

STATEMENT OF SERVICES RENDERED

Signature Smile Family Dentistry
8136 Bash Street
Indianapolis, IN 46250
(317)577-6453

CHART NO.	PAGE NO.
GI0009	1

BILLING DATE
01/09/2020

GUARANTOR NAME AND MAILING ADDRESS

JOHN GILLILAND
7429 Iron Rock Road
Indianapolis, IN 46236

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
JOHN			VISA/MC Payment -Thank You		-150.00
<p> SIGNATURE SMILE FAMILY DENTIST 8136 Bash St INDIANAPOLIS, IN 46250 317-577-6453 01/09/2020 09:21:30 Merchant ID: 422369790021235 Device ID: 1989 Terminal ID: PPXI. Credit Sale: Transaction #: 1 Card Type: Visa Account: *****0084 Entry: Swiped Amount: \$150.00 STAN: 001 Auth. Code: 009552 Response: AUTH/TN1 ACI Code: E TRANS ID: 460009492503948 CUSTOMER COPY </p>					

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
-7.60	150.00	0.00	-157.60	0.00	-157.60

PATIENT	DATE	TIME	REASON
JOHN	Tuesday - March 24, 2020	12:30 pm	PeriodicX, ProphylAd