

Shumway Dental Care

Name: Melanie Griffith
Birthdate: 02/28/1979



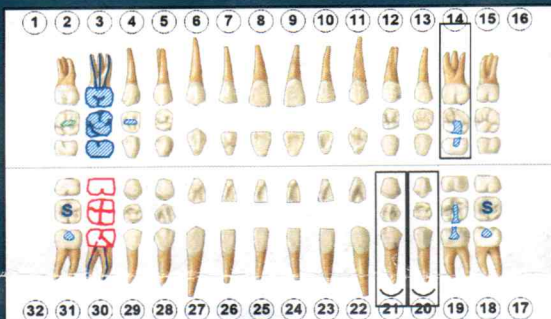
:: TREATMENT CASE

Treatment Plan

DATE	VISIT	TH	SURF	CODE	PROV	DESCRIPTION	FEE	PAT	PRI INS
12/30/2019	1	30		D2740	DDS2	Crown - porcelain/ceramic	747.00	323.80	423.20
12/30/2019	1	30		D2950	DDS2	Core buildup, include any pins	116.00	50.60	65.40
Visit 1 Totals:							863.00	374.40	488.60

:: INSURANCE PROVIDER(S) ::	
Primary	Secondary
*Metlife 2000/50 *use*	

:: TOTALS ::			
Fee	Pat	Pri Ins	
863.00	374.40	488.60	



:: FINANCIAL SUMMARY ::	
Treatment Plan Total	863.00
Estimated Deductible to be Applied	50.00
Estimated Insurance Payment	488.60
Estimated Patient's Portion	374.40

		Patient		Family	
		Primary	Secondary	Primary	Secondary
Annual plan benefits		2000.00	0.00	0.00	0.00
Paid Benefits YTD		141.00	0.00	458.60	0.00
Pending Insurance Est. YTD		86.00	0.00	86.00	0.00
Est. Benefits Remaining YTD		1773.00	0.00	0.00	0.00
Benefits Expire		12/31/2019	NA		
Deductible Owed YTD	Standard	50.00	0.00	100.00	0.00
	Preventative	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00

Alternate Cases:

Case notes:

- Mon - Dec 30 2019 - Please note that some teeth may have hidden decay or affected nerves requiring additional treatment at an additional cost. If this occurs you will be notified immediately. If your insurance company does not pay what is ESTIMATED, you are responsible for any balance remaining and will be billed. The insurance company states: "Even if your dentist has prescribed, recommended or provided the service, it does not necessarily make the procedure eligible for benefits even though it is not expressly excluded in the dental benefits booklet. Regardless of dental or medical necessity, not all treatments and services recommended or performed by your dentist are covered benefits. Claims are reviewed and processed per your policy guidelines and limitations at the time services are rendered." (I have read and understand this statement _____)

For some procedures we may require a NON-REFUNDABLE deposit to reserve an appointment. Due to our high volume of patients and complexity involved in the scheduling process, we ask that you avoid requests to reschedule your procedure except in cases of extreme emergency. If you do need to make changes to your appointment please give 2 business days notice. We reserve the right to charge a minimum fee of \$75 for missed appointments. As a condition of treatment, financial arrangements are made prior to scheduling dental appointments.

Signature: _____

Please note that signing this ESTIMATE does not obligate patient to schedule treatment. ESTIMATES are good for 90 days.

3150 S. Gilbert Rd #1
Chandler, AZ 85226
PHONE (480) 820-3400

REPORT
DATE
12/30/2019