

Online Claim Submission

Code: SFN
Employer: Seattle Foundation
EmpID: 542133007
EmpName: WONG, JOSEPHINE
Submitted: January 23, 2023
Batch: 29991460
Claim Total: \$25.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$25.00	Provider: Fresh smile Seattle. For whom: Self.

1/20/23, 10:07 AM

Fresh Smile Seattle
1801 12th Ave., Ste. B
Seattle, WA 98122
email@freshsmileseattle.com
www.freshsmileseattle.com
+1 (206) 325-3539

Josephine Wong
318 Federal Ave E
Seattle, WA 98102

Patient Statement

card number

expiry date

security code

full name (as appears on card)

signature

Outstanding:

\$0.00

Ins Est.:

\$0.00

Your Portion:

\$0.00

Enclosed amount:

Please detach and return this part of the statement with your payment to ensure proper processing
Please keep this part of the statement for your records



Patient Name

Josephine Wong

Statement Date

01/20/2023

Print Date

01/20/2023

Date	Description	Provider	Amount	Credit	Balance
01/20/2023	Invoice #2217: \$25.00				
	PS8185619766939526265 Clinpro 5000	Rahul Prakash	\$25.00		\$25.00
		Washington Dental Service (Delta Dental of Washington)	\$0.00		
				\$25.00	\$0.00
01/20/2023	Patient Pay #2219 (Visa Card)				
					Outstanding Balance
					\$0.00
Total Charges	Total Patient Payments	Total Ins. Payments	Total Adjustment	Outstanding Balance	
\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	

Estimated Remaining Insurance \$0.00

Estimated Remaining Ins. Adjustment \$0.00

Your Portion

\$0.00

Balance 0-30 days	>30 days	>60 days	>90 days	Account Credit
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* These transactions will not affect the running balance.

<https://freshsmileseattle.myoryx.com/kois/index.html#/finance/billing>