

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
06/01/2022	Balance Forward		0.00	
* 05/18/2022	DDS1:D0120:Periodic oral evaluation	Alexander	48.00	
* 05/18/2022	HYG4:D0220:Intraoral Periapical Images	Alexander	26.00	
* 05/18/2022	HYG4:D1110:Prophylaxis-adult	Alexander	90.00	
06/08/2022	Payment - Delta Dental of VA	Alexander		-116.00
* 05/24/2022	DDS1:D2392:Resin composite-2s, posterior	Alexander	200.00	
* 05/24/2022	DDS1:D2392:Resin composite-2s, posterior	Alexander	200.00	
06/15/2022	Payment - Delta Dental of VA	Alexander		-246.40
* 05/26/2022	HYG4:D0120:Periodic oral evaluation	Alyssa	48.00	
* 05/26/2022	HYG4:D0272:Bitewing Two Image	Alyssa	40.00	
* 05/26/2022	HYG4:D1110:Prophylaxis-adult	Alyssa	90.00	
06/15/2022	Payment - Delta Dental of VA	Alyssa		-125.00
* 06/01/2022	DDS1:D2140:Amalgam-1 surf. prim/pern	Alyssa	125.00	
* 06/01/2022	DDS1:D2391:Resin composite-1s, posterior	Alyssa	155.00	
06/15/2022	Payment - Delta Dental of VA	Alyssa		-163.20
06/08/2022	Insurance Credit	Alexander		-14.00
06/08/2022	Insurance Credit	Alexander		-34.00
06/15/2022	Insurance Credit	Alyssa		-92.00
06/15/2022	Insurance Credit	Alyssa		-53.00
06/15/2022	Insurance Credit	Alyssa		-76.00

* Indicates that insurance has been billed for the procedure.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	-919.60	1022.00	102.40

FULL PAYMENT IS DUE UPON RECEIPT, UNLESS YOU MADE ARRANGEMENTS FOR
PAYMENT PLAN WITH OUR OFFICE

PLEASE PAY
THIS AMOUNT

102.40

Gary A. Schuyler D.D.S.P.C. - 8705 Digges Road Manassas, VA 20110 (703)368-9966

DLSTM 4

© 1987-2012 Henry Schein, Inc.

ITEM 2161 TOPFORM DATA, INC. (800) 854-7470