

# Children's Dentistry Of West Georgia LLC

202 Calumet Center Road  
LaGrange, GA 30241  
(706)298-5007 (706)298-5007

February 25, 2019

Hasmukhb Patel  
237 Turnbridge Circle  
Peachtree City, GA 30269

ID: 8464

Account Aging	
Current:	\$0.00
30 Days:	\$0.00
60 Days:	\$0.00
90 Days:	\$0.00
Contract:	\$0.00
<b>Balance Due:</b>	<b>\$0.00</b>
Estimated Insurance:	\$0.00
<b>Balance Due Now:</b>	<b>\$0.00</b>

<u>Date</u>	<u>Patient</u>	<u>Provider</u>	<u>Transaction</u>	<u>Tth</u>	<u>Surface</u>	<u>Fee</u>
10/3/2018	Trisha	Angela Bulloch-Patterson, DMD	D2930 - PREFAB. STAINLESS STEEL CROWN-PRIMAR (Est Insurance \$148.00)	K		\$296.00
	Trisha	Angela Bulloch-Patterson, DMD	D1354 - Silver Diamine Fluoride	C		\$0.00
	Trisha	Angela Bulloch-Patterson, DMD	D7140 - EXTRACT-ERUPTED TOOTH OR EXPOSED ROOT (Est Insurance \$131.20)	L		\$201.00
	Trisha	Angela Bulloch-Patterson, DMD	D1510 - SPACE MAINTAINER-FIXED-UNILATERAL (Est Insurance \$145.00)	L		\$351.00
	Trisha	Angela Bulloch-Patterson, DMD	D0230 - INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL (Est Insurance \$11.00)	L		\$28.00
	Trisha	Angela Bulloch-Patterson, DMD	D0140 - LIMITED ORAL EVALUATION-PROBLEM FOCUSED (Est Insurance \$29.00)			\$85.00
4/10/2018	Trisha	Angela Bulloch-Patterson, DMD	D1351 - SEALANT-PER TOOTH (Est Insurance \$30.00)	3		\$60.00
	Trisha	Angela Bulloch-Patterson, DMD	D2930 - PREFAB. STAINLESS STEEL CROWN-PRIMARY (Est Insurance \$164.00)	A		\$296.00
	Trisha	Angela Bulloch-Patterson, DMD	D7140 - EXTRACT-ERUPTED TOOTH OR EXPOSED ROOT (Est Insurance \$84.00)	B		\$201.00
	Trisha	Angela Bulloch-Patterson, DMD	D1354 - Silver Diamine Fluoride	C		\$37.00
3/6/2018	Trisha	Angela Bulloch-Patterson, DMD	D0140 - LIMITED ORAL EVALUATION-PROBLEM FOCUSED			\$85.00
12/17/2018	Trisha		Prim Ins Pmt - Insurance Check-Mail Number 0047979222 for claim from 10/3/2018 for (\$206.00)			
11/27/2018	Trisha		Prim Ins Pmt - Insurance Check-Mail Number 0047859328 for claim from 10/3/2018 for \$0.00			
10/22/2018	Trisha		Prim Ins Pmt - Insurance Check-Mail Number 0047649997 for claim from 10/3/2018 for (\$102.60)			

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
\$0.00	\$0.00	(\$314.20)	\$1,640.00	\$1,497.80	\$172.00	<b>\$0.00</b>

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10/3/2018	Trisha		Acct Pmt - Visa for (\$188.20) Entry Method: Keyed Card Type: Visa Account Type: VISA Approval Code: 01743C			
4/30/2018	Trisha		Prim Ins Pmt - Insurance Check-Mail Number 0046589758 for claim from 4/11/2018 for \$0.00			
4/10/2018	Trisha		Acct Pmt - Visa for (\$916.00) Entry Method: Swiped Card Type: Visa Account Type: VISA Approval Code: 00092B			
3/6/2018	Trisha		Acct Pmt - Mastercard MasterCard XXXXXXXXXXXX6081 for (\$85.00)			
10/22/2018	Trisha		Credit Adj - for (\$150.00)			
4/10/2018	Trisha		Credit Adj - for (\$29.00)			
	Trisha		Debit Adj - Pt charged at check in prior to tx for \$351.00			

**SubTotal:** \$1,640.00

Tax: \$0.00

**Charge(s):** \$1,640.00

- Payment(s): \$1,497.80

+ Adjustments Today: \$172.00

**Balance Due:** \$0.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
\$0.00	\$0.00	(\$314.20)	\$1,640.00	\$1,497.80	\$172.00	\$0.00

<b>Future Family Appointments: None</b>					
Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:

Friendly Reminder. Your prompt payment will be greatly appreciated by the 10th.