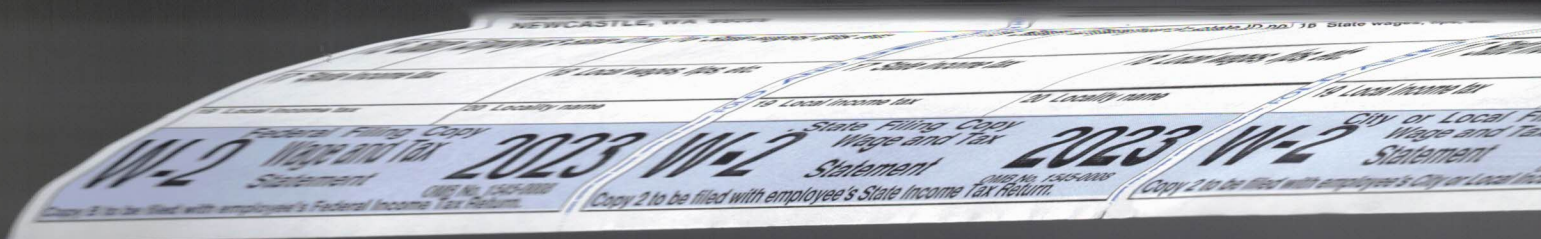
| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECIPIENT'S/LENDER'S name, address, and telephone number BANK OF WHITTIER, N.A. 15141 EAST WHITTIER BLVD WHITTIER CA 90603 562-945-7553 | | *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. | | OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 23 | Mortgage Interest Statement Copy B For Payer/Borrower <small>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 5, or because you didn't report the refund of interest (box 4), or because you claimed a nondeductible item.</small> |
| RECIPIENT'S/LENDERS TIN 95-3741119 | PAYER'S/BORROWERS TIN XXX-XX-8339 | 1 Mortgage interest received from payer(s)/borrower(s)* \$ 10,701.21 | 2 Outstanding mortgage principal \$ 249,475.95 | | |
| PAYER'S/BORROWER'S name, street address, city, state, and ZIP code HUZEFA ABBAS TINWALA 13915 SE 79TH DR NEWCASTLE WA 98059 | | 3 Mortgage origination date 01/01/2014 | 4 Refund of overpaid interest \$ 0.00 | | |
| | | 5 Mortgage insurance premiums \$ 0.00 | 6 Points paid on purchase of principal residence \$ 0.00 | | |
| | | 7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. | | | |
| | | 8 Address or description of property securing mortgage 14309 LA MESA DR LA MIRADA CA 90638 | | | |
| 9 Number of properties securing the mortgage Account number (see instructions) 2867 | 10 Other Taxes Paid: \$0.00 <small>Loan Number: 00000170032481</small> | | | | |

Form **1098** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



Employee Reference Copy
W-2 Wage and Tax Statement **2023**
 Copy 2 for employee's records. OMB No. 1545-0008

| | | | |
|------------------|-------|-------|-------------------|
| d Control number | Dept. | Corp. | Employer use only |
| 0000005617 UF1 | | CNQA | C S 10587 |

c Employer's name, address, and ZIP code
 SLALOM INC
 255 S KING STREET, HAWK TOWER
 SUITE 1800
 SEATTLE, WA 98104

e/f Employee's name, address, and ZIP code
 HUZEFA TINWALA
 13915 SE 79TH DR
 NEWCASTLE, WA 98059

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 84-1246887 | XXX-XX-8339 |

| | |
|----------------------------|-------------------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 267433.03 | 41464.29 |
| 3 Social security wages | 4 Social security tax withheld |
| 160200.00 | 9932.40 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 273018.55 | 4615.94 |
| 7 Social security tips | 8 Allocated tips |
| | |
| 10 Dependent care benefits | |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | C 60.06 |
| 14 Other | 12b D 5585.52 |
| | 12c DD 15465.58 |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | X |

| | |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| | |
| 17 State income tax | 18 Local wages, tips, etc. |
| | |
| 19 Local income tax | 20 Locality name |
| | |

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-8339

HUZEFA TINWALA
13915 SE 79TH DR
NEWCASTLE, WA 98059



© 2023 ADP, Inc.

Fold and Detach Here

| | | | |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 267433.03 | 41464.29 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 160200.00 | 9932.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 273018.55 | 4615.94 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 0000005617 UF1 | | CNQA | C S 10587 |

c Employer's name, address, and ZIP code
 SLALOM INC
 255 S KING STREET, HAWK TOWER
 SUITE 1800
 SEATTLE, WA 98104

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 84-1246887 | XXX-XX-8339 |

| | |
|----------------------------|-------------------------------------------|
| 7 Social security tips | 8 Allocated tips |
| | |
| 10 Dependent care benefits | |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | C 60.06 |
| 14 Other | 12b D 5585.52 |
| | 12c DD 15465.58 |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | X |

| |
|-----------------------------------------------------------|
| e/f Employee's name, address and ZIP code |
| HUZEFA TINWALA 13915 SE 79TH DR NEWCASTLE, WA 98059 |

| | |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| | |
| 17 State income tax | 18 Local wages, tips, etc. |
| | |
| 19 Local income tax | 20 Locality name |
| | |

| | | | |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 267433.03 | 41464.29 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 160200.00 | 9932.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 273018.55 | 4615.94 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 0000005617 UF1 | | CNQA | C S 10587 |

c Employer's name, address, and ZIP code
 SLALOM INC
 255 S KING STREET, HAWK TOWER
 SUITE 1800
 SEATTLE, WA 98104

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 84-1246887 | XXX-XX-8339 |

| | |
|----------------------------|-------------------------------------------|
| 7 Social security tips | 8 Allocated tips |
| | |
| 10 Dependent care benefits | |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | C 60.06 |
| 14 Other | 12b D 5585.52 |
| | 12c DD 15465.58 |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | X |

| |
|-----------------------------------------------------------|
| e/f Employee's name, address and ZIP code |
| HUZEFA TINWALA 13915 SE 79TH DR NEWCASTLE, WA 98059 |

| | |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| | |
| 17 State income tax | 18 Local wages, tips, etc. |
| | |
| 19 Local income tax | 20 Locality name |
| | |

| | | | |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 267433.03 | 41464.29 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 160200.00 | 9932.40 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 273018.55 | 4615.94 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 0000005617 UF1 | | CNQA | C S 10587 |

c Employer's name, address, and ZIP code
 SLALOM INC
 255 S KING STREET, HAWK TOWER
 SUITE 1800
 SEATTLE, WA 98104

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 84-1246887 | XXX-XX-8339 |

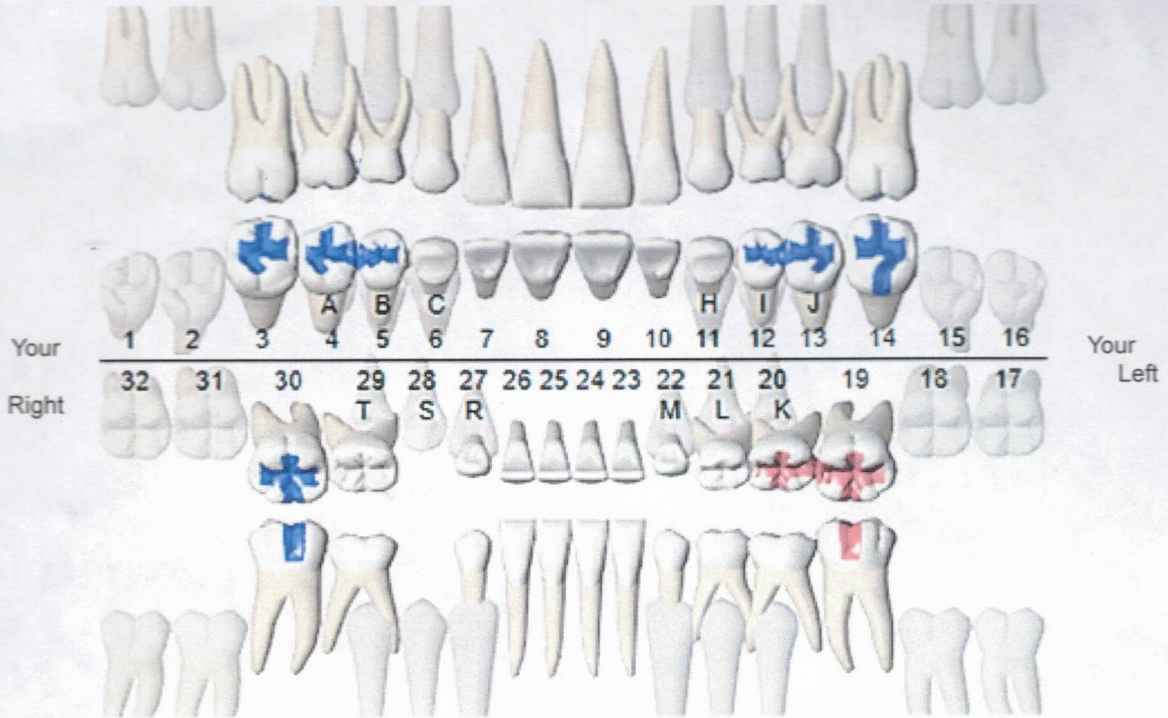
| | |
|----------------------------|-------------------------------------------|
| 7 Social security tips | 8 Allocated tips |
| | |
| 10 Dependent care benefits | |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | C 60.06 |
| 14 Other | 12b D 5585.52 |
| | 12c DD 15465.58 |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | X |

| |
|-----------------------------------------------------------|
| e/f Employee's name, address and ZIP code |
| HUZEFA TINWALA 13915 SE 79TH DR NEWCASTLE, WA 98059 |

| | |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| | |
| 17 State income tax | 18 Local wages, tips, etc. |
| | |
| 19 Local income tax | 20 Locality name |
| | |

Active Treatment Plan

Newport Pediatric Dentistry
 (425)800-5001
 Mufaddal Tinwala, DOB 10/21/2013
 11/02/2023



■ Existing
 ■ Complete
 ■ Referred Out
 ■ Treatment Planned

| Done | Priority | Tth | Surf | Code | Sub | Description | Fee | Allowed | Pri Ins | Sec Ins | Discount | Pat |
|------|----------|-----|------|-------|-----|---------------------------------------------------|----------------|---------------|---------------|-------------|---------------|---------------|
| | 4 | | | D9230 | | inhalation of nitrous oxide/analgesia, anxiolysis | 60.00 | 60.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| | 4 | 19 | MOB | D2393 | | resin-based composite - three surfaces, posterior | 347.00 | 249.00 | 199.20 | 0.00 | 98.00 | 49.80 |
| | 4 | K | OD | D2392 | | resin-based composite - two surfaces, posterior | 315.00 | 203.00 | 162.40 | 0.00 | 112.00 | 40.60 |
| | | | | | | Subtotal | 722.00 | 512.00 | 361.60 | 0.00 | 210.00 | 150.40 |
| | | | | D0120 | | periodic oral evaluation - established patient | 91.00 | 48.00 | 48.00 | 0.00 | 43.00 | 0.00 |
| | | | | D1120 | | prophylaxis - child | 107.00 | 67.00 | 67.00 | 0.00 | 40.00 | 0.00 |
| | | | | D1206 | | topical application of fluoride varnish | 65.00 | 45.00 | 45.00 | 0.00 | 20.00 | 0.00 |
| | | | | D1330 | | oral hygiene instructions | 0.00 | X | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | D0272 | | bitewings - two radiographic images | 68.00 | 37.00 | 37.00 | 0.00 | 31.00 | 0.00 |
| | | | | | | Subtotal | 331.00 | 197.00 | 197.00 | 0.00 | 134.00 | 0.00 |
| | | | | | | Total | 1053.00 | 709.00 | 558.60 | 0.00 | 344.00 | 150.40 |

Family Insurance Benefits

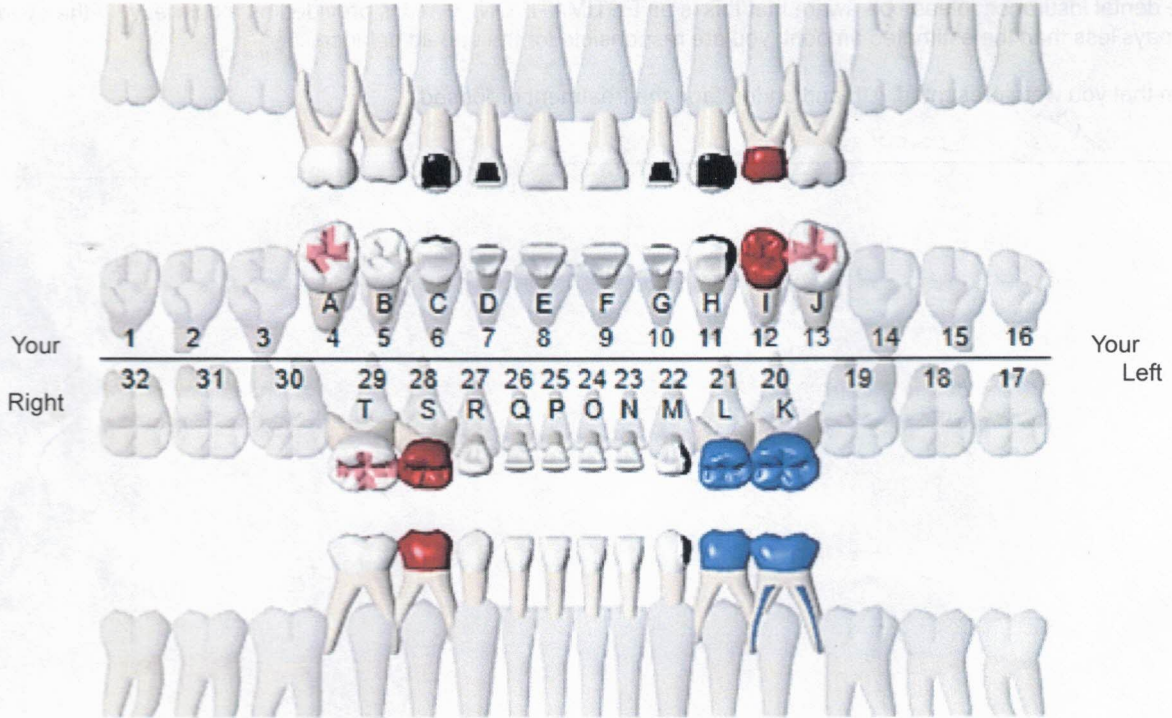
| BenefitName | Primary | Secondary |
|-------------------|---------|-----------|
| Family Maximum | | |
| Family Deductible | | |

Individual Insurance Benefits

| BenefitName | Primary | Secondary |
|-------------|---------|-----------|
| | | |

Active Treatment Plan

Newport Pediatric Dentistry
 (425)800-5001
 Hasan Tinwala, DOB 11/17/2017
 10/20/2023



■ Existing
 ■ Complete
 ■ Referred Out
 ■ Treatment Planned

| Done | Priority | Tth | Surf | Code | Sub | Description | Fee | Allowed | Pri Ins | Sec Ins | Discount | Pat |
|------|----------|-----|------|-------|-----|-----------------------------------------------------|----------------|----------------|---------------|-------------|---------------|---------------|
| | 2 | | | D9230 | | inhalation of nitrous oxide/analgesia, anxiolysis | 60.00 | 60.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| | 2 | S | | D2930 | | prefabricated stainless steel crown - primary tooth | 347.00 | 217.00 | 173.60 | 0.00 | 130.00 | 43.40 |
| | 2 | T | MO | D2392 | | resin-based composite - two surfaces, posterior | 315.00 | 203.00 | 162.40 | 0.00 | 112.00 | 40.60 |
| | | | | | | Subtotal | 722.00 | 480.00 | 336.00 | 0.00 | 242.00 | 144.00 |
| | 3 | | | D9230 | | inhalation of nitrous oxide/analgesia, anxiolysis | 60.00 | 60.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| | 3 | I | | D2930 | | prefabricated stainless steel crown - primary tooth | 347.00 | 217.00 | 173.60 | 0.00 | 130.00 | 43.40 |
| | 3 | J | MO | D2392 | | resin-based composite - two surfaces, posterior | 315.00 | 203.00 | 162.40 | 0.00 | 112.00 | 40.60 |
| | | | | | | Subtotal | 722.00 | 480.00 | 336.00 | 0.00 | 242.00 | 144.00 |
| | 4 | | | D9230 | | inhalation of nitrous oxide/analgesia, anxiolysis | 60.00 | 60.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| | 4 | A | O | D2391 | | resin-based composite - one surface, posterior | 242.00 | 152.00 | 121.60 | 0.00 | 90.00 | 30.40 |
| | | | | | | Subtotal | 302.00 | 212.00 | 121.60 | 0.00 | 90.00 | 90.40 |
| | 5 | | | D1206 | | topical application of fluoride varnish | 65.00 | 45.00 | 45.00 | 0.00 | 20.00 | 0.00 |
| | | | | | | Subtotal | 65.00 | 45.00 | 45.00 | 0.00 | 20.00 | 0.00 |
| | | | | | | Total | 1811.00 | 1217.00 | 838.60 | 0.00 | 594.00 | 378.40 |

Family Insurance Benefits

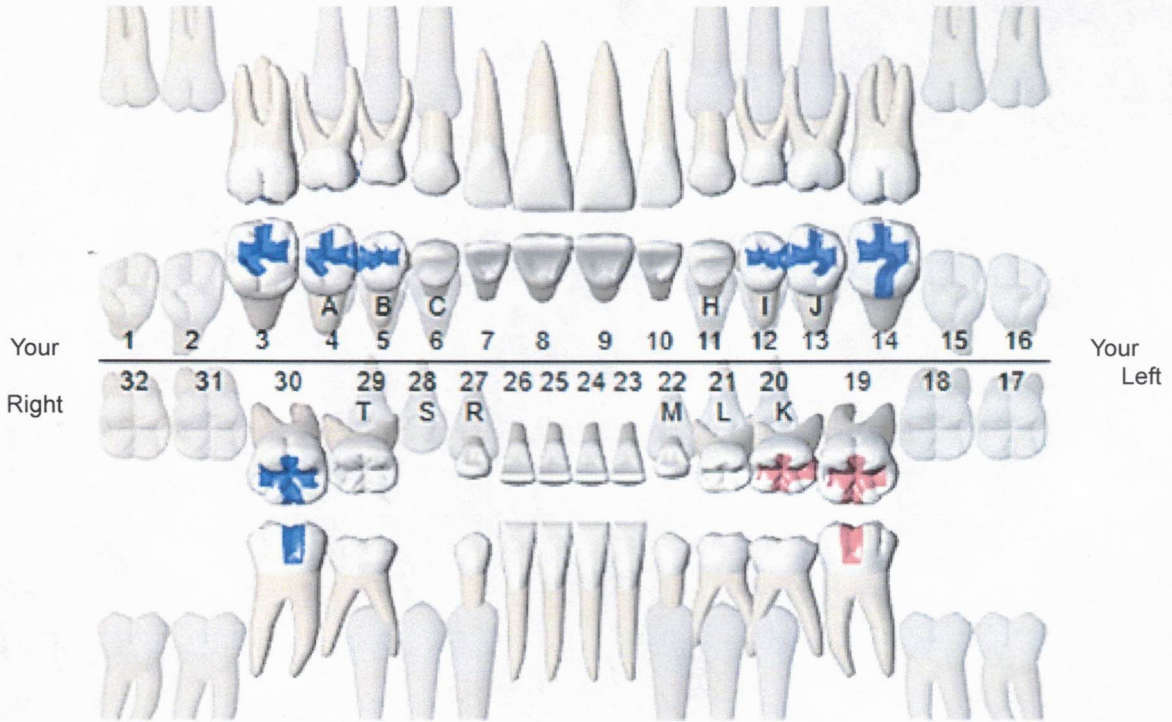
| BenefitName | Primary | Secondary |
|-------------------|---------|-----------|
| Family Maximum | | |
| Family Deductible | | |

Individual Insurance Benefits

| BenefitName | Primary | Secondary |
|----------------------|---------|-----------|
| Annual Maximum | 2500.00 | |
| Deductible | 50.00 | |
| Deductible Remaining | 0.00 | |

Active Treatment Plan

Newport Pediatric Dentistry
 (425)800-5001
 Mufaddal Tinwala, DOB 10/21/2013
 10/20/2023



■ Existing
 ■ Complete
 ■ Referred Out
 ■ Treatment Planned

| Done | Priority | Tth | Surf | Code | Sub | Description | Fee | Allowed | Pri Ins | Sec Ins | Discount | Pat |
|------|----------|-----|------|-------|-----|---------------------------------------------------|---------------|---------------|---------------|-------------|---------------|---------------|
| | 4 | | | D9230 | | inhalation of nitrous oxide/analgesia, anxiolysis | 60.00 | 60.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| | 4 | 19 | OB | D2392 | | resin-based composite - two surfaces, posterior | 315.00 | 203.00 | 162.40 | 0.00 | 112.00 | 40.60 |
| | 4 | K | OD | D2392 | | resin-based composite - two surfaces, posterior | 315.00 | 203.00 | 162.40 | 0.00 | 112.00 | 40.60 |
| | | | | | | Subtotal | 690.00 | 466.00 | 324.80 | 0.00 | 224.00 | 141.20 |
| | | | | | | Total | 690.00 | 466.00 | 324.80 | 0.00 | 224.00 | 141.20 |

Family Insurance Benefits

| BenefitName | Primary | Secondary |
|-------------------|---------|-----------|
| Family Maximum | | |
| Family Deductible | | |

Individual Insurance Benefits

| BenefitName | Primary | Secondary |
|----------------------|---------|-----------|
| Annual Maximum | 2500.00 | |
| Deductible | 50.00 | |
| Deductible Remaining | 0.00 | |
| Insurance Used | 664.80 | |
| Pending | 0.00 | |
| Remaining | 1835.20 | |

Reminder: No eating or drinking 2 hours prior to appointment time. Check-in is 5 minutes prior to your scheduled appointment time. Please be aware of our \$50 missed or broken appointment fee if appointment if given less than a 48 hr notice.

If you have dental insurance, please be aware that this is an ESTIMATE ONLY and is provided as a courtesy. In the event that your insurance pays less than the estimated amount, you are responsible for the unpaid balance.

Please sign that you were presented with and understand the treatment proposed.

T. Kent