



Jubilee Dental
121 North Greenville Ave Suite M
Allen, TX 75002-9149
(972) 426-7864

Family Contact: Arpna Ghosh 5201 Colvin Ct Mckinney, TX 75071-1218 Phone Number: (732) 900-9642		Patient: Rajanya Ghosh Account Number: 7411881 Estimate Date: 1/29/2019 3:23 pm		Primary Insurance: Z-Aetna (P-Aetna) Group Name: JOHNSON JOHNSON Group Number: 086544501100001	
Current Outstanding Billed Balance		Patient: \$23.00 Family: \$91.00			

Opt	Appt	Procedure	Description	Th	Surf	Fee	Patient	Primary Ins	Collect	Svc Limit
1	1	D1351	Sealant - per tooth	03	O	\$28.00	\$0.00	\$28.00	\$0.00	No
1	1	D1351	Sealant - per tooth	04	O	\$28.00	\$0.00	\$28.00	\$0.00	No
1	1	D1351	Sealant - per tooth	05	O	\$28.00	\$0.00	\$28.00	\$0.00	No
1	1	D2391	Resin-based composite - one surface, posterior	19	O	\$95.00	\$9.50	\$85.50	\$9.50	No
1	1	D2391	Resin-based composite - one surface, posterior	T	O	\$95.00	\$9.50	\$85.50	\$9.50	No
1	1	D2392	Resin-based composite - two surfaces, posterior	K	OB	\$114.00	\$11.40	\$102.60	\$11.40	No
1	1	D7111	Extraction, coronal remnants - deciduous tooth	L		\$43.00	\$4.30	\$38.70	\$4.30	No
1	1	D7140	Extraction, erupted tooth or exposed root (elevati	C		\$78.00	\$7.80	\$70.20	\$7.80	No
1	1	D7140	Extraction, erupted tooth or exposed root (elevati	H		\$78.00	\$7.80	\$70.20	\$7.80	No
Option 1 TOTAL:										
\$587.00										
\$50.30										
Patient Responsibility: \$100.30 * deductible applied										
Estimated Insurance Responsibility: \$486.70 * deductible applied										
Non-covered Insurance Amount: \$0.00										
Deductible Applied: \$50.00										
Collect from Patient: \$100.30 * Includes non-covered procedure amounts										

This treatment plan is only an estimate and based on information provided to Jubilee Dental and not a guarantee of a final balance due. The final balance may change depending on the services actually performed, the terms of your insurance benefit plan and other factors. If further agree that we may contact you about this account, including for customer service or collection purposes at any address or telephone number including any cellular telephone number provided by you. MEDICAID PATIENTS: I understand the above Provider is accepting claim to Medicaid for the above services and I will be responsible to pay for these services. The Provider will not file a

IMPORTANT INFORMATION:

Guarantor Signature:

Parent / Legal Guardian or Patient (18yrs+ of age)

Date

Guarantor Name:

PLEASE PRINT

Jubilee Dental Staff Member:

PLEASE PRINT

Initials:



Eistar Dental & Braces
1301 E Highway 83
McAllen, TX 78501-8818
(956) 994-0349

Family Contact: Arpna Ghosh 5201 Colvin Ct McKinney, TX 75071-1218 Phone Number: (732) 900-9642		Patient: Arpna Ghosh Account Number: 7411872 Estimate Date: 1/29/2019 3:21 pm		Primary Insurance: Z-Guardian (P-Guardian) Group Name: KFORCE Group Number: 00006358	
Current Outstanding Billed Balance		Patient: \$68.00		Family: \$91.00	

Opt	Appt	Procedure	Description	Tth	Surf	Fee	Patient	Primary Ins	Collect	Svc Limit
1	1	D2392	Resin-based composite - two surfaces, posterior	02	MO	\$153.00	\$30.60	\$122.40	\$30.60	No
1	1	D2392	Resin-based composite - two surfaces, posterior	15	DO	\$153.00	\$30.60	\$122.40	\$30.60	No
Option 1 TOTAL:										
						\$306.00	\$61.20	\$244.80	\$61.20	
						\$86.20	* deductible applied			
						\$219.80	* deductible applied			
						\$0.00	* Procedure amounts not expected to be paid by insurance			
						\$25.00				
						\$86.20	* Includes non-covered procedure amounts			

Collect from Patient: \$86.20

Deductible Applied: \$25.00

Non-covered Insurance Amount: \$0.00

Estimated Insurance Responsibility: \$219.80

Patient Responsibility: \$86.20

IMPORTANT INFORMATION:

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Guarantor Signature:

Parent / Legal Guardian or Patient (18yrs+ of age)

Date

Guarantor Name:

PLEASE PRINT

Eistar Dental & Braces Staff Member:

PLEASE PRINT

Initials: