DENTAL PROVIDER

Address
Bozeman , MT 59718
(406)555-5555

January 1st, 2024

Jane Doe
Address,

Bozeman, MT 59718

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
11/15/23	Jane		Acct Pmt - Credit Card for ($345.00)			
	Jane	Dr. Dentist	Prophylaxis, Adult	2		$222.00
	Jane	Dr. Dentist	Cleaning, Adult	15		$123.00

SubTotal:	$345.00
Tax:	$0.00
Charge(s):	$345.00
- Payment(s):	$345.00
Balance Due:	$0.00

Dental/ Vision Claim Requriements

- Patient's name
- Date of service
- What was serviced
- Proof of Payment

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$0.00	$0.00	$268.00	$268.00	$0.00	**$0.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:

Thank You for submitting all the right information! Have a Nice Day!