

Blackhawk Dental Group

Name Kahlea Schlegel
 Birthdate 07/02/2003
 Chart Number

∴ TREATMENT CASE

Treatment Plan

DATE	VISIT	TOOTH	SURF	CODE	PROV	DESCRIPTION	FEE	PATIENT	PRIMARY	UC
06/28/2023	1	31	O	D2391	DDS1	Tooth-colored filling	304.00	145.10	158.90	304.00
06/28/2023	1	32	O	D1351	DDS1	Surfaces of tooth sealed to help prevent tooth decay	91.00	9.10	81.90	91.00
06/28/2023	1	S6		D4211	DDS1	Reshaping gum tissue for health and/or esthetic reason	165.00	49.50	115.50	633.00
Visit 1 Totals:							560.00	203.70	356.30	1028.00

∴ INSURANCE PROVIDER(S) ∴	
Primary MetLife	Secondary

∴ TOTALS ∴			
Fee 560.00	Patient 203.70	Primary 356.30	UC 1028.00

∴ FINANCIAL SUMMARY ∴				
Treatment Plan Total				560.00
Estimated Deductible to be Applied				50.00
Estimated Insurance Payment				356.30
Estimated Patient's Portion				203.70
Fee Expiration Date				09/01/2022
∴ DENTAL INSURANCE BENEFITS ∴				
	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual plan benefits	2500.00	0.00	0.00	0.00
Paid Benefits YTD	431.10	0.00	0.00	0.00
Pending Insurance Estimate YTD	431.10	0.00	597.70	0.00
Estimated Benefits Remaining YTD	2068.90	0.00	2068.90	0.00
Benefits Expire	12/31/2023	NA		
Deductible Owed YTD				
Standard	50.00	0.00	0.00	0.00
Preventative	0.00	0.00	0.00	0.00
Other	50.00	0.00	0.00	0.00

Alternate Cases:

Case notes:

Date: 6/28/23
 Team Member Signature: Jennifer Collins
 Patient Signature: [Signature]

Our dental provider has reviewed the treatment plan options with me and I understand the risks, benefits, and alternatives. It is my responsibility to complete treatment and follow recommended maintenance schedules. If I do not proceed with my treatment in a timely manner, maintenance plans are not followed and/or appointments are missed, adverse results could affect my health. Further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints will be based on standard professional fees.

3880 Blackhawk Road Suite 100
 Danville, CA 94506
 PHONE: (925) 736-3600

REPORT
 DATE:
 06/28/2023

STATEMENT OF SERVICES RENDERED

Blackhawk Dental Group
3880 Blackhawk Road Suite 100
Danville, CA 94506

(925)736-3600

CHART NO.	PAGE NO.
	1

BILLING DATE
06/28/2023

GUARANTOR NAME AND MAILING ADDRESS

Stephanie Schlegel
6 Elizabeth Lane
Danville, CA 94526

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Kahlea	5		D0120:Periodic oral evaluation	87.00	
Kahlea			D0220:Intraoral Periapical Imag	59.00	
Kahlea			D0230:Intraoral-periapical each	40.00	
Kahlea			D0274:Bitewing Four Image	110.00	
Kahlea			D1110:Prophylaxis-adult	134.00	
Kahlea			D1355:Caries Preventive Medicam	61.00	
Kahlea			OTC-VISA/MC Payment -Thank You		-59.90

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
166.60	- 59.90	+ 491.00	= 597.70	- 597.70	= 0.00

PATIENT	DATE	TIME	REASON
Kahlea	Thursday - June 29, 2023	11:00 am	Sealant#32, ResCmP1s#31, GingctTh-S6
Nikolai	Friday - August 18, 2023	9:00 am	TopFlride, PerMaint
Stephanie	Wednesday - September 20, 2023	8:30 am	PeriodicX, PAadd, PA1st, 4BWx, PerMaint
Stephanie	Wednesday - December 13, 2023	11:30 am	PerMaint